



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

New Draft Manual of Criteria and Schedule of Maximum Allowances

The Medi-Cal Dental Program is working diligently to update its Current Dental Terminology (CDT) code set from CDT-19 to CDT-20 by **July 1, 2021**.

As part of this effort, providers can now access the draft documents below. Changes are identified in **red**.

- **Draft** [CDT-20 Manual of Criteria \(MOC\)](#)
 - Contains all procedure codes added from CDT-19 to CDT-20 and any changes made with Provider Bulletin authority to existing procedure codes
- **Draft** [Medi-Cal Dental Schedule of Maximum Allowances \(SMA\)](#)
 - Contains the new SMA rates for CDT-20 and existing procedure codes

Please note: Provider Handbook Section 5 will not be updated with the draft CDT-20 MOC or draft SMA until the final MOC is approved through the regulatory process.

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Deleted Procedures

The procedures below will no longer be effective for dates of service (DOS) on or after July 1, 2021. If used after the effective date, these procedures will be denied with **Adjudication Reason Code (ARC) 261A** - *Procedure code is missing or is not a valid code.*

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Preventive Procedures		
D1550	Re-cement or re-bond space maintainer	\$30.00
D1555	Removal of fixed space maintainer	\$30.00
Orthodontic Procedures		
D8691	Repair orthodontic appliance	\$50.00
D8692	Replacement of lost or broken retainer	\$200.00
D8693	Re-cement or re-bond fixed retainer	\$30.00
D8694	Repair of fixed retainers, includes reattachment	\$50.00

New Benefit Procedures

The procedures below will be effective as a benefit for DOS on and after July 1, 2021. Please refer to the draft CDT-20 MOC for the applicable criteria.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Preventive Procedures		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$30.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$30.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant <i>*Must include valid quadrant code (UR, UL, LL, or LR)</i>	\$30.00
D1556	Removal of fixed unilateral space maintainer - per quadrant <i>*Must include valid quadrant code (UR, UL, LL, or LR)</i>	\$30.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$30.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$30.00

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Implant Service Procedures		
D6082	Implant supported crown - porcelain fused to predominately base alloys	By Report
D6086	Implant supported crown - predominately base alloys	By Report
D6098	Implant supported retainer - porcelain fused to predominately base alloys	By Report
D6121	Implant supported retainer for metal FPD- predominately base alloys	By Report
Orthodontic Procedures		
D8696	Repair of orthodontic appliance - maxillary	\$50.00
D8697	Repair of orthodontic appliance - mandibular	\$50.00
D8698	Re-cement or re-bond fixed retainer - maxillary	\$30.00
D8699	Re-cement or re-bond fixed retainer - mandibular	\$30.00
D8701	Repair of fixed retainers, includes reattachment - maxillary	\$50.00
D8702	Repair of fixed retainers, includes reattachment - mandibular	\$50.00
D8703	Replacement of lost or broken retainer - maxillary	\$200.00
D8704	Replacement of lost or broken retainer - mandibular	\$200.00
Adjunctive Service Procedures		
D9997	Dental case management - patients with special health care needs	Refer to MOC

New Global Procedure

The procedure below will be effective as “global” for DOS on and after July 1, 2021. 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.*

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Oral and Maxillofacial Surgery Procedures		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Global

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Not a Benefit Procedures

The procedures below are not a benefit of the program and will no longer be effective for DOS on or after July 1, 2021. If used after the effective date, these procedures will be denied with **ARC 261** - *Procedure is not a benefit of this program.*

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Diagnostic Procedures		
D0419	Assessment of salivary flow by measurement	Not a Benefit
Restorative Procedures		
D2753	Crown – porcelain fused to titanium and titanium alloys	Not a Benefit
Prosthodontic (Removable) Procedures		
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth), per quadrant	Not a Benefit
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth), per quadrant	Not a Benefit
Implant Service Procedures		
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Not a Benefit
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Not a Benefit
D6062	Abutment supported cast metal crown (high noble metal)	Not a Benefit
D6064	Abutment supported cast metal crown (noble metal)	Not a Benefit
D6066	Implant supported crown- porcelain fused to metal-crown- (titanium, titanium-alloy; high noble metal) <u>alloys</u>	Not a Benefit
D6067	Implant supported metal crown- (titanium, titanium-alloy; high noble metal) <u>alloys</u>	Not a Benefit
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	Not a Benefit
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	Not a Benefit
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	Not a Benefit

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CDT Codes	Procedure Code Description	Maximum \$ Allowance
D6074	Abutment supported retainer for cast metal FPD (noble metal)	Not a Benefit
D6076	Implant supported retainer for porcelain fused to metal FPD_- <u>porcelain fused to (titanium, titanium alloy, or high noble metal) alloys</u>	Not a Benefit
D6077	Implant supported retainer for cast metal FPD_- (titanium, titanium alloy, or high noble metal) <u>alloys</u>	Not a Benefit
D6083	Implant supported crown - porcelain fused to noble alloys	Not a Benefit
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	Not a Benefit
D6087	Implant supported crown - noble alloys	Not a Benefit
D6088	Implant supported crown - titanium and titanium alloys	Not a Benefit
D6094	Abutment supported crown_- (titanium) <u>and titanium alloys</u>	Not a Benefit
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	Not a Benefit
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	Not a Benefit
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	Not a Benefit
D6122	Implant supported retainer for metal FPD - noble alloys	Not a Benefit
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	Not a Benefit
D6194	Abutment supported retainer crown for FPD (titanium) - <u>titanium and titanium alloys</u>	Not a Benefit
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	Not a Benefit
Fixed Prosthodontic Procedures		
D6243	Pontic - porcelain fused to titanium and titanium alloys	Not a Benefit
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not a Benefit
D6784	Retainer crown 3/4 - titanium and titanium alloys	Not a Benefit

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Existing CDT Procedures with Modification to Description

The descriptions for the existing procedures below will be effective July 1, 2021. There is no impact to adjudication with these changes. The existing criteria will not change for these procedures.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Preventive Procedures		
D1510	Space maintainer – fixed- unilateral- per quadrant	\$120.00
D1520	Space maintainer – removable – unilateral- per quadrant	Not a Benefit
D1575	Distal shoe space maintainer – fixed – unilateral- per quadrant	\$120.00
Restorative Procedures		
D2794	Crown – titanium and titanium alloys	Not a Benefit
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps; retentive/ clasping materials, rests and teeth)	\$470.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps; retentive/ clasping materials, rests and teeth)	\$470.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps; retentive/clasping materials, rests and teeth)	Not a Benefit
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps; retentive/clasping materials, rests and teeth)	Not a Benefit
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps; retentive/clasping materials, rests and teeth)	Not a Benefit
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps; retentive/clasping materials, rests and teeth)	Not a Benefit

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CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
Fixed Prosthodontic Procedures		
D6214	Pontic – titanium <u>and titanium alloys</u>	Not a Benefit
D6794	Retainer crown – titanium <u>and titanium alloys</u>	Not a Benefit

For questions about the CDT-20 implementation, please call the Telephone Service Center at (800) 423-0507.

2021 Provider Participation Survey

Medi-Cal Dental invites dental providers, including allied dental professionals, to take the 2021 Provider Participation Survey now through **July 16, 2021**. We are asking our existing Medi-Cal providers to share the survey with their colleagues in the dental community. The goal of this survey is to understand the factors that influence a provider’s decision on whether or not to participate in Medi-Cal. Dental providers can find the survey on the Medi-Cal Dental [website](#) and *Smile, California* [website](#).

Thank you in advance for taking time to respond. The results will help us explore options to increase provider participation in Medi-Cal.

Procedure D9230 Criteria Changes

Current Dental Terminology (CDT) procedure code D9230 may now be submitted without documentation for Medi-Cal patients under 16 years old for dates of service **on or after May 5, 2021**. This change is identified below in red.

PROCEDURE D9230: INHALATION OF NITROUS OXIDE /ANALGESIA, ANXIOLYSIS

1. This procedure does not require prior authorization.
2. Written documentation for payment for patients age ~~13~~ 16 or older- shall indicate the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider’s attempts to perform treatment. Extensive dental treatment shall also be documented for consideration for payment.

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3. A benefit:
 - a. for uncooperative patients under the age of ~~13~~ 16, or
 - b. for patients age ~~13~~ 16 or older when documentation specifically identifies the physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment. Extensive dental treatment shall also be documented for consideration for payment.
4. Not a benefit:
 - a. on the same date of service as deep sedation/general anesthesia (D9222 and D9223), intravenous moderate (conscious) sedation/analgesia (D9239 and D9243) or non-intravenous conscious sedation (D9248).
 - b. when all associated procedures on the same date of service by the same provider are denied.

For all current submission and criteria requirements, please refer to the draft [CDT-19 Manual of Criteria \(MOC\)](#). For dates of service on or after July 1, 2021, please refer to the draft [CDT-20 MOC](#).

Laboratory Processed Crown Treatment Authorization Requests

Medi-Cal Dental encourages providers to submit photographs with Treatment Authorization Requests (TARs) for laboratory processed crowns.

Why should I submit photographs for laboratory processed crowns?

Photographs can help crowns get authorized by showing that the crowns are medically necessary. For example, a replacement crown is only allowable if evidence of open margin, recurrent decay, etc., is present on a radiograph. Photographs can also be used to demonstrate that a tooth meets criteria by showing the involvement of a sufficient number of surfaces and/or cusps when radiographs fail to do so. In cases where the radiograph is insufficient, Medi-Cal Dental strongly recommends submission of a photograph to support the request.

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Why is the written narrative documentation I included with the TAR not enough?

Medi-Cal Dental cannot authorize a crown unless the criteria is clearly met. A provider's narrative alone is not sufficient to supplement a radiograph that does not demonstrate medical necessity.

How do I receive payment for photographs taken to support authorization of laboratory processed crowns?

In order to be payable, all photographs taken to support authorization of crowns must be submitted:

- With a date of service
- On the same TAR as the crown

Once the crown is authorized, wait until all treatment on the NOA is complete before submitting the NOA for payment.

Can I still receive payment for the photograph if the laboratory processed crown is not authorized?

Yes. Submit the NOA for payment of the photograph even if the crown has not been authorized.

For all current submission and criteria requirements, please refer to the draft [CDT-19 Manual of Criteria \(MOC\)](#) and Medi-Cal Dental [Schedule of Maximum Allowances \(SMA\)](#). For dates of service on or after July 1, 2021, please refer to the draft [CDT-20 MOC](#) and draft [CDT-20 SMA](#).

For TAR completion and submission instructions, please refer to [Provider Handbook](#) Section 6 – Forms, pages 6-5 through 6-13.

Provider Protocol During Clinical Screening Process

Important Reminder: Providers are prohibited from contacting Clinical Screening Dentists for any reason, including to request a copy of the clinical screening report. Screening protocol dictates that a Clinical Screening Dentist is not allowed to discuss their clinical observations with providers, patients, or any third party.

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Clinical Screening Dentists act as members of Medi-Cal Dental's Quality Assurance Committee. They serve as impartial observers to examine patients and report their objective clinical findings. Medi-Cal Dental utilizes these observations as additional information to make a final determination of medical necessity or the appropriate treatment and/or quality of care.

For more information, please refer to the [Provider Handbook](#).

- **Clinical screening process:** Section 2 – Overview, page 2-13
- **Clinical screening codes:** Section 7 – Codes, pages 7-21 through 7-24

Payment Error Rate Measurement Review Year 2023

Payment Error Rate Measurement (PERM) Review Year (RY) 2023 has begun. The purpose of PERM is to identify erroneous payments made in Medicaid and the Children's Health Insurance Program (CHIP) in all 50 states, including Washington, D.C., and report improper payment estimates to Congress.

During PERM RY 2023, Medicaid and CHIP Medi-Cal claims will be randomly selected and reviewed for the fiscal year **beginning July 1, 2021 and ending June 30, 2022**.

Notification of Selection

Providers whose claims are selected for the PERM will receive a notification letter from the Department of Health Care Services (DHCS) in late 2021 or early 2022. The Centers for Medicare & Medicaid Services (CMS) Review Contractor (RC) will call providers to verify information and arrange to send an official request letter detailing next steps.

Please note: A total of four quarters of claims will be selected for review during the PERM, so it is possible you may receive multiple requests at different times during the PERM process.

Provider Response and Participation

For each sampled claim, providers will be required to send the associated dental records to the RC for review and a duplicate copy to DHCS within a limited response period.

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The following documentation will be requested for the selected claim(s):

- Dental Chart
- Dental History
- Dental or Orthodontic Assessment
- Dental or Orthodontic Clinical Notes
- Dental or Orthodontic Plan of Care
- Dental X-Ray Notes
- Note: Clinical Documentation (notes, plan of care, etc.) issued from electronic records must be signed and dated (electronic signature acceptable if permitted by state regulations)
- Prior Authorization
- Procedure Record/Notes

IMPORTANT: DHCS is required to recover the claim payment amount from non-responsive providers, applicable to the selected claims. Following the specified response period, DHCS will consider non-responsive provider claims as those warranting the initiation of recoupment proceedings.

To ensure compliance with Medi-Cal dental billing practices and proper documentation processes, please review:

- Provider Bulletin [Volume 37, Number 7](#), page 4
- [Provider Handbook](#) Section 2 – Program Overview
- Draft [CDT-19 Manual of Criteria \(MOC\)](#) and Medi-Cal Dental [Schedule of Maximum Allowances \(SMA\)](#)
 - For dates of service on or after July 1, 2021, please refer to the draft [CDT-20 MOC](#) and draft [CDT-20 SMA](#)

Visit the DHCS [PERM webpage](#) or [CMS PERM webpage](#) for more information about the program. If you have any questions about the PERM information in this bulletin, please direct them to perm@dhcs.ca.gov.

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Access Language Interpreter Services through the Provider Automated Call System

Language interpreter services are available to Medi-Cal members at no cost. To get these services during a visit, the dental office or member may call the Telephone Service Center for assistance in approximately 250 languages.

For Providers and Dental Staff

- Call the Telephone Service Center toll-free at (800) 423-0507, Monday through Friday, between 8 am and 5 pm
 - **In-Office Language Interpreter Services:** Select option 2 when prompted

For Members

- Call the Telephone Service Center toll-free at (800) 322-6384, Monday through Friday, between 8 am and 5 pm
 - **In-Office Language Interpreter Services or General Language Assistance:**
 - Follow the prompts
 - » English, press 1
 - » Spanish, press 2
 - » Mandarin, press 3
 - » Vietnamese, press 4
 - » Russian, press 5
 - » Farsi, press 6
 - » Korean, press 7
 - » Cantonese, press 8
 - » Arabic, press 9
 - » Armenian, press 10
 - » For a language not listed, press 11

Please note: Language interpreter services cannot be scheduled in advance. To avoid delays and allow time to obtain language interpreter services during an appointment, providers are encouraged to identify if a Medi-Cal patient needs language assistance when they schedule an appointment.

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Providers can also download the [Provider Office Language Assistance Tagline](#) and display it in their dental office. This at-a-glance, one-page sheet is written in threshold languages and lets your Medi-Cal patients know they should indicate if interpreter services are needed.