



Provider Bulletin

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TRAINING SEMINARS

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

Please note: Due to the COVID-19 pandemic, all seminars will be held as webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday
8am - 4pm

Medi-Cal Dental to Implement Current Dental Terminology 2020

The Medi-Cal Dental Program is working diligently to update its Current Dental Terminology (CDT) code set from CDT-19 to CDT-20. This update is scheduled to implement July 1, 2021. More information will be provided as the release date draws closer.

Reminder: Provider Customer Service Survey

Medi-Cal Dental invites billing and rendering providers to take the new Provider Customer Service Survey now through **May 15, 2021**. The survey was mailed to a randomly selected group of Medi-Cal providers on April 1, 2021. However, all providers are invited to complete the survey [online here](#).

Thank you for your continued participation in the Medi-Cal Dental Program and taking time to respond. The results will be used to assess how we can better serve our Medi-Cal providers.

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Visit Us at the 2021 California Dental Association Virtual Convention (CDA Presents)

We invite you to visit the Medi-Cal Dental virtual booth at [CDA Presents the Art and Science of Dentistry](#) on **May 13 – 16, 2021**. You can register [here](#) now.

Our Medi-Cal Dental team will be available to answer your questions about:

- Medi-Cal Dental Program criteria
- Proposition 56 (Tobacco Tax) Supplemental Payment program
- Dental Transformation Initiative (DTI)
- Electronic Data Interchange (EDI)
- Provider training
- Enrollment application assistance
- *Smile, California* campaign
- And more

You will also have an opportunity to meet our Provider Training team, Outreach Representatives, and Dental Consultants. Whatever your questions are – we have answers! Come see us!

Reduced Administrative Requirements for Providers Serving Pregnant Members

Medi-Cal covers dental during pregnancy. Medi-Cal members are covered during pregnancy and 60 days past the birth of their baby.

Pregnant and postpartum members are eligible to receive **all** medically necessary covered dental procedures as long as procedure requirements and criteria are met.

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Reduced Administrative Requirements

Medi-Cal Dental requests that providers follow these guidelines for pregnant and postpartum Medi-Cal patients.

- Note “PREGNANT” or “POSTPARTUM” in the Treatment Authorization Request (TAR)/Claim form comment section when you become aware of a Medi-Cal patient’s pregnancy.
- Submit a Claim Inquiry Form (CIF) indicating “PREGNANT” or “POSTPARTUM” in the “REMARKS” field if you receive a denial (Adjudication Reason Code 503A or 503B) of a covered service for a pregnant or postpartum Medi-Cal patient. Note any additional documentation and radiographs relevant to the procedure for reconsideration.
- Scaling and root planing may be submitted on a claim for a pregnant or postpartum Medi-Cal patient.
- Radiographs are required for scaling and root planing, but bite wing radiographs do not need to be submitted for a pregnant or postpartum Medi-Cal patient.
- Arch integrity radiographs do not need to be submitted for procedures that require them if your Medi-Cal patient is pregnant or postpartum.

Example: For a member who is 21 years of age or older, root canal therapy preauthorization requires a periapical of the tooth and arch integrity radiographs. In the case of a pregnant or postpartum patient, arch integrity radiographs would not be required; only a periapical radiograph is required when a Medi-Cal patient’s pregnancy or postpartum status is documented with any aid code.

For more information about treating pregnant Medi-Cal patients, please refer to [Provider Handbook](#) Section 4 - Treating Members. For the latest requirements and criteria, please refer to the draft CDT-19 [Manual of Criteria](#) and Medi-Cal Dental [Schedule of Maximum Allowances](#).

Providers are also encouraged to direct their pregnant Medi-Cal patients to the *Smile, California* [Pregnancy page](#) for information about covered dental services and educational materials on the importance of oral health during pregnancy.

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Verify Your Tax Identification Number

Providers are requested to check that the business name and Tax Identification Number (TIN) are correct on their next Medi-Cal Dental check or Explanation of Benefits (EOB). If your information is incorrect, please continue reading for next steps. **No action is required if your business name and TIN are correct.**

Medi-Cal Dental annually reports to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The business name and TIN on these reports must match exactly with the name and TIN on file with the IRS. If the business name and TIN do not match, the IRS requires Medi-Cal Dental to **withhold 28% of future payments.**

Identifying Your Tax Identification Number

Your TIN may either be a Social Security Number (SSN) or an Employer Identification Number (EIN). The last four digits of your TIN are printed on the front of the check and EOB you receive from Medi-Cal Dental.

Updating Your Tax Identification Number

Updating your TIN is necessary only if your business type has changed (for example: sole proprietorship, corporation or partnership). **You will be required to complete a new Medi-Cal Dental Provider Enrollment Application ([DHCS 5300](#)) form if:**

- You have incorporated your business: include a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).
- You are doing business under a fictitious name: include a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

Return completed forms and all applicable attachments to:

Medi-Cal Dental Program
Attention: Provider Enrollment Department
P.O. Box 15609
Sacramento, CA 95852-0609

To find the forms mentioned above, please visit the Medi-Cal Dental [Provider Forms page](#). Failure to submit the appropriate forms and supporting documents will delay the processing of your application, and your application will be returned as incomplete.

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Outdated Versions of Treatment Authorization Request/Claim Forms No Longer Accepted

Effective August 1, 2021, providers must use a current version of the Treatment Authorization Request (TAR)/Claim form when submitting to Medi-Cal Dental.

To confirm the version, check the revision date at the bottom of the form. The current TAR/Claim form numbers and revision dates are listed below:

- DC-202 (R 08/13) and (R 10/19) - for filling in by hand
- DC-209 (R 07/13) and (R 10/19) - for pin-fed printers
- DC-217 (R 9/13) and (R 10/19) - for laser printers

After August 1, 2021, outdated forms will be returned to the provider office “unprocessed” along with a Letter of Explanation. The TAR/Claim will then need to be resubmitted on a current version of the form.

Order New Forms

Please recycle any old forms and reorder new ones. To order, please complete and fax the [Forms Reorder Request](#) to the number on the form.

How to Complete TAR/Claims

Refer to [Provider Handbook](#) Section 6 – Forms for detailed instructions.

Save Time and Submit TAR/Claims Electronically

For Electronic Data Interchange (EDI) enrollment information, please contact:

- **EDI Support** at (916) 853-7373 or Medi-CalDentalEDI@delta.org
- **Telephone Service Center** at (800) 423-0507

Tips for Claims Processing

Medi-Cal Dental continually strives to decrease claims processing time, improve responsiveness to provider and member inquiries, and increase adjudication accuracy. To improve processing time, claims are passed through an Optical Character Recognition (OCR) tool to automatically

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populate data from the form for adjudication. When submitting paper Treatment Authorization Request (TAR)/Claim forms, providers should follow the guidelines below to support these efforts and avoid denials.

TAR/Claim Form “DO”	TAR/Claim Form “DO NOT”
<ul style="list-style-type: none">• Add comments related to the entire document in box 32.• Leave boxes 11 through 18 blank, unless indicating “yes.” OCR reads any mark in boxes 11 through 18 as a “yes” even if the answer is “no.”• Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters, black ink, and stay within the field boundaries.• Use a 10 point, non-proportional, plain font (such as Arial), and use all capital letters.• Use a 6-digit date format without dashes or slashes, e.g., mmddy (123109).• Print within the lines of the appropriate field.• Submit notes and attachments on 8 ½” by 11” paper. Small attachments must be taped to standard paper in order to go through the scanner.• Submit notes and attachments on one side of the paper only. Double-sided attachments require copying and additional preparation for the scanners which will cause delays in adjudication.	<ul style="list-style-type: none">• Make comments about procedures within a procedure line.• Use correction fluid or tape.• Use italics or script fonts.• Mix fonts on the same form.• Use arrows or quote/ditto marks to indicate duplicate dates of service, NPI, etc.• Use dashes or slashes in the date fields.• Print slashed zeros.• Use photocopies of any Medi-Cal Dental forms.• Use highlighters or highlight field information (this causes field data to turn black and become unreadable).• Enter quantity information in the description of service field.• Put notes on the top or bottom of forms.• Fold any forms.• Use labels, stickers, or stamps on any Medi-Cal Dental forms.

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- Enter quantity information in the quantity field. OCR does not read the description of service field to pick up the quantity.
- Complete boxes 19 and 20. Enter the complete Billing Provider Name and National Provider Identifier (NPI) Number to ensure appropriate payment to the correct billing number.
- Use only Medi-Cal Dental provided forms.
- Use only current TAR/Claim forms:
 - » DC-202 (R 08/13) and (R 10/19)
 - For filling in by hand
 - » DC-209 (R 07/13) and (R 10/19)
 - For pin-fed printers
 - » DC-217 (R 9/13) and (R 10/19)
 - For laser printers
- Apply a handwritten signature in blue or black ink.
- Use rubber signature or “signature on file” stamps.
- Place additional forms, attachments, or documentation inside the X-ray envelope. This will cause a delay in adjudication and processing.



Kindergarten Oral Health Assessment Program

The Kindergarten Oral Health Assessment (KOHA) is a dental checkup requirement that helps schools identify children suffering from untreated dental disease and helps parents establish a dental home for their children. In accordance with California law, children must have a dental checkup 12 months before entering public school for the first time or by May 31st of their first year (Kindergarten or 1st Grade).

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Upon registration, the school will give the child's parents a letter explaining the requirement and a form to be completed during the dental visit by the dental provider. Once completed, it is the responsibility of the parent to submit the assessment form to their child's school.

KOHA can be met by performing a complete examination and treatment plan performed by a licensed dentist, or by a more basic oral health evaluation, such as a screening, which can be performed by a dentist, hygienist, or an extended function registered dental assistant with supervision.

Medi-Cal dental providers should reference the California Dental Association's [KOHA dental professionals webpage](#) for detailed information about KOHA, including, but not limited to:

- What the law requires
- What to do when an existing or new patient calls needing the school required "oral health assessment" for their child
- How to fill out the state-required assessment form

As a reminder, providers must verify a new patient's Medi-Cal eligibility prior to rendering services. Please refer to page 3 of Provider Bulletin [Volume 36, Number 27](#) for member eligibility verification and identification requirement guidelines.