



# Provider Bulletin

SEPTEMBER 2021  
Volume 37, Number 19



## THIS ISSUE

- pg 1 Medi-Cal Dental to Implement Current Dental Terminology 2021: New Draft Manual of Criteria and Schedule of Maximum Allowances
- pg 7 Coming Soon: Prop 56 Supplemental Payments CDT-21 Update
- pg 29 Medi-Cal Dental Payment Delay
- pg 29 Visit Us at the 2021 San Francisco California Dental Association Virtual Convention (CDA Presents)
- pg 30 Take the 2021 Provider Network Capacity Survey
- pg 30 What to Know: Provider Revalidation
- pg 31 Claim Inquiry Form Helpful Hints
- pg 33 Outdated Form: Justification of Need for Prosthesis

## 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 2021

### New Draft Manual of Criteria and Schedule of Maximum Allowances

The Medi-Cal Dental Program is working to update its Current Dental Terminology (CDT) code set from CDT-20 to CDT-21 by **October 1, 2021**.

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

- **Draft** [CDT-21 Manual of Criteria \(MOC\)](#)
  - Contains all procedure codes added from CDT-20 to CDT-21
- **Draft** [Medi-Cal Dental Schedule of Maximum Allowances \(SMA\)](#)
  - Contains the new SMA rates for CDT-21 and existing procedure codes

**Please note:** Provider Handbook Section 5 will not be updated with the draft CDT-21 MOC or draft SMA until the final MOC is approved through the regulatory process.

*Continued on pg 2*



## Deleted Procedures

The procedures below will no longer be effective for dates of service (DOS) on or after October 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
<b>Endodontic Procedures</b>		
D3427	Periradicular surgery without apicoectomy	\$100.00
<b>Maxillofacial Prosthetic Procedures</b>		
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Not a Benefit
<b>Implant Service Procedures</b>		
D6052	Semi-precision attachment abutment	By Report
<b>Oral and Maxillofacial Surgery Procedures</b>		
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$200.00

## New Benefit Procedures

The procedures below will be effective benefits for DOS on and after October 1, 2021. Please refer to the draft CDT-21 MOC for the applicable criteria.

CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
<b>Endodontic Procedures</b>		
D3471	Surgical repair of root resorption - anterior	\$100.00
D3472	Surgical repair of root resorption - premolar	\$100.00
D3473	Surgical repair of root resorption - molar	\$100.00
<b>Implant Service Procedures</b>		
D6191	Semi-precision abutment - placement	By Report

*Continued on pg 3*



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
D6192	Semi-precision attachment – placement	By Report
<b>Oral and Maxillofacial Surgery Procedures</b>		
D7961	Buccal/labial frenectomy (frenulectomy)	\$200.00
D7962	Lingual frenectomy (frenulectomy)	\$200.00
D7993	Surgical placement of craniofacial implant – extra oral	By Report
D7994	Surgical placement: zygomatic implant	By Report

## New Global Procedures

The procedures below will be effective as “global” for DOS on and after October 1, 2021. If used after the effective date, these procedures 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
<b>Diagnostic Procedures</b>		
D0701	Panoramic radiographic image – image capture only	Global
D0702	2-D cephalometric radiographic image – image capture only	Global
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only	Global
D0706	Intraoral - occlusal radiographic image – image capture only	Global
D0707	Intraoral - periapical radiographic image – image capture only	Global
D0708	Intraoral - bitewing radiographic image – image capture only	Global
D0709	Intraoral - complete series of radiographic images – image capture only	Global

Continued on pg 4



## New Not a Benefit Procedures

The procedures below are not a benefit of the program effective for DOS on or after October 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
<b>Diagnostic Procedures</b>		
D0604	Antigen testing for a public health related pathogen, including coronavirus	Not a Benefit
D0605	Antibody testing for a public health related pathogen, including coronavirus	Not a Benefit
D0704	3-D photographic image - image capture only	Not a Benefit
D0705	Extra-oral posterior dental radiographic image - image capture only	Not a Benefit
<b>Preventive Procedures</b>		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systematic health effects associated with high-risk substance use	Not a Benefit
D1355	Caries preventive medicament application - per tooth	Not a Benefit
<b>Restorative Procedures</b>		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Not a Benefit
<b>Endodontic Procedures</b>		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Not a Benefit
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Not a Benefit
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Not a Benefit
<b>Maxillofacial Prosthetic Procedures</b>		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	Not a Benefit

*Continued on pg 5*



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed - mandibular	Not a Benefit

### Existing CDT Procedures with Modification to Description

The descriptions for the existing procedures below will be effective October 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
<b>Restorative Procedures</b>		
D2960	Labial veneer (resin laminate) - <del>chairside direct</del>	Not a Benefit
D2961	Labial veneer (resin laminate) - <del>laboratory indirect</del>	Not a Benefit
D2962	Labial veneer (porcelain laminate) - <del>laboratory indirect</del>	Not a Benefit
<b>Prosthodontic (Removable) Procedures</b>		
D5225	Maxillary partial denture - flexible base (including <del>any-conventional clasps; retentive/clasping materials,</del> rests and teeth)	Not a Benefit
D5226	Mandibular partial denture - flexible base (including <del>any-conventional clasps; retentive/clasping materials,</del> rests and teeth)	Not a Benefit
D5282	Removable unilateral partial denture - one piece cast metal (including <del>any-conventional clasps; retentive/clasping materials,</del> rests and teeth), maxillary	Not a Benefit
D5283	Removable unilateral partial denture - one piece cast metal (including <del>clasps retentive/clasping materials, rests</del> and teeth), mandibular	Not a Benefit
D5284	Removable unilateral partial denture - one piece flexible base (including <del>clasps retentive/clasping materials, rests</del> and teeth), per quadrant	Not a Benefit

Continued on pg 6



CDT Codes	Procedure Code Description	Maximum \$\$ Allowance
D5286	Removable unilateral partial denture – one piece resin (including <del>clasps retentive/clasping materials, rests</del> and teeth), per quadrant	Not a Benefit
D5730	Reline complete maxillary denture ( <del>chairside direct</del> )	\$70.00
D5731	Reline complete mandibular denture ( <del>chairside direct</del> )	\$70.00
D5740	Reline maxillary partial denture ( <del>chairside direct</del> )	\$70.00
D5741	Reline mandibular partial denture ( <del>chairside direct</del> )	\$70.00
D5750	Reline complete maxillary denture ( <del>laboratory indirect</del> )	\$140.00
D5751	Reline complete mandibular denture ( <del>laboratory indirect</del> )	\$140.00
D5760	Reline maxillary partial denture ( <del>laboratory indirect</del> )	\$140.00
D5761	Reline mandibular partial denture ( <del>laboratory indirect</del> )	\$140.00
D5820	Interim partial denture ( <del>maxillary</del> ) ( <del>including retentive/clasping materials, rests and teeth</del> ), maxillary	Not a Benefit
D5821	Interim partial denture ( <del>mandibular</del> ) ( <del>including retentive/clasping materials, rests and teeth</del> ), mandibular	Not a Benefit
<b>Implant Service Procedures</b>		
D6011	<del>Surgical access to an implant body</del> (second stage implant surgery)	Global
D6091	Replacement of <del>replaceable part of</del> semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	By Report
<b>Adjunctive Service Procedures</b>		
D9971	Odontoplasty <del>1-2 teeth; includes removal of enamel-projections – per tooth</del>	Not a Benefit

For questions about the CDT-21 implementation, please call the Telephone Service Center at (800) 423-0507.

*Continued on pg 7*



## Coming Soon: Prop 56 Supplemental Payments CDT-21 Update

Effective October 1, 2021, select procedure codes eligible for Proposition 56 (Prop 56) supplemental payments will be updated to reflect the Current Dental Terminology (CDT) 2021 code set implementation. Deleted and new procedure codes are noted in the table below and reflected with asterisks in the **Attachment I table** on the next page.

CDT Procedure Codes	CDT Procedure Code Description	New/Deleted with CDT-21	Attachment I Table Page #
D7960**	Frenulectomy also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Deleted	Pg. 25
D7961*	Buccal/labial frenectomy (frenulectomy)	New	Pg. 25
D7962*	Lingual frenectomy (frenulectomy)	New	Pg. 25

Prop 56 supplemental payments will be made based on claim submission for the specific applicable procedures. Please visit the dedicated [Proposition 56 Supplemental Dental Payments page](#) for more information.

*Continued on pg 8*



**Attachment I**

**Department of Health Care Services**  
 Medi-Cal Dental Services Division

Current Dental Terminology (CDT) Codes and Schedule of Maximum Allowances (SMAs) for Proposition 56 Supplemental Payments

CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
<b>Visits and Diagnostics</b>				
D0120	Periodic oral evaluation - established patient	\$15.00	\$30.00	\$45.00
D0145	Oral evaluation for patient under three years of age and counseling with primary caregiver	\$20.00	\$39.00	\$59.00
D0150	Comprehensive oral evaluation - new or established patient	\$25.00	\$41.00	\$66.00
D0210	Intraoral - complete series of radiographic images	\$40.00	20%	\$48.00
D0220	Intraoral - periapical first radiographic image	\$10.00	20%	\$12.00
D0230	Intraoral - periapical each additional radiographic image	\$3.00	35%	\$4.05
D0272	Bitewings - two radiographic images	\$10.00	20%	\$12.00
D0274	Bitewings - four radiographic images	\$18.00	20%	\$21.60
D0330	Panoramic radiographic image	\$25.00	20%	\$30.00
D0350	2D Oral/Facial photographic images obtained intra-orally or extra orally	\$6.00	60%	\$9.60
<b>Preventive</b>				
D1110	Prophylaxis – adult	\$40.00	\$50.00	\$90.00
D1206	Topical application of fluoride varnish - adult 21 and over	\$6.00	\$12.00	\$18.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 9*





CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D1208	Topical application of fluoride - excluding varnish - adult	\$6.00	\$9.00	\$15.00
<b>Restorative</b>				
D2140	Amalgam – one surface, primary or permanent	\$39.00	40%	\$54.60
D2150	Amalgam – two surfaces, primary or permanent	\$48.00	40%	\$67.20
D2160	Amalgam – three surfaces, primary or permanent	\$57.00	40%	\$79.80
D2161	Amalgam – four or more surfaces, primary or permanent	\$60.00	40%	\$84.00
D2330	Resin-based composite – one surface, anterior	\$55.00	40%	\$77.00
D2331	Resin-based composite – two surfaces, anterior	\$60.00	40%	\$84.00
D2332	Resin-based composite – three surfaces, anterior	\$65.00	40%	\$91.00
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	\$85.00	40%	\$119.00
D2390	Resin-based composite crown, anterior	\$75.00	40%	\$105.00
D2391	Resin-based composite – one surface, posterior	\$39.00	40%	\$54.60
D2392	Resin-based composite – two surfaces, posterior	\$48.00	40%	\$67.20
D2393	Resin-based composite – three surfaces, posterior	\$57.00	40%	\$79.80
D2394	Resin-based composite – four or more surfaces, posterior	\$60.00	40%	\$84.00
D2710	Crown – resin - based composite (indirect)	\$150.00	40%	\$210.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$150.00	40%	\$210.00
D2721	Crown – resin with predominantly base metal	\$220.00	40%	\$308.00
D2740	Crown – porcelain/ceramic substrate	\$340.00	40%	\$476.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 10*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D2751	Crown – porcelain fused to predominantly base metal	\$340.00	40%	\$476.00
D2781	Crown – 3/4 cast predominantly base metal	\$340.00	40%	\$476.00
D2783	Crown – 3/4 porcelain/ceramic	\$340.00	40%	\$476.00
D2791	Crown – full cast predominantly base metal	\$340.00	40%	\$476.00
D2910	Recement inlay or Re-bond, onlay, veneer or partial coverage restoration	\$30.00	40%	\$42.00
D2920	Recement or Re-bond crown	\$30.00	40%	\$42.00
D2930	Prefabricated stainless steel crown – primary tooth	\$75.00	60%	\$120.00
D2931	Prefabricated stainless steel crown – permanent tooth	\$90.00	40%	\$126.00
D2932	Prefabricated resin crown	\$75.00	40%	\$105.00
D2933	Prefabricated stainless steel crown with resin window	\$75.00	40%	\$105.00
D2940	Protective restoration	\$45.00	40%	\$63.00
D2951	Pin retention – per tooth, in addition to restoration	\$80.00	40%	\$112.00
D2952	Post and core in addition to crown, indirectly fabricated	\$75.00	40%	\$105.00
D2954	Prefabricated post and core in addition to crown	\$75.00	40%	\$105.00
D2980	Crown repair, necessitated by restorative material failure	\$60.00	40%	\$84.00
D2999	Unspecified restorative procedure, by report	\$50.00	40%	\$70.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 11*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
<b>Endodontic</b>				
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction application of medicament	\$71.00	40%	\$99.40
D3221	Pulpal debridement, primary and permanent teeth	\$45.00	40%	\$63.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$71.00	40%	\$99.40
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	\$71.00	40%	\$99.40
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$216.00	40%	\$302.40
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$261.00	40%	\$365.40
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$331.00	40%	\$463.40
D3346	Retreatment of previous root canal therapy – anterior	\$216.00	40%	\$302.40
D3347	Retreatment of previous root canal therapy – premolar	\$261.00	40%	\$365.40
D3348	Retreatment of previous root canal therapy – molar	\$331.00	40%	\$463.40

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 12*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D3351	Apexification/Recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$100.00	40%	\$140.00
D3352	Apexification/Recalcification - interim medication replacement	\$100.00	40%	\$140.00
D3410	Apicoectomy – anterior	\$100.00	40%	\$140.00
D3421	Apicoectomy – bicuspid (first root)	\$100.00	40%	\$140.00
D3425	Apicoectomy – molar (first root)	\$100.00	40%	\$140.00
D3426	Apicoectomy – (each additional root)	\$100.00	40%	\$140.00
D3999	Unspecified endodontic procedure, by report	\$42.00	40%	\$58.80
<b>Periodontics</b>				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bound spaces per quadrant	\$185.00	40%	\$259.00
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	\$110.00	40%	\$154.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00	40%	\$490.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces, per quadrant	\$245.00	40%	\$343.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 13*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D4341	Periodontal scaling and root planing – four or more teeth per quadrant (for beneficiaries in a SNF or ICF)	\$70.00	40%	\$98.00
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	\$50.00	40%	\$70.00
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant (for beneficiaries in a SNF or ICF)	\$50.00	40%	\$70.00
D4342	Periodontal scaling and root planing – one to three teeth, per quadrant	\$30.00	40%	\$42.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis on a subsequent visit	\$75.00	40%	\$105.00
D4910	Periodontal maintenance	\$55.00	40%	\$77.00
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$45.00	40%	\$63.00
<b>Prosthetic</b>				
D5110	Complete denture – maxillary	\$450.00	40%	\$630.00
D5120	Complete denture – mandibular	\$450.00	40%	\$630.00
D5130	Immediate denture – maxillary	\$450.00	40%	\$630.00
D5140	Immediate denture – mandibular	\$450.00	40%	\$630.00
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	\$250.00	40%	\$350.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 14*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rest and teeth)	\$250.00	40%	\$350.00
D5213	Maxillary partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	40%	\$658.00
D5214	Mandibular partial denture – cast metal framework with resin denture bases(including any conventional clasps, rest and teeth)	\$470.00	40%	\$658.00
D5410	Adjust complete denture – maxillary	\$25.00	40%	\$35.00
D5411	Adjust complete denture – mandibular	\$25.00	40%	\$35.00
D5421	Adjust partial denture – maxillary	\$25.00	40%	\$35.00
D5422	Adjust partial denture – mandibular	\$25.00	40%	\$35.00
D5511	Repair broken complete denture base, mandibular	\$50.00	40%	\$70.00
D5512	Repair broken complete denture base, maxillary	\$50.00	40%	\$70.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	\$50.00	40%	\$70.00
D5611	Repair resin partial denture base, mandibular	\$60.00	40%	\$84.00
D5612	Repair resin partial denture base, maxillary	\$60.00	40%	\$84.00
D5621	Repair cast partial denture framework, mandibular	\$230.00	40%	\$322.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 15*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D5622	Repair cast partial denture framework, maxillary	\$230.00	40%	\$322.00
D5630	Repair or replace broken retentive/clasping materials per tooth	\$100.00	40%	\$140.00
D5640	Replace broken teeth – per tooth	\$50.00	40%	\$70.00
D5650	Add tooth to existing partial denture	\$60.00	40%	\$84.00
D5660	Add clasp to existing partial denture- per tooth	\$100.00	40%	\$140.00
D5730	Reline complete maxillary denture (direct)	\$70.00	40%	\$98.00
D5731	Reline complete mandibular denture (direct)	\$70.00	40%	\$98.00
D5740	Reline maxillary partial denture (direct)	\$70.00	40%	\$98.00
D5741	Reline mandibular partial denture (direct)	\$70.00	40%	\$98.00
D5750	Reline complete maxillary denture (indirect)	\$140.00	40%	\$196.00
D5751	Reline complete mandibular denture (indirect)	\$140.00	40%	\$196.00
D5760	Reline maxillary partial denture (indirect)	\$140.00	40%	\$196.00
D5761	Reline mandibular partial denture (indirect)	\$140.00	40%	\$196.00
D5850	Tissue conditioning, maxillary	\$50.00	40%	\$70.00
D5851	Tissue conditioning, mandibular	\$50.00	40%	\$70.00
D5863	Overdenture – complete maxillary	\$450.00	40%	\$630.00
D5865	Overdenture – complete mandibular	\$450.00	40%	\$630.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 16*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D5911	Facial moulage (sectional)	\$425.00	40%	\$595.00
D5912	Facial moulage (complete)	\$534.00	40%	\$747.60
D5913	Nasal prosthesis	\$1,200.00	40%	\$1,680.00
D5914	Auricular prosthesis	\$1,200.00	40%	\$1,680.00
D5915	Orbital prosthesis	\$600.00	40%	\$840.00
D5916	Ocular prosthesis	\$1,200.00	40%	\$1,680.00
D5919	Facial prosthesis	\$1,200.00	40%	\$1,680.00
D5922	Nasal septal prosthesis	\$600.00	40%	\$840.00
D5923	Ocular prosthesis, interim	\$600.00	40%	\$840.00
D5924	Cranial prosthesis	\$1,440.00	40%	\$2,016.00
D5925	Facial augmentation implant prosthesis	\$300.00	40%	\$420.00
D5926	Nasal prosthesis, replacement	\$300.00	40%	\$420.00
D5927	Auricular prosthesis, replacement	\$300.00	40%	\$420.00
D5928	Orbital prosthesis, replacement	\$300.00	40%	\$420.00
D5929	Facial prosthesis, replacement	\$300.00	40%	\$420.00
D5931	Obturator prosthesis, surgical	\$1,000.00	40%	\$1,400.00
D5932	Obturator prosthesis, definitive	\$1,500.00	40%	\$2,100.00
D5933	Obturator prosthesis, modification	\$225.00	40%	\$315.00
D5934	Mandibular resection prosthesis with guide flange	\$1,700.00	40%	\$2,380.00
D5935	Mandibular resection prosthesis without guide flange	\$1,400.00	40%	\$1,960.00
D5936	Obturator prosthesis, interim	\$900.00	40%	\$1,260.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 17*





CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D5937	Trismus appliance (not for TMD treatment)	\$125.00	40%	\$175.00
D5951	Feeding aid	\$200.00	40%	\$280.00
D5952	Speech aid prosthesis, pediatric	\$800.00	40%	\$1,120.00
D5953	Speech aid prosthesis, adult	\$1,450.00	40%	\$2,030.00
D5954	Palatal augmentation prosthesis	\$200.00	40%	\$280.00
D5955	Palatal lift prosthesis, definitive	\$1,400.00	40%	\$1,960.00
D5958	Palatal lift prosthesis, interim	\$800.00	40%	\$1,120.00
D5959	Palatal lift prosthesis, modification	\$220.00	40%	\$308.00
D5960	Speech aid prosthesis, modification	\$220.00	40%	\$308.00
D5982	Surgical stent	\$125.00	40%	\$175.00
D5983	Radiation carrier	\$80.00	40%	\$112.00
D5984	Radiation shield	\$200.00	40%	\$280.00
D5985	Radiation cone locator	\$200.00	40%	\$280.00
D5986	Fluoride gel carrier	\$80.00	40%	\$112.00
D5987	Commissure splint	\$125.00	40%	\$175.00
D5988	Surgical splint	\$205.00	40%	\$287.00
D5991	Vesiculobullous Disease Medicament Carrier	\$80.00	40%	\$112.00
D6092	Recement or Re-bond implant/abutment supported crown	\$30.00	40%	\$42.00
D6093	Recement or Re-bond implant/abutment supported fixed partial denture	\$50.00	40%	\$70.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 18*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D6100	Implant removal, by report	\$45.00	40%	\$63.00
D6194	Abutment supported retainer crown for FPD (titanium)	<i>By Report</i>	40%	<i>By Report + 40%</i>
D6199	Unspecified implant procedure, by report	<i>By Report</i>	40%	<i>By Report + 40%</i>
D6211	Pontic – cast predominantly base metal	\$325.00	40%	\$455.00
D6241	Pontic – porcelain fused to predominantly base metal	\$325.00	40%	\$455.00
D6245	Pontic –porcelain/ceramic	\$325.00	40%	\$455.00
D6251	Pontic – resin with predominantly base metal	\$325.00	40%	\$455.00
D6721	Retainer Crown – resin with predominantly base metal	\$220.00	40%	\$308.00
D6740	Retainer Crown – porcelain/ceramic	\$340.00	40%	\$476.00
D6751	Retainer Crown – porcelain fused to predominantly base metal	\$340.00	40%	\$476.00
D6781	Retainer Crown – 3/4 cast predominantly base metal	\$340.00	40%	\$476.00
D6783	Retainer Crown – 3/4 porcelain/ceramic	\$340.00	40%	\$476.00
D6791	Retainer Crown – full cast predominantly base metal	\$340.00	40%	\$476.00
D6930	Re-cement or Re-Bond fixed partial denture	\$50.00	40%	\$70.00
D6980	Fixed partial denture repair, necessitated by restorative material	\$75.00	40%	\$105.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 19*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
<b>Oral and Maxillofacial Surgery</b>				
D7111	Extraction, coronal remnants – primary tooth	\$41.00	40%	\$57.40
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$41.00	40%	\$57.40
D7210	Extraction of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$85.00	40%	\$119.00
D7220	Removal of impacted tooth – soft tissue	\$100.00	40%	\$140.00
D7230	Removal of impacted tooth – partially bony	\$135.00	40%	\$189.00
D7240	Removal of impacted tooth – completely bony	\$165.00	40%	\$231.00
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	\$235.00	40%	\$329.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$100.00	40%	\$140.00
D7260	Oroantral fistula closure	\$300.00	40%	\$420.00
D7261	Primary closure of a sinus perforation	\$100.00	40%	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$175.00	40%	\$245.00
D7280	Exposure of an unerupted tooth	\$100.00	40%	\$140.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$135.00	40%	\$189.00
D7285	Incisional Biopsy of oral tissue – hard (bone, tooth)	\$100.00	40%	\$140.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 20*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7286	Incisional Biopsy of oral tissue – soft	\$30.00	40%	\$42.00
D7290	Surgical repositioning of teeth	\$135.00	40%	\$189.00
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$50.00	40%	\$70.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00	40%	\$70.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00	40%	\$140.00
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	\$200.00	40%	\$280.00
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$500.00	40%	\$700.00
D7410	Excision of benign lesion up to 1.25 cm	\$100.00	40%	\$140.00
D7411	Excision of benign lesion greater than 1.25 cm	\$250.00	40%	\$350.00
D7412	Excision of benign lesion, complicated	\$325.00	40%	\$455.00
D7413	Excision of malignant lesion up to 1.25 cm	\$325.00	40%	\$455.00
D7414	Excision of malignant lesion greater than 1.25 cm	\$400.00	40%	\$560.00
D7415	Excision of malignant lesion, complicated	\$450.00	40%	\$630.00
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	\$325.00	40%	\$455.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 21*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	\$500.00	40%	\$700.00
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	\$100.00	40%	\$140.00
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$200.00	40%	\$280.00
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25cm	\$100.00	40%	\$140.00
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	\$250.00	40%	\$350.00
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$50.00	40%	\$70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$100.00	40%	\$140.00
D7472	Removal of torus palatinus	\$200.00	40%	\$280.00
D7473	Removal of torus mandibularis	\$100.00	40%	\$140.00
D7485	Surgical reduction of osseous tuberosity	\$75.00	40%	\$105.00
D7490	Radical resection of maxilla or mandible	\$1,200.00	40%	\$1,680.00
D7510	Incision and drainage of abscess – intraoral soft tissue	\$50.00	40%	\$70.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$75.00	40%	\$105.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 22*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7520	Incision and drainage of abscess – extraoral soft tissue	\$75.00	40%	\$105.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated(includes drainage of multiple fascial spaces)	\$100.00	40%	\$140.00
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$60.00	40%	\$84.00
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$130.00	40%	\$182.00
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$100.00	40%	\$140.00
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$380.00	40%	\$532.00
D7610	Maxilla – open reduction (teeth immobilized, if present)	\$1,000.00	40%	\$1,400.00
D7620	Maxilla – closed reduction (teeth immobilized, if present)	\$500.00	40%	\$700.00
D7630	Mandible – open reduction (teeth immobilized, if present)	\$1,200.00	40%	\$1,680.00
D7640	Mandible – closed reduction (teeth immobilized, if present)	\$700.00	40%	\$980.00
D7650	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00
D7660	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 23*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7670	Alveolus – closed reduction, may include stabilization of teeth	\$225.00	40%	\$315.00
D7671	Alveolus – open reduction, may include stabilization of teeth	\$275.00	40%	\$385.00
D7710	Maxilla – open reduction	\$1,200.00	40%	\$1,680.00
D7720	Maxilla – closed reduction	\$800.00	40%	\$1,120.00
D7730	Mandible – open reduction	\$1,200.00	40%	\$1,680.00
D7740	Mandible – closed reduction	\$800.00	40%	\$1,120.00
D7750	Malar and/or zygomatic arch – open reduction	\$500.00	40%	\$700.00
D7760	Malar and/or zygomatic arch – closed reduction	\$250.00	40%	\$350.00
D7770	Alveolus – open reduction stabilization of teeth	\$1,000.00	40%	\$1,400.00
D7771	Alveolus, closed reduction stabilization of teeth	\$500.00	40%	\$700.00
D7810	Open reduction of dislocation	\$140.00	40%	\$196.00
D7820	Closed reduction of dislocation	\$140.00	40%	\$196.00
D7830	Manipulation under anesthesia	\$140.00	40%	\$196.00
D7840	Condylectomy	\$1,000.00	40%	\$1,400.00
D7850	Surgical discectomy, with/without implant	\$1,000.00	40%	\$1,400.00
D7852	Disc repair	\$780.00	40%	\$1,092.00
D7854	Synovectomy	\$800.00	40%	\$1,120.00
D7856	Myotomy	\$810.00	40%	\$1,134.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 24*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7858	Joint reconstruction	\$1,550.00	40%	\$2,170.00
D7860	Arthroscopy	\$940.00	40%	\$1,316.00
D7865	Arthroplasty	\$1,100.00	40%	\$1,540.00
D7870	Arthrocentesis	\$440.00	40%	\$616.00
D7872	Arthroscopy – diagnosis, with or without biopsy	\$800.00	40%	\$1,120.00
D7873	Arthroscopy –lavage and lysis of adhesions	\$800.00	40%	\$1,120.00
D7874	Arthroscopy – disc repositioning and stabilization	\$800.00	40%	\$1,120.00
D7875	Arthroscopy – synovectomy	\$800.00	40%	\$1,120.00
D7876	Arthroscopy – discectomy	\$1,000.00	40%	\$1,400.00
D7877	Arthroscopy – debridement	\$800.00	40%	\$1,120.00
D7880	Occlusal orthotic device, by report	\$300.00	40%	\$420.00
D7910	Suture of recent small wounds up to 5 cm	\$75.00	40%	\$105.00
D7911	Complicated suture – up to 5 cm	\$85.00	40%	\$119.00
D7912	Complicated suture – greater than 5 cm	\$95.00	40%	\$133.00
D7920	Skin graft (identify defect covered, location and type of graft)	\$310.00	40%	\$434.00
D7940	Osteoplasty – for orthognathic deformities	\$1,300.00	40%	\$1,820.00
D7941	Osteotomy – mandibular rami	\$2,000.00	40%	\$2,800.00
D7943	Osteotomy – mandibular rami with bone graft; includes obtaining the graft	\$2,800.00	40%	\$3,920.00
D7944	Osteotomy – segmented or subapical	\$600.00	40%	\$840.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 25*





CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7945	Osteotomy – body of mandible	\$600.00	40%	\$840.00
D7946	LeFort I (maxilla – total)	\$1,300.00	40%	\$1,820.00
D7947	LeFort I (maxilla – segmented)	\$2,000.00	40%	\$2,800.00
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) – without bone graft	\$2,300.00	40%	\$3,220.00
D7949	LeFort II or LeFort III – with bone graft	\$3,000.00	40%	\$4,200.00
D7950	Osseous, osteoperiosteal, or cartilage graft of mandible or facial bones – autogenous or nonautogenous, by report	\$800.00	40%	\$1,120.00
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$1,000.00	40%	\$1,400.00
D7952	Sinus augmentation with bone or bone substitute via a vertical approach	\$750.00	40%	\$1,050.00
D7960**	Frenulectomy also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$200.00	40%	\$280.00
D7961*	Buccal/labial frenectomy (frenulectomy)	\$200.00	40%	\$280.00
D7962*	Lingual frenectomy (frenulectomy)	\$200.00	40%	\$280.00
D7963	Frenuloplasty	\$200.00	40%	\$280.00
D7970	Excision of hyperplastic tissue – per arch	\$100.00	40%	\$140.00
D7971	Excision of pericoronal gingiva	\$50.00	40%	\$70.00
D7972	Surgical reduction of fibrous tuberosity	\$50.00	40%	\$70.00
D7979	Non-surgical Sialolithotomy	\$45.00	40%	\$63.00
D7980	Surgical Sialolithotomy	\$235.00	40%	\$329.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 26*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D7981	Excision of salivary gland, by report	\$521.00	40%	\$729.40
D7982	Sialodochoplasty	\$365.00	40%	\$511.00
D7983	Closure of salivary fistula	\$120.00	40%	\$168.00
D7990	Emergency tracheotomy	\$200.00	40%	\$280.00
D7991	Coronoidectomy	\$558.00	40%	\$781.20
D7995	Synthetic graft – mandible or facial bones, by report	\$335.00	40%	\$469.00
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$45.00	40%	\$63.00
<b>Orthodontics</b>				
D8080	Comprehensive orthodontic treatment of the adolescent dentition Handicapping malocclusion	\$750.00	40%	\$1,050.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - primary dentition	\$425.00	40%	\$595.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - mixed dentition	\$625.00	40%	\$875.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition cleft palate - permanent dentition	\$925.00	40%	\$1,295.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - primary dentition	\$425.00	40%	\$595.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - mixed dentition	\$625.00	40%	\$875.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 27*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D8080	Comprehensive orthodontic treatment of the adolescent dentition facial growth management - permanent dentition	\$1,000.00	40%	\$1,400.00
D8670	Periodic orthodontic treatment visit Handicapping malocclusion	\$210.00	40%	\$294.00
D8670	Periodic orthodontic treatment visit cleft palate - primary dentition	\$125.00	40%	\$175.00
D8670	Periodic orthodontic treatment visit cleft palate - mixed dentition	\$140.00	40%	\$196.00
D8670	Periodic orthodontic treatment visit cleft palate - permanent dentition	\$300.00	40%	\$420.00
D8670	Periodic orthodontic treatment visit facial growth management - primary dentition	\$125.00	40%	\$175.00
D8670	Periodic orthodontic treatment visit facial growth management - mixed dentition	\$140.00	40%	\$196.00
D8670	Periodic orthodontic treatment visit facial growth management - permanent dentition	\$300.00	40%	\$420.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$244.00	40%	\$341.60
<b>Adjunctive Services</b>				
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$45.00	40%	\$63.00
D9120	Fixed partial denture sectioning	\$50.00	40%	\$70.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$45.00	40%	\$63.00
D9222	Deep Sedation/General Anesthesia - First 15 Minutes	\$45.68	\$76.82	\$122.50

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 28*



CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After July 1, 2018	
			%/\$ Increase	SMA + %/\$ Increase
D9223	Deep Sedation/General Anesthesia - Each subsequent 15 minute increment	\$45.68	\$76.82	\$122.50
D9230	Inhalation of nitrous oxide/anxiolysis analgesia	\$25.00	60%	\$40.00
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes	\$21.07	40%	\$29.50
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each subsequent 15 minute increment	\$21.07	40%	\$29.50
D9248	Non-intravenous conscious sedation	\$25.00	40%	\$35.00
D9410	House/Extended care facility call	\$20.00	40%	\$28.00
D9420	Hospital or ambulatory surgical center call	\$50.00	40%	\$70.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$20.00	60%	\$32.00
D9440	Office visit – after regularly scheduled hours	\$20.00	40%	\$28.00
D9610	Therapeutic parenteral drug, single administration	\$15.00	40%	\$21.00
D9910	Application of desensitizing medicament	\$43.00	40%	\$60.20
D9920	Behavior management, by report	\$100.00	40%	\$140.00
D9930	Treatment of complications (post-surgical) – unusual circumstances, by report	\$15.00	40%	\$21.00
D9950	Occlusion analysis – mounted case	\$180.00	40%	\$252.00
D9951	Occlusal adjustment – limited	\$25.00	40%	\$35.00
D9952	Occlusal adjustment – complete	\$400.00	40%	\$560.00

\*New codes effective October 1, 2021

\*\*Codes with end date of September 30, 2021

*Continued on pg 29*



## Medi-Cal Dental Payment Delay

In observance of the Labor Day holiday on Monday, September 6, 2021, the weekly provider payments for the week of September 6th will be delayed. Regular provider payments (paper checks and direct deposit) will be issued on September 10<sup>th</sup>. 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](#).

## Visit Us at the 2021 San Francisco 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 **September 9-11, 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 visit our booth! Be sure to take our short quiz to be entered to win a raffle prize each day of the conference.

*Continued on pg 30*



# Take the 2021 Provider Network Capacity Survey

Medi-Cal Dental is pleased to announce that dental providers enrolled in Medi-Cal have an opportunity to take the [2021 Provider Network Capacity Survey](#) online **now 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 can also find the survey on the Medi-Cal Dental [website](#) and *Smile, California website*. **Some providers will additionally receive a copy of the survey in the mail. Please only take the survey once.**

## What to Know: Provider Revalidation

Providers who wish to continue serving Medi-Cal members must confirm their eligibility every five years through a revalidation process. When you are due to revalidate, you will receive a letter from the Department of Health Care Services (DHCS).

The letter will instruct you to submit a completed Medi-Cal Dental Provider Application (DHCS 5300) within **70 calendar days** of the notice date. In addition, group providers must submit a completed Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement (DHCS 6216, revision 2/15) for each rendering provider in their office.

- » You can find these forms on the Medi-Cal Dental [Provider Forms page](#).

If you recently received a revalidation letter and have questions, or would like help completing your application, we can help!

*Continued on pg 31*



You can speak directly with an **Enrollment Specialist** about your application package by registering online for the [Provider Assistance Line](#). The assistance line is offered every Wednesday from 8:00 am - 4:00 pm.

**Register today!**

You can also send your questions about the enrollment application to an Enrollment Specialist directly by emailing [Medi-CalDentalEnrollmentDept@delta.org](mailto:Medi-CalDentalEnrollmentDept@delta.org).

For more information about continued participation in the program, please review [Provider Handbook](#) Section 3 – Enrollment Requirements.

## Claim Inquiry Form Helpful Hints

Claim Inquiry Forms (CIFs) are used to:

- Ask about the status of a Treatment Authorization Request (TAR) or claim
- Request re-evaluation of a modified or denied claim or Notice of Authorization (NOA) for payment

Submitting a CIF is the first step in the provider appeals process. A CIF should be sent within **six calendar months** of the Explanation of Benefits (EOB) date. Medi-Cal Dental may respond to the CIF with a Claim Inquiry Response (CIR) or as a note captured on the weekly EOB.

**Please review the tips below to expedite processing of your CIF.** For detailed, step-by-step instructions, please refer to [Provider Handbook](#) Section 6 – Forms, pages 6-28 to 6-30.

### CIF DO'S:

- » Send a separate CIF for each inquiry
- » Properly and thoroughly complete each CIF
- » Only include required documentation, radiographs, etc.

*Continued on pg 32*



- » Check the appropriate box under *Claim/TAR Tracer Only* or *Claim Re-Evaluation Only*
- » Provide accurate information, including the correct patient and provider names and patient identification number
- » Sign and date the CIF using **black** or **blue** ink
- » Submit a CIF indicating “PREGNANT” or “POSTPARTUM” in the “REMARKS” field if you receive a denial on a covered service for a pregnant/postpartum member

### **CIF DO NOTS:**

- X **Do not** use the CIF to request a first level appeal
  - \* Inquiries using the CIF are limited to the reasons indicated on the form
  - \* Any other type of inquiry or request should be handled by calling the Telephone Service Center
- X **Do not** attach any additional documents (i.e., Resubmission Turnaround Document, NOA, claim) when submitting a CIF
- X **Do not** submit a CIF if monies have been recouped due to a member complaint
  - \* Instead, utilize the rebuttal instructions located in the provider recoupment letter

To order CIFs, please complete and fax or mail the [Forms Reorder Request](#) to Medi-Cal Dental.

For more information about the provider appeals process, please refer to [Provider Handbook](#) Section 2 – Program Overview, page 2-8. For questions about CIFs, CIRs, or the provider appeals process, please call the Telephone Service Center at (800) 423-0507.

*Continued on pg 33*





# 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.

## 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](mailto: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.