



# 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](#).

## PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday  
8am - 4pm

# Disaster Assistance to Members and Dental Offices

The Department of Health Care Services (DHCS) will allow member and provider processing exceptions to expedite replacement of removable dental appliances for those impacted by the recent earthquakes in California. Removable dental appliances include orthodontic retainers, space maintainers, partial and full dentures, and temporomandibular joint appliances fabricated by professionals which may be removed and inserted by the member.

Disaster Assistance will be provided to the following counties:

County Disaster Assistance Provided To	Effective Date	End Date
Kern County	July 4, 2019	September 30, 2020
San Bernardino County	July 4, 2019	September 30, 2020

### Will prior authorization be waived?

Claims will be accepted without requiring prior authorization and will not be rejected due to frequency limitations for subsequent removable appliances for eligible members who are residents of the impacted counties. Claims for exams and radiographs connected to the removable appliances will also be accepted and will not be rejected due to frequency limitations.

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Exceptions to prior authorization requirements will be allowed. “Title 22, Section 51003, State of California Code of Regulations allows for the retroactive approval of prior authorization under the following conditions:..When the required service could not be delayed ... “ (Provider Handbook, Section 5, Manual of Criteria, Program Overview, page 2-13). For provider claims submitted for replacement of removable appliances, the claims will be evaluated to determine if requested from one of the impacted counties identified above.

### **What does the claim need to demonstrate?**

Claims must demonstrate that a complete treatment plan was determined and delivered for replacement of dentures and partial dentures, and must include radiographs and documentation that supports medical necessity, including the Justification of Need for Prosthesis for replacement of removable appliances.

### **What does the claim need to include?**

The claim must include the statement that the member lost the removable appliance due to the earthquakes and identification that the removable appliance was lost in one of the impacted counties.

### **Will claims for members living in other counties be accepted?**

For members residing in other counties that lost their removable appliance while they were temporarily in one of the impacted counties, claims will be accepted for removable appliances and related exams and radiographs without prior authorization and will not reject claims due to frequency limitations, however further documentation of need is required.

*Documentation must include:* a copy of the official Public Service Agency Report (fire or police) filed in the county in which the removable appliance was lost, the statement that the member lost the removable appliance due to the earthquakes, and identification of the county where the removable appliance was lost. Claims submitted due to the situation above will be evaluated.

### **Will late submission of claims be accepted?**

For Medi-Cal dental providers that must submit late billing due to the earthquakes, substantiating documentation that justifies the late submission of a claim will be accepted. Providers must submit statements about the circumstances of the earthquakes that were beyond their control such as: damage to or destruction of their business office or records; circumstances of the earthquakes that substantially interfered with the timely processing of bills; or other circumstances, clearly beyond the control of the provider, that were reported to the appropriate law enforcement or fire agency. Payment for removable appliances that have been fabricated by a lab but cannot be delivered to the member must follow the requirements in the Provider Handbook Section 2, Billing and Payment Policies, Time Limitations for Billing, page 2-19.

Please visit the [Medi-Cal Dental website](#) or contact the Telephone Service Center at (800) 423-0507.