



Provider Bulletin

JULY 2023
Volume 39, Number 16



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Adjudication Reason Code 395 for Medi-Cal County Inmate Program

Medi-Cal Dental updated this Adjudication Reason Code (ARC) on May 5, 2023: **ARC 395** - Claims for member with Medi-Cal County Inmate Program aid codes are not payable to providers that are in a non-participating county. Payment/authorization denied. Please contact the local governmental financing division at DHCS via general email box: DHCSIMCU@DHCS.CA.GOV for the responsible county for this service.

The Medi-Cal County Inmate Program (MCIP) aid codes are: F3, F4, G3, G4, G5, G6, G7, G8, J1, J2, J3, J4, J5, J6, J7, J8, N0, N7, N8, K6, K7, K8, and K9.

The claims service lines will be denied with the above ARC when a member has MCIP Aid Code, and the Billing Provider Service Office is not located in a State Fiscal Year (SFY) participating county.

Non-Participating County codes in SFY 2022 (July 1, 2021 - June 30, 2022):

County Code	County Name
08	Del Norte
12	Humboldt

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SIGN UP FOR OUR EMAIL LIST

Learn the latest Medi-Cal Dental news and information by signing up for our Medi-Cal Dental Fee-For-Service Provider email distribution list [here](#).

TRAINING SEMINARS

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

PROVIDER ENROLLMENT

To enroll in the Medi-Cal Dental Program, or check the status of an existing enrollment application, click [here](#) or email PAVE@dhcs.ca.gov.



18	Lassen
21	Marin
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
53	Trinity
57	Yolo

Non-Participating County codes in SFY 2023 (July 1, 2022 - June 30, 2023):

County Code	County Name
08	Del Norte
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
46	Sierra
53	Trinity
57	Yolo

Non-Participating County codes in SFY 2024 (July 1, 2023 - June 30, 2024):

County Code	County Name
08	Del Norte
21	Marin
23	Mendocino
30	Orange
44	Santa Cruz
45	Shasta
53	Trinity
57	Yolo

For more information about the current CDT-23 Manual of Criteria and Schedule of Maximum Allowances, please visit the [Medi-Cal Dental website](https://www.dental.dhcs.ca.gov).

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2023 Provider Network Capacity Survey

The Department of Health Care Services is pleased to announce that **enrolled** Medi-Cal Dental providers have the opportunity to take the **2023 Provider Network Capacity Survey** online from **May 1, 2023 through July 31, 2023**. The purpose of this survey is to ensure we have the most comprehensive information possible regarding the provider networks within the Medi-Cal Dental Program.

Providers will be able to find the survey on the Medi-Cal Dental [website](#) and the Smile, California [website](#). Some providers will also receive the survey by mail.

Please only take the survey if you are currently enrolled in the Medi-Cal Dental program and please only take the survey once. Thank you for taking the time to respond.

Enhanced Protections for Medi-Cal Members

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 a member's eligibility status requires for any service. Title 22, California Code of Regulations, Section 51002 (a) and Welfare and Institutions Code (WIC) Section 14019.4 (a) expressly prohibits a provider from billing a Medi-Cal member for services included in the Medi-Cal Dental Program scope of benefits. Furthermore, a provider may not bill both the member and the Medi-Cal Dental Program for the same dental procedure.

Senate Bill 639, effective July 1, 2020, specifies in Business and Professions (B&P) Code, 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. The treatment plan shall indicate that the Medi-Cal patient has a right to ask for only services covered by Medi-Cal and that 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

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administered or under the influence of general anesthesia, conscious sedation, or nitrous oxide. [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 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)].

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)]
- Dentists 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)].

Providers can review Senate Bill 639 in its entirety [here](#). For more information about Medi-Cal Dental billing practices, see Provider Bulletin [Volume 37, Number 7](#), or refer to the [Provider Handbook](#).