Provider Bulletin

THIS ISSUE

TRAINING SEMINARS

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

Please note: Due to the COVID-19 situation, all seminars will be held as webinars. These changes are noted in red on the Provider Training Seminar Schedule page.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go here for more information.

Available every Wednesday 8am - 4pm

Personal Protective Equipment (PPE) Announcement

In accordance with a recent California Dental Association (CDA) announcement, California licensed dentists can now receive a limited quantity of critical personal protective equipment (PPE). Medi-Cal dental providers resuming deferred and preventive dental care, as announced in Provider Bulletin Volume 36, Number 14, are encouraged to review the CDA's announcement and order PPE through The Dentists Supply Company, a CDA subsidiary. **Please note:** Current Dental Terminology (CDT) code D1999 is not billable for PPE under the Medi-Cal Dental Program.

What providers need to know:

- Supplies were provided from the state's emergency resources and included surgical masks, N95 and KN95 masks, face shields and surgical gowns.

- TDSC.com staff repackaged the supplies as evenly as possible into kits to maximize their distribution to all licensed dentists in California, **regardless of whether the dentist is a CDA member**.

- There will be 1 kit available to **each licensed dentist**.

- The supplies are being provided **free of charge**, but there will be a $20 charge to cover a portion of shipping and handling.

DHCS | Medi-Cal Dental
PO BOX 15609, Sacramento, CA 95852-0509 | (800) 423-0507

dental.dhcs.ca.gov

- Orders will be fulfilled on a first come, first served basis and **only while supplies last**.

- To ensure products are being distributed to licensed dentists within the state (regardless of membership status), dentists will **need to have a FREE** TDSC.com **account** and upload **proof of licensure** to place an order.

- For faster processing time, place an order with the PPE kit only. If you need additional items, purchase those on a separate order.

- Dentists should continue to seek the PPE they need through county supplies as well as by ordering through their regular equipment suppliers.

Cost Avoidance and Post Payment Recovery Requirements for Medi-Cal Dental Providers

Department of Health Care Services (DHCS) Cost Avoidance Process

Approximately 2.2 million Medi-Cal members also have Other Health Coverage (OHC) that may also cover dental services. In most circumstances, the OHC carrier must be billed prior to billing the Medi-Cal program.

OHC codes found within the Medi-Cal Eligibility Data System (MEDS) designate the type of coverage a Medi-Cal member possesses. If a member's OHC code is one of those listed in the table below, and the dental service rendered is covered by the member's OHC, providers must bill the member's OHC carrier before billing Medi-Cal.

OHC Code	Carrier
A*	Pay and Chase (applies to any carrier)
C	Military Benefits Comprehensive
F	Medicare Part C Health Plan
G	Medical Parolee
H	Multiple Plans Comprehensive
I	Institutionalized
K	Kaiser
L	Dental only policy
P	PPO/PHP/HMO/EPO not otherwise specified

OHC Code	Carrier
V**	Any carrier other than the above (includes multiple coverage)
W	Multiple Plans Non-Comprehensive

*If "A" is the MEDS cost avoidance code for a member, providers are allowed, but not required, to bill the OHC carrier prior to billing Medi-Cal.
** As of January 1, 2017, OHC code V is only to be used for historical reference.

If the claim is not paid in full after billing the OHC carrier, providers may submit the claim to Medi-Cal Dental along with the Explanation of Benefits/Remittance Advice (EOB/RA), OHC carrier proof of denial letter, or fee schedule from the OHC carrier to determine if Medi-Cal Dental will pay the provider an additional amount.

DHCS Recovery Process

Beginning July 1, 2020, if the recovery contractor identifies claims that Medi-Cal paid when the member had OHC liable for payment of dental services, the recovery contractor will request the OHC carrier submit payment to DHCS. In the event DHCS pays for dental services where an OHC carrier is later identified, Third Party Liability and Recovery Division (TPLRD) will utilize their recovery contractor to pursue recovery of these claims.

If the OHC carrier issues payment to DHCS, the carrier may provide an EOB to the policyholder under which the Medi-Cal member is covered. EOBs are generated as part of the OHC carrier's obligation to inform its policyholders of claims processed on their behalf. The EOB is not a DHCS claim or bill and the OHC EOB process will not affect services to Medi-Cal members or payments to providers.

Providers should not receive payment from any OHC carrier due to work performed by TPLRD's recovery contractor. If providers receive a check from an OHC carrier that is payable to them as the result of a recovery effort by the contractor, providers should return the check to the OHC carrier. If providers receive payment from an OHC carrier payable to DHCS or TPLRD's recovery contractor, providers should forward the check and any supporting documents to:

Bank of America

P.O. Box 742635

Los Angeles, CA 90074-2635

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

Reminder: Temporary Teledentistry Flexibilities During Novel Coronavirus (COVID-19) Restrictions

Medi-Cal dental providers equipped to do so are encouraged to use synchronous teledentistry as an alternate modality for the provision of select dental services during COVID-19 restrictions. Synchronous teledentistry is live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. Synchronous teledentistry can be crucially important in providing care to remote Medi-Cal members while COVID-19 restrictions remain in place.

Temporary Medi-Cal Dental Teledentistry Flexibilities during COVID-19

Effective March 25, 2020, DHCS allows a temporary teledentistry exception for consultation services by telephone or video (synchronous/live transmission) to be provided to remote Medi-Cal members. This policy will be in effect until further notice. In utilizing this temporary flexibility, enrolled Medi-Cal dental providers should follow the guidelines below:

- CDT code D9430: Used for live streaming video or telephone with a Medi-Cal patient with oral health issues in lieu of an in-person office visit. Providers would be reimbursed the Schedule of Maximum Allowances (SMA) rate for CDT code D9430, in addition to the teledentistry payment for CDT code D9995.

- Documentation of the consultation should be noted on the claim document in the comments section. For example:
    - Patient is having discomfort
    - Patient has a concern that was to be discussed at the recall appointment – but that appointment has now been postponed due to COVID-19.

- CDT code D9430, as part of teledentistry during COVID-19 flexibilities, is only allowable for a conversation between the Medi-Cal member and the Medi-Cal provider about oral health issues as their chief complaint.

- CDT code D9430 should not be billed for conversations with office staff about scheduling or rescheduling appointments.

Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, Tribal 638 Clinics) should refer to the telehealth billing guidance released by DHCS on March 24, 2020.

Additional Teledentistry Resources

For information about Medi-Cal Dental's teledentistry and billing for teledentistry guidelines, please refer to the following:

- Teledentistry FAQs for Medi-Cal Dental Providers During Novel Coronavirus (COVID-19) Restrictions

- Teledentistry Resources page on the Medi-Cal Dental website

- Provider Handbook Section 4 - Treating Beneficiaries, pages 4-14 and 4-15

Medi-Cal Dental Implementation of Current Dental Terminology 2019

As announced in Provider Bulletin Volume 36, Number 3, the Department of Health Care Services (DHCS) implemented the majority of its Current Dental Terminology (CDT) code set from CDT-13 to CDT-19, effective March 14, 2020. As part of this effort, providers can access the draft CDT-19 Manual of Criteria (MOC) here and the draft Medi-Cal Dental Schedule of Maximum Allowances (SMA) here. The draft CDT-19 MOC contains all procedure codes added from CDT-14 to CDT-19 and all changes made with Provider Bulletin authority to existing procedure codes. All changes to the MOC and SMA are identified in red. Provider Handbook Section 5 will **not** be updated with the CDT-19 MOC or new SMA until the MOC is approved through the regulatory process. DHCS will notify providers via a Provider Bulletin when the MOC and SMA have been updated.

Effective May 16, 2020, DHCS implemented the remaining CDT-19 codes. The tables below show all these procedure code changes by category: new benefit and new global. For a complete list of implemented CDT-19 procedure codes, please refer to Provider Bulletin Volume 36, Number 3.

New Benefit Procedures

The procedures below will be effective as a benefit for DOS on and after May 16, 2020. Please refer to the draft CDT 19 MOC for the criteria applicable to the procedures. Though not shown here, the draft CDT-19 MOC and SMA show all new benefit procedures in red.

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
Preventive Procedures			
D1575	Distal shoe space maintainer- fixed- unilateral* *DTI Domain 1 Impact: Volume 36, Number 4	$120.00	May 16, 2020
Oral and Maxillofacial Surgery Procedures			
D7979	Non-surgical Sialolithotomy	$45.00	May 16, 2020
Orthodontic Procedures			
D8695	Removal of Fixed Orthodontic Appliance(s) – other than at conclusion of treatment	$50.00	May 16, 2020
Adjunctive Service Procedures			
D9995	Teledentistry – Synchronous; Real-time encounter	$0.24/min up to 90 minutes	May 16, 2020
D9996	Teledentistry – Asynchronous; Information stored and forwarded to dentist for subsequent review *Transmission costs associated with store and forward are not payable	$0.00*	May 16, 2020

New Global Procedure

The procedure below is effective as "global" for DOS on and after May 16, 2020. If used after the effective date, this procedure will be denied with ARC 269A - *Procedure denied for the following reason: Included in the fee for another procedure and is not payable separately*. Though not shown in this bulletin, the draft CDT-19 MOC and SMA show all new global procedures in red.

CDT Codes	Procedure Code Description	Maximum $$ Allowance	Effective Date
Periodontal Procedures			
D4346	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Global	May 16, 2020

Teledentistry CDT Code Changes

As part of the CDT update, teledentistry CDT code D9995 replaced CDT code D9999 (and D0999). For Medi-Cal dental benefits or services, Medi-Cal enrolled dentists and allied

dental professionals (under the supervision of a dentist) may render limited services via synchronous/live transmission teledentistry, so long as such services are within their scope of practice, when billed using CDT code D9995 for dates of service on or after May 16, 2020. CDT code D9995 can be billed as a standalone synchronous teledentistry procedure code. The following is Medi-Cal's teledentistry policy for synchronous/live transmissions:

- CDT code D9995 is a per-minute, $.24/minute procedure payable up to 90 minutes.

- CDT code D9995 is for synchronous, meaning any telephone call or video call/chat, teledentistry encounter.

- CDT code D9995 is for Medi-Cal patient-initiated contact with a Medi-Cal dental provider. This code is not for:

    ° Dental assistant time
    ° Dental hygienist time
    ° Provider-initiated calls to the patient
    ° Time spent contacting pharmacies on a patient's behalf

- CDT code D9995 should be billed with the number of minutes noted in the "Quantity" field of the claim, or the documentation should clearly state the number of minutes being requested.

    ° PROCEDURE D9995 TELEDENTISTRY- SYNCHRONOUS; REAL-TIME ENCOUNTER

        1. Written documentation for payment shall include the number of minutes that the transmission occurred.
        2. Payable once per date of service per patient, per provider up to a maximum of 90 minutes.

For dates of services on or before May 15, 2020, providers should bill using CDT code D9999 (and procedure D0999).

- CDT code D9999 is reimbursed at 24 cents per minute, up to a maximum of 90 minutes, i.e., up to $21.60 maximum reimbursement. CDT code D9999 may only be used once per date of service per beneficiary, per provider. As noted above, CDT code D9999 was replaced with CDT code D9995, as of May 16, 2020.

- CDT code D0999 reverted to "Unspecified diagnostic procedure, by report" with a SMA reimbursement rate of $46.00, effective May 16, 2020.

Adjudication Reason Code (ARC) Impacts

The following ARCs are effective for dates of service (DOS) on and after May 16, 2020.

- **NEW**: ARC 071D - This procedure does not have a fee in the Schedule of Maximum Allowance and is not payable through a claim submission. Please see https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Dental_Case_Management_Program/ for further instructions.

- **NEW**: ARC 086B - Full Mouth Debridement is not payable when rendered within 24 months of a scaling and root planing.

- **NEW:** ARC 666A - Per clinical screening, the patient's medical condition does not preclude the taking of radiographs.

For questions about the CDT-19 implementation or SMA updates, please call the Telephone Service Center at (800) 423-0507.