



Provider Bulletin

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THIS ISSUE

pg 1 Electronic Form Available:
Justification of Need for
Prosthesis (DC054)

Electronic Form Available: Justification of Need for Prosthesis (DC054)

The [Justification of Need for Prosthesis \(DC054\) form](#) has been added to the [Medi-Cal Dental website](#) as an electronic, fillable form. The form can be found on the [“Provider Forms” page](#) of the website, under the “General” section.

The current form has a **revision date of Rev 09/18**, listed at the bottom of the form. When downloading the electronic version of this form, always ensure you are using the correct form with the most current revision date. It is recommended that you always download the form from the Medi-Cal Dental website before use to ensure you are using the correct version.

You can fill out the electronic version of this form before printing it. There are two sections of the form that must be filled out after printing:

- Missing teeth and teeth that are to be extracted chart
- Signature line

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TRAINING SEMINARS

To reserve a spot online or view a complete list of training seminars, go to the [Provider Training Seminar Schedule](#).

Please note: Due to the COVID-19 pandemic, all seminars will be held as webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go [here](#) for more information.

Available every Wednesday
8am - 4pm

PROVIDER EMAIL LIST SIGN-UP

Registration is quick and easy! Join the [provider email distribution list](#) and get the latest Medi-Cal Dental updates straight to your Inbox.



Address both arches when filling out the chart, even if an appliance is not requested for both arches. The dentist completing the form must sign the form. For detailed instructions on how to complete the DC054 form, refer to the [Medi-Cal Dental Provider Handbook](#) Section 6 – Forms.

Order New Forms

You can still order paper forms. To order new forms, please complete and fax the [Forms Reorder Request](#) to the number on the form. You can also mail the completed form to the address on the form.

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. Safety Net Clinics that use Medi-Cal Dental criteria but do not bill Medi-Cal must fill out and retain the DC054 form as part of the patient record when rendering removable prosthodontics other than immediate dentures.

For current submission and criteria requirements, please refer to the dedicated [Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances webpage](#).