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MEDI-CAL HAS DENTAL COVERED

Provider Bulletin

JULY 2021
Volume 37, Number 14

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 Payment Delay

In observance of the Independence Day holiday on Monday, July 5, 2021, the weekly provider payments for the week of July 5, 2021 will be delayed. Regular provider payments (paper checks and direct deposit) will be issued on July 9, 2021. Thank you in advance for your patience.

For a complete list of payment delays, please refer to the 2021 Medi-Cal Dental Payment Schedule Changes under **Important Reminders** on the Medi-Cal Dental Providers page.

Medi-Cal Dental to Implement Current Dental Terminology 2021

The Medi-Cal Dental Program is working diligently to update its Current Dental Terminology (CDT) code set from CDT-20 to CDT-21 by October 1, 2021. We will share more information as the release date draws closer.

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

dental.dhcs.ca.gov

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.

Coming Soon: 2021 Provider Network Capacity Survey

Medi-Cal Dental is pleased to announce that dental providers enrolled in Medi-Cal will have an opportunity to take the 2021 Provider Network Capacity Survey online from **August 2, 2021 through October 29, 2021**. The goal of this survey is to:

- Identify potential access-to-care barriers within the Medi-Cal Dental Program

- Understand how providers were impacted by the recent increase in the Medi-Cal patient population and how they have managed it

Providers will be able to find the survey on the Medi-Cal Dental [website](#) and *Smile, California* [website](#). Medi-Cal Dental will notify providers of the survey release in a future Provider Bulletin. **Some providers will additionally receive a copy of the survey in the mail. Please only take the survey once**.

Submission of Duplicate Treatment Authorization Requests

Medi-Cal Dental reminds providers that duplicate services cannot be authorized/paid on a new Treatment Authorization Request (TAR)/claim when there is an existing authorization.

If a member recently saw another provider and was issued an authorization for the same or similar treatment, you must attach the member's written notification to the TAR. The notification must:

- State that the member will not be returning to the original provider

- Be signed by the member

- Suggested: Note in the comments section that the member will not be returning to the provider that originally submitted the TAR

To expedite processing of duplicate TARs from different providers for the same members, the duplicate TAR will be denied with **Adjudication Reason Code (ARC) 300A** - *Procedure recently authorized to a different provider. Please submit a letter from the patient if he/she wishes to remain with your office.*

Providers can easily check a Medi-Cal patient's TAR/claim status and history online through the Provider Website Application. If a TAR is "IN PROCESS" the 'Procedure Status' column will not have any values. To access the Provider Website Application, you must create an account. For step-by-step instructions on how to create an account, please review the Provider Website Application User Guide.

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

Outdated Form: Justification of Need for Prosthesis

Effective January 1, 2022, providers must use Justification of Need for Prosthesis (DC054) forms with **revision date of Rev 09/18** when submitting to Medi-Cal Dental. To confirm the version, check the revision date at the bottom of the form.

Outdated DC054 forms received after January 1, 2022 will be denied with **Adjudication Reason Code (ARC) 155** - *Procedure requires a properly completed prosthetic DC054 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 the DC054 Form

Refer to Medi-Cal Dental Provider Handbook Section 6 – Forms, for detailed instructions.

Save Time and Submit 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

NOTE: Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Tribal 638 Clinics) are not subject to prior authorization. However, documentation should be consistent with the standards set forth in the Manual of Criteria (MOC) for Medi-Cal Authorization (Dental Services) and all state laws. A current DC054 form is required for screening and processing prosthetic cases and must be retained as part of patient records.

For current submission and criteria requirements, please refer to the draft Current Dental Terminology (CDT) 2020 MOC and draft CDT-20 Schedule of Maximum Allowances (SMA) for dates of services on or after July 1, 2021. For dates of service before July 1, 2021 and on or after March 14, 2020 and May 16, 2020, please refer to the draft CDT-19 MOC and draft CDT-19 SMA.

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. The notification letter will provide detailed submission requirements.

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

- » <u>Note</u>: 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 <u>Volume 37, Number 7</u>, page 4

- • <u>Provider Handbook</u> Section 2 – Program Overview

- • Draft <u>CDT-19 Manual of Criteria (MOC)</u> and Medi-Cal Dental <u>Schedule of Maximum Allowances (SMA)</u>

    - ° For dates of service on or after July 1, 2021, please refer to the draft <u>CDT-20 MOC</u> and draft <u>CDT-20 SMA</u>

Visit the DHCS <u>PERM webpage</u> or <u>CMS PERM webpage</u> for more information about the program. If you have any questions about the PERM information in this bulletin, please direct them to <u>perm@dhcs.ca.gov</u>.