Provider Bulletin

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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, seminars will be held in-person and through webinars.

PROVIDER ENROLLMENT ASSISTANCE LINE

Speak with an Enrollment Specialist. Go here for more information.

Available every Wednesday
8am - 4pm

Medi-Cal Dental Criteria Update — Posterior Crowns for Adults

Effective July 1, 2022, Medi-Cal Dental criteria was updated for laboratory-processed crowns pursuant to SB 184 (Chapter 47, Statutes of 2022) to align standards of dental care with evidence-based practices and guidelines consistent with the American Dental Association.

Specifically, the update changed the criteria for persons 21 years of age or older to receive laboratory-processed crowns on posterior teeth when medically necessary to restore a posterior tooth back to normal function. Posterior teeth in persons 21 years of age or older will no longer be required to serve as abutments for removable partial dentures to qualify for laboratory-processed crowns.

All other criteria for laboratory-processed crowns, including prior authorization guidelines and fixed partial dentures remain unchanged.

The following are criteria updates for current dental terminology (CDT) codes D2710, D2712, D2721, D2740, D2751, D2781, D2783, and D2791:

Procedure Codes **D2710** and **D2712**:

Permanent anterior teeth and permanent posterior teeth (age 13 or older):

1. Prior authorization is required.

2. Radiographs for prior authorization – submit arch and periapical radiographs.

3. Photographs for prior authorization – a photograph shall be submitted when there is an existing removable partial denture and the cast clasp or rest is not evident on a radiograph.

4. Requires a tooth code

5. A benefit:

    a. Once in a five year period

    b. For any resin based composite crown that is indirectly fabricated.

    c. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214), or

    d. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214). Both shall be submitted on the same TAR for prior authorization.

6. Not a benefit:

    a. For patients under the age of 13.

    b. For third molars, unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture with cast clasps or rests.

    c. For use as a temporary crown.

Procedure Codes **D2721**, **D2740**, **D2751**, **D2781**, **D2783**, and **D2791**:

Permanent anterior teeth and permanent posterior teeth (age 13 or older):

1. Prior authorization is required.

2. Radiographs for prior authorization – submit arch and periapical radiographs.

3. Photographs for prior authorization – a photograph shall be submitted when there is an existing removable partial denture and the cast clasps or rest is not evident on a radiograph.

4. Requires a tooth code.

5. A benefit

    a. once in a five-year period.

    b. only for the treatment of posterior teeth acting as an abutment for an existing removable partial denture with cast clasps or rests (D5213 and D5214) or

~~c. when the treatment plan includes an abutment crown and removable partial denture (D5213 or D5214. Both shall be submitted on the same TAR for prior authorization.~~

6. Not a benefit:

    a. for patients under the age of 13.

    b. for third molars unless the third molar occupies the first or second molar position or is an abutment for an existing removable partial denture ~~with cast clasps or rests~~.

In addition, the restorative general policies criteria will be updated with the following:

3. Laboratory Processed Crowns (D2710-D2792):

    a. Laboratory processed crowns on permanent teeth (or over-retained primary teeth with no permanent successor) are a benefit only once in a five-year period except when failure or breakage results from circumstances beyond the control of the provider (such as due to a patient's oral habits).

    b. Prior authorization with current periapical and arch radiographs is required. Arch films are not required for crown authorizations if the Medi-Cal Dental Program has paid for root canal treatment on the same tooth within the last six months. Only a periapical radiograph of the completed root canal treatment is required.

    c. A benefit for patients age 13 or older when a lesser service will not suffice because of extensive coronal destruction and a crown is medically necessary to restore the tooth back to normal function. The following criteria shall be met for prior authorization:

        i. Anterior teeth shall show traumatic or pathological destruction to the crown of the tooth, which involves at least one of the following:

            a. the involvement of four or more surfaces including at least one incisal angle. The facial or lingual surface shall not be considered involved for a mesial or proximal restoration unless the proximal restoration wraps around the tooth to at least the midline,

            b. the loss of an incisal angle which involves a minimum area of both half the incisal width and half the height of the anatomical crown,

      c. an incisal angle is not involved but more than 50% of the anatomical crown is involved.

  ii. ~~Bicuspids (premolars)~~ Premolars that have not been endodontically treated shall show traumatic or pathological destruction of the crown of the tooth, which involves three or more tooth surfaces including one cusp.

  iii. Molars that have not been endodontically treated shall show traumatic or pathological destruction of the crown of the tooth, which involves four or more tooth surfaces including two or more cusps.

  ~~iv. Posterior crowns for patients age 21 or older are a benefit only when they act as an abutment for a removable partial denture with cast clasps or rests (D5213 and D5214) or for a fixed partial denture which meets current criteria.~~

  ~~v. Posterior crowns for patients under the age of 21 that shall restore a successfully treated endodontic bicuspid or molar tooth.~~ Premolars and molars that have had adequate endodontic treatment.

d. Restorative services provided solely to replace tooth structure lost due to attrition, abrasion, erosion or for cosmetic purposes are not a benefit.

e. Laboratory crowns are not a benefit when the prognosis of the tooth is questionable due to non-restorability or periodontal involvement.

f. Laboratory processed crowns are not a benefit when the tooth can be restored with an amalgam or resin-based composite.

g. When a tooth has been restored with amalgam or resin-based composite within 36 months, by the same provider, written documentation shall be submitted with the TAR justifying the medical necessity for the crown request. A current periapical radiograph dated after the restoration is required to demonstrate the medical necessity along with arch radiographs.

h. Tooth and soft tissue preparation, crown lengthening, cement bases, direct and indirect pulp capping, amalgam or acrylic buildups, pins (D2951), bonding agents, lining agents, impressions, temporary crowns, occlusal adjustments (D9951), polishing, local anesthesia (D9210) and any other associated procedures are included in the fee for a completed laboratory processed crown.

i. Arch integrity and overall condition of the mouth, including the patient's ability to maintain oral health, shall be considered for prior authorization, which shall be based upon a supportable five year prognosis for the teeth to be crowned.

j. Indirectly fabricated or prefabricated posts (D2952 and D2954) are a benefit when medically necessary for the retention of allowable laboratory processed crowns on root canal treated permanent teeth.

k. Partial payment will not be made for an undelivered laboratory processed crown. Payment shall be made only upon final cementation.

Treatment Authorization Requests processed on July 1, 2022, or after, and claims processed with the date of service on July 1, 2022, or after will have the new criteria applied. Medi-Cal Dental does not retroactively authorize procedures; if a tooth was prepared for a crown before the policy change then the previous criteria apply to that tooth.

For more information, visit the Manual of Criteria (MOC) and Medi-Cal Dental Schedule of Maximum Allowances (SMA) webpage, download the Draft CDT-22 Manual of Criteria, or call the Telephone Service Center at 1 (800) 423-0507.

Medi-Cal Dental Website Refresh

The Medi-Cal Dental website has been refreshed using the current CA.gov website standard template. There is now an updated look and feel to static content and website applications such as the Find-A-Dentist tool and Provider Web Application. The functionality of the website and applications remains the same.

Updates have been made to the usability, user interface features, and the navigation throughout the website. Future updates will allow for more visually pleasing elements and a compelling content presentation.

Check out the website to see the new look and feel, including a new color scheme, images, and more. You can find direct links to the Find-A-Dentist tool, the *Smile, California website*, and the Provider Web Application at the bottom of the Medi-Cal Dental website homepage.

Note: If you are experiencing issues with the formatting of the website, please clear your browser cache/history and close your browser. This should resolve the display issues.

Online Enrollment Portal Coming Soon!

The Department of Health Care Services (DHCS) plans to implement the Provider Application and Validation for Enrollment (PAVE) portal to simplify and accelerate Medi-Cal enrollment processes for dental providers. DHCS anticipates the PAVE launch to occur no later than November 2022. The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and required documentation to DHCS electronically. **DHCS will no longer accept paper applications once PAVE is implemented.**

The Medi-Cal Provider e-Form Application complies with current state and federal regulatory and statutory requirements. All dental providers must use PAVE e-forms to enroll in Medi-Cal, report changes to existing enrollments, and complete revalidation or continued enrollment for individual, group, and rendering provider types.

The easy-to-use, intuitive PAVE portal streamlines the enrollment process by offering:
- Secure login
- Document uploading
- Electronic signatures
- Application progress tracking
- Social collaboration

You can access resources and learn more about the new portal on the DHCS PAVE page.

Visit Us at the 2022 California Dental Association Convention in San Francisco (CDA Presents)

We invite you to visit the Medi-Cal Dental booth **in person** at the CDA Presents Event in San Francisco on **September 8-10, 2022**. To learn more about registering for and attending the convention, see the Attendee FAQs webpage.

Stop by **Booth 1621** to meet our Provider Training team, Outreach Representatives, and Dental Consultants. Our Medi-Cal Dental team will be available to answer general questions about:
- California Advancing and Innovating Medi-Cal (CalAIM)
- Medi-Cal Dental Program criteria

- Proposition 56 (Tobacco Tax) Supplemental Payment program

- Electronic Data Interchange (EDI)

- Provider training

- Enrollment application assistance

- *Smile, California* campaign

- And more

Whatever your questions are – we have answers! Come see us!

Attend a Provider Seminar for the Latest Program Information

Provider training seminars are a great way to learn about the Medi-Cal Dental Program from experienced, qualified instructors. In addition, dentists, registered or certified dental assistants, and hygienists can earn free continuing education credits.

Seminars are available year-round and cover the most current program criteria, policies, and procedures in the Medi-Cal Dental Program. To find and register for a seminar, please visit the Provider Training Seminar Schedule page for a complete list of seminars.

Note: In-person seminars are back in August! Along with our current virtual webinar schedule, our in-person seminars offer opportunities for providers to learn more about the Medi-Cal Dental Program. The Provider Training page has current information on upcoming training seminars, including seminar descriptions, current schedule, and registration. Registering early is recommended.

Seminars

Providers can choose from the following series of seminars:

- **Basic and Electronic Data Interchange (EDI) Seminars:**

  ➢ **Basic seminars** address general program purpose, goals, policies, and procedures. In addition, these seminars provide instructions for the correct use of standard billing forms and explain the reference materials and support services available to Medi-Cal dental providers.

  ➢ The presentation's EDI section includes an overview of Treatment Authorization Request (TAR) and claims submissions, review and retrieval of reports, EDI label preparation, mailing of TARs and claims, and the submission of electronic

attachments.

- Advanced Seminars: Advanced seminars offer current, in-depth information on topics such as Medi-Cal dental criteria, radiograph and documentation requirements, processing codes, and other topics of specific concern.

- Ortho Seminars: These specialized seminars for orthodontists address all aspects of the Medi-Cal Dental orthodontic program, including enrollment and certification, completion of billing forms, billing procedures, and criteria and policies specific to Medi-Cal Dental.

- Workshops: Workshops provide inexperienced billing staff with a hands-on opportunity to learn about Medi-Cal Dental's policies and procedures.

For current submission and criteria requirements, please refer to the Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances webpage and the Provider Handbook Section 2 – Program Overview.