



Provider Bulletin

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THIS ISSUE

- pg 1 Updated Current Dental Terminology 2021 Manual of Criteria and Schedule of Maximum Allowances: January 2022 Draft
- pg 2 Coming Soon: California Advancing and Innovating Medi-Cal (CalAIM) Oral Health Initiatives
- pg 6 Postpartum Care Expansion
- pg 6 Updated Electronic Funds Transfer Form: Enroll Today!
- pg 7 Coming Soon: Health Plan of San Mateo (HPSM): Dental Integration Program
- pg 9 Outdated Form: Justification of Need for Prosthesis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


Updated Current Dental Terminology 2021 Manual of Criteria and Schedule of Maximum Allowances: January 2022 Draft

Effective January 1, 2022, there is an updated version of the CDT-21 draft [Manual of Criteria \(MOC\)](#) and [Schedule of Maximum Allowances \(SMA\)](#). These versions contain new California Advancing and Innovating Medi-Cal (CalAIM) procedure codes for the Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF) benefits.

Additionally, we are pleased to share that a new [Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances page](#) is now available on the Fee-For-Service [Providers page](#) under the Publications dropdown. This dedicated page consolidates all current and past draft MOCs and SMAs to streamline and enhance providers' access to these critical program materials. Visit the page to view:

- Draft MOCs and SMAs, including effective dates and bulletin announcements

Continued on pg 2

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- Proposition 56 Supplemental Payment Fee Schedule
 - CalAIM Pay-for-Performance Preventive Services and Continuity of Care Fee Schedules

For more information about the CalAIM implementation, please refer to the following article.

Coming Soon: California Advancing and Innovating Medi-Cal (CalAIM) Oral Health Initiatives

On January 1, 2022, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, comprised of three oral health components, will go into effect. [CalAIM](#) is a multi-year initiative that aims to improve the quality of life and health outcomes of the Medi-Cal population by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

CalAIM Oral Health Initiatives

The three oral health components of CalAIM are built on the successful outcomes of the Dental Transformation Initiative (DTI) and each CalAIM oral health initiative is described below.

Pay-for-Performance (P4P)

P4P is comprised of two initiatives: **Preventive Services** and **Continuity of Care**. Select procedure codes eligible for CalAIM P4P payments can be found in the **Attachment I** tables at the end of this bulletin.

The Preventive Services P4P offers a performance payment for each paid preventive oral care service billed by a service office location in order to increase statewide utilization of preventive services.

Preventive P4P will be:

- » Available to **all enrolled Medi-Cal dental providers**.
- » **Paid at an additional 75 percent** of the Schedule of Maximum Allowances (SMA) for select preventive procedures. For details, please refer to the **CalAIM P4P Preventive Services** table at the end of this bulletin.

Continued on pg 3



- » Processed and paid in accordance with the [January 2022 draft CDT-21 Manual of Criteria \(MOC\)](#) and [SMA](#).
- » Included in the weekly check write for all qualified paid preventive services.

The Continuity of Care P4P offers a flat rate performance payment paid once a calendar year to service office locations that maintain dental continuity of care and establish a dental home for each patient by performing at least a yearly dental exam/evaluation for two or more years in a row.

Continuity of Care P4P will be:

- » Available to **all service office locations** who meet the requirements.
- » Begin payments in calendar year (CY) 2022 for returning patients seen in CY 2021. 2021 is the “baseline” year for this P4P.
- » Paid at the **flat rate of \$55 once per year in addition to the SMA** for the specified procedures codes below. For details, please refer to the **CalAIM P4P Continuity of Care** table at the end of this bulletin.
- » Processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).
- » Included in the weekly check write for all qualified paid continuity of care services.

New Benefits

Caries Risk Assessment (CRA) bundle and Silver Diamine Fluoride (SDF) are two new benefits added to the Medi-Cal Dental Program in alignment with national dental care standards.

CRA Bundle

- » Dental providers **must** take the [Treating Young Kids Everyday \(TYKE\) training](#), complete the related attestation form, and provide proof of TYKE course completion to receive payment for the CRA bundle.
- » Dental providers who have record of completing the TYKE training for DTI Domain 2 pilot project are **not required** to retake the TYKE training for CalAIM.
- » CRA bundle includes a CRA exam (D0601, D0602, D0603) and nutritional counseling (D1310) based on the risk level associated for Medi-Cal members **ages 0-6 only**.

Continued on pg 4



All CRA bundle service claims will be processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).

- » Additional services, such as cleaning, fluoride, and exam (D0120, D1120, D1206, and D1208) can be rendered at the allowed increased frequencies corresponding to the risk level.
- » The CRA bundle services may be billed by:
 - Dentists, and
 - Registered Dental Hygienists in Alternate Practice (RDHAPs).

CRA Bundle Fee Schedule

	Caries Risk Assessment (\$15.00)	Nutritional Counseling (\$46.00)	Frequency	Bundle Fee
Low Risk	D0601	D1310	6 months	\$61.00
Moderate Risk	D0602	D1310	4 months	\$61.00
High Risk	D0603	D1310	3 months	\$61.00

Silver Diamine Fluoride

- » SDF claims will be processed and paid in accordance with the [January 2022 draft CDT-21 MOC](#) and [SMA](#).
- » Criteria for SDF **D1354: Interim Caries Arresting Medicament Application-Per Tooth** is as follows:
 1. Radiographs and photographs for payment – For patients under the age of 7 submit a current intraoral photograph demonstrating the medical necessity. For patients age 7 or older, in addition to a current intraoral photograph, providers must submit a current, diagnostic periapical radiograph and must document the underlying conditions that exist which indicate that nonrestorative caries treatment is optimal.
 2. Requires a tooth code.
 3. A benefit:
 - a. for patients under the age of 7.

Continued on pg 5



- b. for patients age 7 or older when documentation shows underlying conditions such that nonrestorative caries treatment may be optimal.
- c. once every six months, up to ten teeth per visit, for a maximum of four treatments per tooth.

4. Not a benefit:

- a. when the prognosis of the tooth is questionable due to nonrestorability.
- b. when a tooth is near exfoliation.

- » D1354 is not a benefit when the prognosis of the tooth is questionable due to nonrestorability or when a tooth is near exfoliation

Please note the following Adjudication Reason Code (ARC) impacts, effective for dates of service (DOS) on and after January 1, 2022.

- **NEW: ARC 266P** – *Payment and/or prior authorization disallowed. Photographs are required.*
- **NEW: ARC 440** – *Procedure Code D1354 is allowable two visits per year, and lifetime maximum of four times per tooth.*
- **NEW: ARC 506** – *Procedure Code qualifies for CalAIM Preventive Services Performance Payment. For more details on CalAIM and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Members.*
- **NEW: ARC 507** – *Procedure Code qualifies for CalAIM Continuity of Care Performance Payment. For more details on CalAIM and the list of procedures, please refer to Provider Handbook: Section 4 – Treating Members.*
- **Modified: ARC 002A** – *Evaluation is not a benefit within six months of a previous evaluation to the same provider for members under age 21 or does not meet CRA criteria.*
- **Modified: ARC 320C** – *Rendering provider has not submitted a proper attestation package.*

For questions or more information about the CalAIM oral health initiatives, send your inquiry to dental@dhcs.ca.gov or visit the [CalAIM Dental webpage](#). For questions about this bulletin, please contact the Telephone Service Center at 800-423-0507.

Continued on pg 6

Attachment 1

Department of Health Care Services

Medi-Cal Dental Services Division

California Advancing and Innovating Medi-Cal (CalAIM)

Pay-for-Performance Initiative: Preventive Care

CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After January 1, 2022	
			Performance %/\$ Increase	SMA + %/\$ Increase
Preventive Procedures				
D1120	Prophylaxis – child 0-20	\$30.00	\$22.50	\$52.50
D1206	Topical application of fluoride varnish - child 0-5	\$18.00	\$13.50	\$31.50
D1206	Topical application of fluoride varnish - child 6-20	\$8.00	\$6.00	\$14.00
D1208	Topical application of fluoride - excluding varnish - child 0-5	\$18.00	\$13.50	\$31.50
D1208	Topical application of fluoride - excluding varnish - child 6-20	\$8.00	\$6.00	\$14.00

Effective January 1, 2022

CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After January 1, 2022	
			Performance %/\$ Increase	SMA + %/\$ Increase
D1351	Sealant – per tooth - age 0-20	\$22.00	\$16.50	\$38.50
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth - age 0-20	\$22.00	\$16.50	\$38.50
D1510	Space maintainer – fixed – unilateral- per quadrant - age 0-17	\$120.00	\$90.00	\$210.00
D1516	Space maintainer – fixed – bilateral, maxillary - age 0-17	\$200.00	\$150.00	\$350.00
D1517	Space maintainer – fixed – bilateral, mandibular - age 0-17	\$200.00	\$150.00	\$350.00
D1526	Space maintainer – removable – bilateral, maxillary - age 0-17	\$230.00	\$172.50	\$402.50
D1527	Space maintainer – removable – bilateral, mandibular - age 0-17	\$230.00	\$172.50	\$402.50
D1551	Re-cement or re-bond bilateral space maintainer – maxillary - age 0-17	\$30.00	\$22.50	\$52.50
D1552	Re-cement or re-bond bilateral space maintainer – mandibular - age 0-17	\$30.00	\$22.50	\$52.50

Effective January 1, 2022

CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After January 1, 2022	
			Performance %/\$ Increase	SMA + %/\$ Increase
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant - age 0-17	\$30.00	\$22.50	\$52.50
D1556	Removal of fixed unilateral space maintainer - per quadrant*	\$30.00	\$22.50	\$52.50
D1557	Removal of fixed bilateral space maintainer – maxillary*	\$30.00	\$22.50	\$52.50
D1558	Removal of fixed bilateral space maintainer – mandibular*	\$30.00	\$22.50	\$52.50
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant - age 0-17	\$120.00	\$90.00	\$210.00
D1320	Tobacco counselling for the control and prevention of oral disease**	\$10.00	\$7.50	\$17.50
D1999	***Unspecified preventative procedure, by report**	\$46.00	\$34.50	\$80.50

*Only eligible for CalAIM performance payments for members under 21 years of age.

**Only eligible for CalAIM performance payments for members aged 21 and over.

***Please refer to criteria in the [January 2022 draft CDT-21 Manual of Criteria \(MOC\)](#) and [Schedule of Maximum Allowances \(SMA\)](#).

Effective January 1, 2022

CalAIM Pay-for-Performance Initiative: Continuity of Care

CDT Procedure Code	CDT Procedure Code Description	SMA Amount	Dates of Services On or After January 1, 2022	
			Performance Payment	SMA + \$ Increase
Diagnostic Procedures				
D0120	Periodic oral evaluation – established patient	\$15.00	\$55.00	\$70.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$20.00	\$55.00	\$75.00
D0150	Comprehensive oral evaluation – new or established patient	\$25.00	\$55.00	\$80.00

Effective January 1, 2022



Postpartum Care Expansion

Effective April 1, 2022, Medi-Cal members will be covered for all medically necessary services **during pregnancy** and **12 months past the end of their pregnancy** as part of the American Rescue Act Plan (ARPA). This expansion provides an additional 10 months postpartum coverage at the end of a member's 60-day postpartum period for a total of 12 months. Eligibility will be granted to any individual in an aid code where postpartum services are a covered benefit.

For questions related to this expansion, please contact pregnancy@dhcs.ca.gov. For more information about pregnancy-related services under Medi-Cal Dental, please review [Provider Handbook](#) Section 4 – Treating Members, page 4-19.

If your Medi-Cal patients have questions about pregnancy coverage, please direct them to the [Smile, California Pregnancy](#) page.

Updated Electronic Funds Transfer Form: Enroll Today!

The Electronic Funds Transfer (EFT) Enrollment Form has been updated to clarify the fields and make completion simpler. Providers can find the updated form [here](#).

All Medi-Cal providers are encouraged to enroll in the EFT program. With EFT, Medi-Cal Dental automatically deposits payments into a provider's designated savings or checking account. EFT has many benefits:

- No more lost or misdirected checks
- No more waiting for checks to arrive in the mail
- No more trips to the bank
- Payments are available faster

To participate in the EFT program, providers must complete, sign, and mail the [EFT Enrollment Form](#) to Medi-Cal Dental at:

Continued on pg 7



Medi-Cal Dental Program
Attn: Provider Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

Detailed instructions for completing the EFT form are listed on pages 2-3 of the form and are also available on the Provider Forms page. Prior to submission, please ensure the form includes the following:

- The provider's original signature in **BLUE** ink.
- A preprinted, voided check attached to the form, or a letter from the bank signed by an authorized agent confirming the provider's account information.

Upon receipt of the EFT form, Medi-Cal Dental will send a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Medi-Cal Dental payment checks through the mail. Once direct deposit begins, the amount of each deposit will appear on the corresponding Explanation of Benefits.

More information can be found in [Provider Handbook](#) Section 3 - Enrollment Requirements, page 3-34. For questions about the EFT program, please contact the Telephone Service Center at (800) 423-0507.

Coming Soon: Health Plan of San Mateo (HPSM) Dental Integration Program

Effective January 1, 2022, the San Mateo County Organized Health System, Health Plan of San Mateo (HPSM), in collaboration with the Department of Health Care Services, will integrate dental services into the managed care plan's covered benefits. Medi-Cal dental Fee-For-Service (FFS) providers who wish to continue serving Medi-Cal members in San Mateo County must join HPSM's dental provider network.

Continued on pg 8



Why will Medi-Cal dental benefits be delivered through HPSM?

Senate Bill (SB) 849 (Ch. 47, Statutes of 2018) added [Section 14184.90](#) to the Welfare and Institutions (W&I) Code authorizing DHCS to establish a dental integration program in San Mateo County as a component of the Medi-Cal 2020 demonstration project.

What is this dental integration program designed to do?

The program is designed to test the impact to oral care access, quality, and utilization through the delivery of dental care services under HPSM.

How will I know if this change affects me?

If you are a provider located in San Mateo County this change affects you. In May 2021, HPSM contacted all Medi-Cal dental FFS providers in San Mateo County by phone, mail, or in-person about this change. Medi-Cal Dental also sent these providers notifications regarding HPSM informational webinars held on May 20 and 25, 2021.

How do I become part of HPSM's dental provider network?

For information about how to join HPSM's provider network, call (650) 616-5046 or email dental@hpsm.org. Providers are encouraged to contract with HPSM as soon as possible prior to January 1, 2022, to ensure continuity of care for Medi-Cal patients in San Mateo County.

Can I continue seeing my Medi-Cal patients if I choose **NOT** to join HPSM's provider network?

If you choose not to contract with HPSM and your Medi-Cal patients wish to continue seeing you, they may submit a continuity of care request to HPSM. If you agree to work with HPSM, your patients may continue seeing you for up to 12 months. After the 12-month period, unless you join HPSM's provider network, your Medi-Cal patients will transition to a dental provider within the HPSM provider network. Your Medi-Cal patients may contact HPSM Member Services at 1-800-750-4776 (toll-free) or 650-616-2133, Monday through Friday, 8:00 a.m. to 6:00 p.m. for more information.

How will my impacted Medi-Cal patients be notified of this change?

HPSM will mail notices to Medi-Cal members enrolled in HPSM to inform them of this change 90 days in advance, followed by 60- and 30-day notices. In addition to the 60 and 30 day notices, HPSM is required to conduct additional outreach to members which may include newsletters, pamphlets, or other mailers.

Continued on pg 9



For questions about the HPSM transition, please contact HPSM at (650) 616-5046 or dental@hpsm.org. Providers can also visit the [HPSM website](#) for more information.

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
- **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 dedicated [Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances](#) webpage.