



Provider Bulletin

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THIS ISSUE

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Criteria Updates

TRAINING SEMINARS

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

Pasadena: Basic & EDI/D780
June 11, 2019 | 8:00am - 12:00pm

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday
8am - 4pm

Medi-Cal Dental Program Criteria Updates

The Department of Health Care Services (DHCS) is implementing policy changes to align Medi-Cal Dental Program criteria to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) criteria. As a result, the following procedures will be impacted:

- **Laboratory Processed Crowns**
- **Resin Partial Dentures**

Providers are required to abide by the updated criteria requirements outlined in this bulletin. The Manual of Criteria (MOC) in Section 5 of the Provider Handbook will not be updated with these changes until after the next CDT MOC implementation occurs. DHCS will notify providers via a Provider Bulletin when the MOC has been updated.

Please also note these Adjudication Reason Code (ARC) impacts identified in **orange**:

- **Update:** ARC 400 - *EPSDT **supplemental** services are not a benefit for patients 21 years and older.*
- **Update:** ARC 401 - *The EPSDT **supplemental** services requested is primarily cosmetic in nature and not medically necessary per EPSDT criteria.*
- **Update:** ARC 402 - *An alternative services is more cost effective than the requested EPSDT **supplemental** services and is a benefit of the Medi-Cal dental program. **Please re-evaluate.***
- **Update:** ARC 403 - *The EPSDT **supplemental** services requested is not medically necessary.*

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- **NEW:** ARC 403A - *Procedure has been allowed under EPSDT criteria.*
- **NEW:** ARC 403B - *Procedure code was allowed under EPSDT criteria. In addition, procedure code also qualifies for Proposition 56: Tobacco Tax Funds Supplemental payment of the current SMA for dates of service 07/01/2017-12/31/2021. For more details on Proposition 56 and the list of procedures, please refer to Provider Handbook Section 4-Treating Beneficiaries.*

Laboratory Processed Crowns

The new criteria for Laboratory Processed Crowns is identified in orange below. Effective dates for the new criteria are:

- Members age 13-20 the new policy has been in effect since March 1, 2019.
- Members age 13 and under, the new policy will be implemented for all Treatment Authorization Requests (TARs) processed on or after July 10, 2019.

If you received a TAR denial for Laboratory Processed Crowns with Adjudication Reason Code (ARC) 337 prior to July 10, 2019, please resubmit the TAR with required radiographs and we will reevaluate.

Laboratory Processed Crowns (D2710-D2792)

- a) Laboratory processed crowns on permanent teeth (or over-retained primary teeth with no permanent successor) are a benefit only once in a five year period except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient's oral habits).
- b) Prior authorization with current periapical and arch radiographs is required. Arch films are not required for crown authorizations if the Medi-Cal Dental Program has paid for root canal treatment on the same tooth within the last six months. Only a periapical radiograph of the completed root canal treatment is required.
- c) A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction. The following criteria shall be met for prior authorization:
 - i) Anterior teeth shall show traumatic or pathological destruction to the crown of the tooth, which involves at least one of the following:
 - a. The involvement of four or more surfaces including at least one incisal angle. The facial or lingual surface shall not be considered involved for a mesial or proximal restoration unless the proximal restoration wraps around the tooth to at least the midline,
 - b. The loss of an incisal angle which involves a minimum area of both half the incisal width and half the height of the anatomical crown,
 - c. An incisal angle is not involved but more than 50% of the anatomical crown is involved.
 - ii) Bicuspid (premolars) shall show traumatic or pathological destruction of the crown of the tooth, which involves three or more tooth surfaces including one cusp.
 - iii) Molars shall show traumatic or pathological destruction of the crown of the tooth, which involves four or more tooth surfaces including two or more cusps.

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- iv) Posterior crowns for patients age 21 or older are a benefit only when they act as an abutment for a removable partial denture with cast clasps or rests (D5213 and D5214) or for a fixed partial denture which meets current criteria.
- v) Posterior crowns for patients under the age of 21 that shall restore a successfully treated endodontic bicuspid or molar tooth.

Resin Partial Dentures

The updates to two procedure codes for Resin Partial Dentures are identified in orange below and will be effective on and after July 10, 2019.

Procedure Code	Updated Policy
D5211	<p>PROCEDURE D5211 MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)</p> <ol style="list-style-type: none"> 1. Prior authorization is required. 2. Radiographs for prior authorization –submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth. 3. A current and complete Justification of Need For Prosthesis Form, DC054 (9/18) is required for prior authorization. 4. A benefit once in a five year period. 5. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows: <ol style="list-style-type: none"> a. five posterior permanent teeth are missing, (excluding 3rd molars), or b. all four 1st and 2nd permanent molars are missing, or c. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side. 6. A benefit for under the age of 21 when replacing one or more permanent anterior, bicuspid or first molar tooth/teeth. 7. Not a benefit for replacing missing 3rd molars. 8. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure. 9. Laboratory reline (D5760) is not a benefit for this procedure. 10. Chairside reline (D5740) is a benefit: <ol style="list-style-type: none"> a. once in a 12 month period. b. six months after the date of service for a partial denture that required extractions, or c. 12 months after the date of service for a partial denture that did not require extractions.

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Procedure Code	Updated Policy
D5212	<p>PROCEDURE D5212 MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)</p> <ol style="list-style-type: none">1. Prior authorization is required.2. Radiographs for prior authorization –submit radiographs of all remaining natural teeth and periapical radiographs of abutment teeth.3. A current and complete Justification of Need For Prosthesis Form, DC054 (9/18) is required for prior authorization.4. A benefit once in a five year period.5. A benefit when replacing a permanent anterior tooth/teeth and/or the arch lacks posterior balanced occlusion. Lack of posterior balanced occlusion is defined as follows:<ol style="list-style-type: none">a. five posterior permanent teeth are missing, (excluding 3rd molars), orb. all four 1st and 2nd permanent molars are missing, orc. the 1st and 2nd permanent molars and 2nd bicuspid are missing on the same side.6. A benefit for under the age of 21 when replacing one or more permanent anterior, bicuspid or first molar tooth/teeth.7. Not a benefit for replacing missing 3rd molars.8. All adjustments made for six months after the date of service, by the same provider, are included in the fee for this procedure.9. Laboratory reline (D5761) is not a benefit for this procedure.10. Chairside reline (D5741) is a benefit:<ol style="list-style-type: none">a. once in a 12 month period.b. six months after the date of service for a partial denture that required extractions, orc. 12 months after the date of service for a partial denture that did not require extractions.

For more information about EPSDT, please see the EPSDT [Frequently Asked Questions \(FAQs\)](#) and Provider Bulletin [Volume 35, Number 11](#). For questions, contact the Telephone Service Center at (800) 423-0507.