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MEDI-CAL HAS DENTAL COVERED

Provider Bulletin

AUGUST 2021
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THIS ISSUE

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

Proposition 56 Supplemental Payment Suspension Dates Removed

Effective January 1, 2022, pursuant to the 2021 Budget Act, the Department of Health Care Services (DHCS) is authorized to continue Prop 56 supplemental payments for specified dental codes.

To view all Prop 56 dental codes eligible for supplemental payments, please click here. Payments will be made based on claim submission for the specific applicable procedures.

For more information about Prop 56, please visit the DHCS Proposition 56 Supplemental Dental Payments webpage.

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**.

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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**.

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.

End Date for Treatment Authorization Request Exceptions during COVID-19

As originally announced in Provider Bulletin Volume 36, Number 8, effective March 20, 2020, the Department of Health Care Services allowed Treatment Authorization Request (TAR) exceptions for providers unable to render treatment during COVID-19 dental office closures.

Effective December 31, 2021, these processing exceptions will end.

1. **For existing authorization:**
    a. Medi-Cal dental providers with existing valid authorization are instructed to retain the Notice of Authorization (NOA) in their dental office. Providers **should not** send the NOA to Medi-Cal Dental for an extension nor submit a new TAR to extend the authorization period.

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2. **For existing authorization expired March 20, 2020 or after:**

    b. If a Medi-Cal dental provider has a NOA that expired as of March 20, 2020 or after, and the provider has not been able to render treatment due to COVID-19 limitations, they should follow the two steps outlined below:

        i. Treat the patient when the dental office is reopened on or before December 31, 2021 and submit a new claim for payment for the previously authorized services. Providers are required to document the delay due to COVID-19 limitations. They should also note that the services were previously authorized and include the Document Control Number of the authorized NOA in the comments field (box 34) of the claim.

        ii. Submit their expired NOA for deletion to clear the member's history in the Medi-Cal Dental system.

        iii. If treatment will not be completed before December 31, 2021, a new TAR must be submitted for the treatment authorized on the expired NOA.

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

Reminder: Temporary Teledentistry Flexibilities

Medi-Cal dental providers equipped to do so are able to use synchronous teledentistry as an alternate modality for the provision of select dental services.

Synchronous teledentistry is live, two-way interaction between a provider and a person (patient, caregiver, or provider) using audiovisual telecommunications technology.

Temporary Medi-Cal Dental Teledentistry Flexibilities

Effective March 25, 2020 until further notice, the Department of Health Care Services has allowed a temporary teledentistry exception for consultation services provided to remote Medi-Cal members by telephone or video.

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Providers utilizing synchronous teledentistry should follow the guidelines below:

- Current Dental Terminology (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 **must** bill CDT code D9995 with D9430 to indicate the service was rendered via teledentistry modality. Providers will be reimbursed the Schedule of Maximum Allowances (SMA) rate for CDT code D9430.
- 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 more 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 COVID-19 Restrictions
- Teledentistry Resources page on the Medi-Cal Dental website
- Provider Handbook Section 4 - Treating Members, pages 4-14 to 4-16

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Important Reminder: Enhanced Protections for Medi-Cal Members

Medi-Cal dental providers are required by law to follow all instructions for billing Medi-Cal patients. Providers **may not**:

- Submit a claim to, or collect reimbursement from, a Medi-Cal member or an Authorized Representative, except for the specified Share of Cost (SOC) a member's eligibility status requires for any service
- Bill a Medi-Cal member for services included in the Medi-Cal Dental Program scope of benefits [Title 22, California Code of Regulations, Section 51002 (a) and Welfare and Institutions Code (WIC) Section 14019.4 (a)]
- Bill both the member and the Medi-Cal Dental Program for the same dental procedure

Effective July 1, 2020, if a dental provider accepts Medi-Cal, the treatment plan for a Medi-Cal patient shall indicate:

- » If Medi-Cal would cover an alternate, medically necessary service as defined in current law, WIC Section 14059.5
- » Except for SOC, the Medi-Cal patient has a right to choose to receive services covered by Medi-Cal and refuse treatment that would incur any out-of-pocket cost
- » The dental provider agrees to follow Medi-Cal rules to secure Medi-Cal covered services before treatment

Current Law

- Dentists shall not arrange for or establish third-party credit or loans for patients administered or under the influence of general anesthesia, conscious sedation, or nitrous oxide. [Business & Professions (B&P) Code § 654.3(g)].
- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs before the treatments are provided, unless

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the dentist provides the patient a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs. [B&P Code § 654.3(b)].

- The written treatment plan must include:
  - Each anticipated service to be provided and the estimated cost of each service;
  - The patient's private or government-estimated share of cost for each service (if applicable, including whether Medi-Cal will cover the service); and
  - If services are not covered by patient's private or other insurance (including Medi-Cal), notification that the services may not be covered and that the patient has the right to confirm coverage before starting dental treatment.
- Written notice must be provided in patient's threshold language. [B&P Code § 654.3(f)].

Changes Effective July 1, 2020

All of the current requirements above continue to apply, with the following additions:

- Dentists shall not charge to third-party lines of credit (arranged for or established in their office) any treatment costs more than 30 days before the treatments are rendered (except for orthodontia). [B&P Code § 654.3(c)]
- Dentists shall not arrange for or establish an open-end credit or loan that contains a deferred interest provision (which is common under many current third-party credit companies). [B&P Code § 654.3(b)]
- Dentist shall not complete any part of a third-party credit or loan application (arranged for or established in their office) so that any application is not completely filled out by the patient. [B&P Code § 654.3(e)].
- Dentists shall provide the patient a written or electronic notice and treatment plan, including an itemized list of treatments and services charged before rendering or incurring costs.

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- The notice must include the revised language specified in B&P Code § 654.3(g).
- For all Medi-Cal providers, the written treatment plan must indicate if Medi-Cal would cover an alternate medically necessary service. It must also notify the Medi-Cal patient that they have a right to ask for only services covered by Medi-Cal, and that the dentist must follow Medi-Cal rules to secure Medi-Cal-covered services before treatment. [B&P Code § 654.3(h)(1)].

- Dentists shall not arrange for or establish third-party credit or loans when patients are in a treatment area (including but not limited to exam rooms, surgical rooms, and any other area where dental treatment is provided) unless the patient agrees to do so. [B&P Code § 654.3(j)].

For more information about Medi-Cal Dental billing practices, refer to the Provider Handbook.

Go Green! Submit Documents Electronically through Electronic Data Interchange

Looking for a way to reduce your carbon footprint AND make billing easier? Go paperless with Electronic Data Interchange (EDI). EDI submissions make billing and tracking documents easier and helps maximize practice management system capabilities. To enroll, complete and submit the EDI Enrollment Packet.

Medi-Cal Dental receives nearly 75% of documents electronically. You can determine your own potential **cost savings** in submitting claims electronically by using the EDI savings calculator available on the National Dental EDI Council website.

With EDI, you can submit the following documents electronically:

- Claims and Treatment Authorization Requests (TARs)
- Notices of Authorization (NOAs)
- Claim Adjustments
- Digitized radiographs and attachments

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Once enrolled, you can also receive documents electronically, including:

- Notices of Authorization (NOAs)
- Resubmission Turnaround Documents (RTDs)
- Explanation of Benefits (EOB) data

Medi-Cal Dental accepts electronic submissions through these electronic attachment vendors:

» Change Healthcare

» DentalXChange

» National Electronic Attachment, Inc. (NEA)

» National Information Services (NIS)

» Tesia-PCI, LLC.

You can find additional information in the EDI How-To Guide.

For information on how to enroll, please call (916) 853-7373 and ask for EDI Support or contact the Telephone Service Center at (800) 423-0507. EDI-related questions can also be emailed to Medi-CalDentalEDI@delta.org.

Outdated Form: Justification of Need for Prosthesis

Effective January 1, 2022, providers must use Justification of Need for Prosthesis (DC054) forms with a 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.

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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.