



Provider Bulletin

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TRAINING SEMINARS

To reserve a spot online or to view a complete list of training seminars, to go the [Provider Training Seminar Schedule](#).

Webinar: Basic & EDI/D775
May 7, 2019 | 8:00am - 12:00pm

Fullerton: Basic & EDI/D776
May 14, 2019 | 12:00pm - 4:00pm

Fullerton: Advanced/D777
May 15, 2019 | 8:00am - 12:00pm

Webinar: Basic & EDI/D778
May 22, 2019 | 8:00am - 12:00pm

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday
8am - 4pm

Procedure D9920: New Adjudication Reason Codes

In September 2018, the Department of Health Care Services (DHCS) announced the expansion of Proposition 56 (Prop 56) supplemental payments with the Medi-Cal Dental Program for providers who bill under the Dental Fiscal Intermediary or Dental Managed Care plans. As part of the expansion, a criteria change to procedure code D9920 went into effect for the duration of the Prop 56 supplemental payment program, effective July 1, 2018 through June 30, 2019, exclusively for extended time needed for rendering dental services to special needs patients. The D9920 criteria and code were implemented on October 15, 2018, with the criteria outlined below:

PROCEDURE D9920 – BEHAVIOR MANAGEMENT, BY REPORT

1. Written documentation for payment shall include documentation that the patient is a special needs patient that requires additional time for a dental visit. Special needs patients are defined as those patients who have a physical, behavioral, developmental or emotional condition that prohibits them from adequately responding to a provider’s attempts to perform a dental visit. Documentation shall include the patient’s medical diagnosis of such a condition and the reason for the need of additional time for a dental visit.
2. A benefit:
 - a. For four visits in a 12 month period to compensate the provider for additional time needed for providing services to special needs patients.
 - b. Only in conjunction with procedures that are payable.

There are now three new Adjudication Reason Codes (ARCs) related to procedure D9920. These ARCs are listed below:

- **ARC 071A:** Behavior Modification (D9920) is not payable when sedation is used as a behavior modification modality.
- **ARC 071B:** Behavior Modification (D9920) is only payable when the patient is a special needs patient that requires additional time for a dental visit.
- **ARC 071C:** Documentation submitted does not adequately describe the patient’s medical condition that requires additional time for a dental visit.

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Please note: When submitting claims for procedure D9920, the documentation should include the medical diagnosis and reason why extra time is needed if the medical condition by itself does not justify the need (e.g. Quadriplegic). Providers should indicate the reason they are unable to render the procedure(s) to the patient within a reasonable amount of time. D9920 is intended for situations that require extra time due to a particular medical condition and is not intended for a few extra minutes to calm a patient down or to review an extensive medical history, etc. D9920 shall not be paid to providers if the behavior modification modality is sedation.

For questions regarding the new ARCs, please contact the Telephone Service Center at (800) 423-0507.

Visit Medi-Cal Dental at the California Dental Association Convention (CDA Presents)

Please visit the Medi-Cal Dental booth at the CDA Presents Event in Anaheim! CDA Presents takes place at the Anaheim Convention Center from Thursday May 16, 2019 through Saturday May 18, 2019. Stop by **Booth 763** to meet our Provider Training team, Outreach Representatives, and Dental Consultants. Our Medi-Cal Dental team will be available to answer any questions about the Dental Transformation Initiative (DTI), expansion of DTI Domains 2 and 3, Electronic Data Interchange (EDI), provider training, enrollment application assistance, and more. Whatever your questions are – we have answers! Come see us!

In addition, the California Department of Health Care Services (DHCS) is presenting on **Friday May 17, 2019 from 12:30 pm to 2:30 pm**. Attend this free two-hour course, “Improving Oral Health of All Californians: Dental Transformation Initiative and More”, and earn continuing education units. The course highlights recent Medi-Cal Dental Program improvements, including DTI, Proposition 56 (Tobacco Tax) Supplemental Payment program, and Full Restoration of Adult Dental Services. DHCS presenters will also offer insight for new and current Medi-Cal Dental providers, including high-level guidelines of the program and review of the proper claim submission process.

The course aims to help providers:

- Understand the goals, participation, and incentive payments of DTI
- Understand updates in the Medi-Cal Dental Program
- Learn about program requirements and proper billing processes for treatment procedures

For more details about the CDA Presents event, visit the CDA website at <https://www.cda.org/>.

Dental Transformation Initiative Evaluation

Medi-Cal Dental has contracted with Mathematica Policy Research (Mathematica) (<https://www.mathematica-mpr.com>), an external, independent research organization, to evaluate the Dental Transformation Initiative (DTI) as outlined in the [Centers for Medicare & Medicaid Services Special Terms and Conditions](#). DTI aims to improve oral health for Medi-Cal children by increasing the use of preventive dental services, preventing and treating early childhood caries, and improving continuity of care.

As part of this evaluation, Mathematica will conduct telephone interviews in May 2019 with select providers participating in DTI throughout the state. The purpose of these calls is to learn about providers’ perspective on DTI implementation and its different program components, which will aid Mathematica in developing its report for Medi-Cal Dental.

[Medi-Cal Dental encourages your participation in the study. DTI participating providers’ perspectives are very important in helping Medi-Cal Dental assess and evaluate DTI impact and outcomes as well as inform future program efforts.](#)

For questions, please contact DTI@dhcs.ca.gov.

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Medi-Cal Dental Provider Billing Practices

The Department of Health Care Services (DHCS) would like to remind providers they may not submit a claim to, or collect reimbursement from a Medi-Cal member or from an authorized representative, except for the specified share of cost a member's eligibility status requires for any service. Title 22, California Code of Regulations, Section 51002 (a) and Welfare & Institutions Code (W&I Code) Section 14019.4 (a) expressly prohibits a provider from billing a Medi-Cal member for services included in the Medi-Cal Dental Program scope of benefits. Furthermore, a provider may not bill both the member and the Medi-Cal Dental Program for the same dental procedure.

If Medi-Cal eligibility is verified, the provider may not treat the member as a private-pay member to avoid billing Medi-Cal Dental, obtaining prior authorization (when necessary) or complying with any other program requirement. In addition, upon obtaining eligibility verification, the provider cannot bill the member for all or part of the charge of a Medi-Cal covered service except to collect the Medi-Cal copayment or share of cost. Providers cannot bill members for private insurance cost-sharing amounts such as deductibles, co-insurance or copayments. (Page 2-14, [Program Overview](#))

Prior to recommending or rendering non-covered benefits, providers should first fully explain to the member the treatment options available as covered benefits. Providers should not use administrative or quality of care denials (intentional or unintentional) as reason to conclude that a procedure is a non-covered benefit. Providers should not require members to pay out of pocket for non-covered benefit as a precedent condition to providing covered benefits.

By law, a Medi-Cal Dental provider must reimburse a member for a claim if the member provides proof of eligibility for the time period during which the medically necessary covered service was rendered (and for which the beneficiary paid). (Page 2-15, [Program Overview](#))

Medi-Cal Dental providers shall check patient/member eligibility prior to rendering treatment or making arrangements to enter into a private payment agreement with the patient/member.

Providers can review details in the Provider Handbook [Section 8](#) Fraud, Abuse and Quality Care subsection "Billing Denti-Cal" (pg. 8-10)

For copies of records and/or radiographs, Medi-Cal Dental providers must charge all patients, including both private and Medi-Cal Dental members, the same fee at a reasonable price. Medi-Cal Dental providers cannot bill a member for missed or broken appointments.

Title 45, Code of Federal Regulations, Part 92.201 (a), requires Medi-Cal providers to provide accurate, timely, and free of charge Language Assistance services to limited English proficiency members.

Providers shall offer a qualified interpreter to members with limited English proficiency when translating written or oral content free of charge; including sign language interpreting services. Providers may contact the Provider Telephone Service Center to help connect members with an interpreter.

For questions regarding this bulletin, please contact the Provider Telephone Service Center at (800) 423-0507 or visit the Medi-Cal Dental website at <https://www.denti-cal.ca.gov/>.

Reminder: Do Not Send Copies of Medi-Cal Dental Forms

Medi-Cal Dental requests that providers **not** send photocopies of Medi-Cal Dental forms. Copies of forms will not be processed and will be returned to the provider to resubmit using original forms. Medi-Cal Dental's Optical Character Recognition (OCR)/ Intelligent Character Recognition (ICR) technology allows for a more automated process of capturing information from paper documents and enables Medi-Cal Dental to adjudicate paper forms. OCR/ICR technology cannot properly process copies of Medi-Cal Dental forms.

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To improve processing times and avoid denials, please follow the form submission instructions in [Provider Handbook Section - 6 Forms](#). **Please note:** providers should only use claim forms with a revision date no older than 2013. If you need to order forms, please complete and send the Forms Reorder Request form to Medi-Cal Dental. You can find the Forms Reorder Request form on the Medi-Cal Dental website at https://www.denti-cal.ca.gov/DC_documents/providers/dc204_form.pdf.

For questions, please call the Telephone Service Center at (800) 423-0507.

Medi-Cal Dental Forms Reorder Requests – Helpful Tips

When placing an order for more forms and envelopes, Medi-Cal Dental would like to remind providers of some important “Do’s” and “Don’ts” that will help expedite your order.

Do:

- Use the most current Forms Reorder Request (DC-204) to ensure the item you wish to order is still available. You can download and print the latest version here: https://www.denti-cal.ca.gov/DC_documents/providers/dc204_form.pdf.
- Use your billing provider National Provider Identifier (NPI) on the form.
- Write the address exactly as it is enrolled in the Medi-Cal Dental Program. Addresses on the form that do not match the address on file will not be processed.
- Fill out the form completely, including your phone number, in case there are any questions.
- Place your order monthly and order enough inventory to last approximately six weeks.
- Order in quantities of 50 (e.g., 50, 100, 150, 200, etc.).
- Fax your order. Faxing eliminates the cost of postage and reduces the time it takes for your order to be queued for processing.
- Call the Telephone Service Center at (800) 423-0507 to check on your order if it has been longer than 10 days before submitting a new request.

Do for Electronic Data Interchange (EDI) Providers:

- Order a supply of all three types of EDI envelopes (large x-ray envelopes, small x-ray envelopes and mailing envelopes).
- Order only one type of EDI label. Most providers order laser labels (DC-018A) versus continuous labels used with pin-fed printers.
- Laser labels can be ordered in a partially pre-imprinted format, printed with your Billing NPI, Name and Address.

Do not:

- Do not alter the pre-imprinted form reorder request – If changes need to be made to the information printed on the form, contact Medi-Cal Dental to ensure accurate information for your office is on file.
- Do not write any notes on the form reorder request.
- Do not order more than 1,000 forms or envelopes in one order.
- Do not mail the Forms Reorder Request with other documents, such as Treatment Authorization Request (TAR)/Claim forms, correspondence, etc.

Medi-Cal Dental forms and envelopes are provided free of charge to all enrolled providers. Orders are processed and shipped within 10 business days of receiving your order. For questions regarding forms and supplies, please contact the Telephone Service Center at (800) 423-0507.

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National Family Wellness Month

May is National Family Wellness Month! Medi-Cal Dental asks that providers remind their Medi-Cal dental members to make good oral health habits a part of their family wellness routine.

Medi-Cal members are covered to see a dentist for regular check-ups and cleanings. In addition to regular exams, following these habits are important to maintaining good oral health:

- Floss your teeth once every day
- Brush your teeth two times every day
- Eat a balanced diet and avoid sugary foods and drinks
- Brush using a toothbrush with the American Dental Association (ADA) Seal of Acceptance
- Replace your toothbrush after three to four months, or sooner if needed

Family wellness is important at all stages of life! Educate your members about oral health at every age.

Babies - You should take them to see a dentist as soon as your baby's first tooth comes in or by their first birthday.

Kids - You can protect your child's back teeth (molars) from cavities with sealants. Molar sealants are white, protective coatings. They are quick and painless to apply.

Teens - Wisdom teeth may come in during the late teens. Wisdom teeth complete the set of permanent teeth. It is important to continue regular dental check-ups throughout the teen years to ensure good oral health well into adulthood.

Pregnancy - When you are pregnant, your oral health is a big part of making sure your baby is healthy. You should see a dentist throughout your pregnancy and after giving birth. Even if you normally only have limited benefits, you have full dental coverage throughout your pregnancy and 60 postpartum.

Adults - As we get older, good oral health can prevent tooth loss, diabetes, heart disease and even respiratory illnesses.

Seniors - Older adults are more likely to have gum disease and other oral health problems. Lower your risk by brushing twice a day, flossing daily and seeing your dentist regularly.

For more information about ways to stay healthy this month, check out the ADA article [Take Stock of Oral Health During Family Wellness Month](#). You can find more helpful tips and tools at <https://www.denti-cal.ca.gov/>.