California Medi-Cal Dental Program

Denti-Cal Bulletin

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Helpful Hints for Providers

Through its audit process, the Surveillance and Utilization Review (S/UR) department has found the following areas to be deficient in the documentation of treatment for Medi-Cal dental beneficiaries. Lack of proper documentation may result in an unfavorable audit and possible recovery of payments. For information on causes for recovery, see California Code of Regulations (CCR), Title 22, Section 51458.1, Cause for Recovery of Provider Overpayments; and page 8-3 in the Fraud, Abuse and Quality of Care section of the Medi-Cal Dental Program Provider Handbook (Provider Handbook).

Documentation

California Code of Regulations (CCR), Title 22, Section 51476, states that each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary. Detailed documentation must be present in Medi-Cal patient record of treatment and must support the need for the procedure provided. Additionally, documentation must include the date services were provided, and the identification of the Medi-Cal-enrolled provider who performed the treatment as required under the Dental Practice Act, Section 1683. Lack of the above-noted documentation may result in an unfavorable audit.

Anesthetic

California Code of Regulations (CCR), Title 22, Section 51476(a)(4) and the accepted standard of dental practice requires that the local anesthetic type, dosage, vasoconstrictor, and number of carpules used be recorded in the patient record of treatment. If a local anesthetic is not used for a procedure normally calling for local anesthesia, a notation should be made in the patient record of treatment noting this fact.

Radiographs and Photographs

According to the accepted standard of dental practice, the fewest number of radiographs needed to provide a diagnosis shall be taken. Original radiographs must be a part of the patient's clinical record and must be retained by the provider at all times. Radiographs must be made available for review upon the request of the Department of Health Care Services (DHCS) or the Surveillance and Utilization Review (S/UR) department. When Medi-Cal patient records of treatment are requested, duplicates of all included radiographs and photographs must also be submitted and may not be returned. As indicated on page 5-5 of the Manual of Criteria section in the Provider Handbook, the radiographs and photographs must be of diagnostic quality, properly mounted, and labeled with the date they were taken. In addition, the provider's name and billing number, the patient's name, and the right and left sides of the patient's mouth must be clearly indicated.

Restorative Services

Dental restorative materials are limited to composite resin, glass ionomer cement, resin ionomer cement, and amalgam as described on the Dental Board of California's Dental

Materials Factsheet. Documentation in the Medi-Cal patient record of treatment must indicate the specific treatment provided which includes the material placed.

Dental Fluoride Treatment

Documentation in the Medi-Cal patient record of treatment must describe the specific service provided. Fluoride treatment (D1201, D1203, D1204, and D1205) is a benefit for prescription strength fluoride products designed solely for use in a dental office and delivered to the dentition under direct supervision of a dental professional. Fluoride treatments do not include treatments incorporating fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration, and applications of aqueous sodium fluoride. Prophylaxis and/or fluoride procedures (D1120, D1201, and D1203) are a benefit once in a six-month period without prior authorization under the age of 21. Prophylaxis and/or fluoride procedures (D1110, D1204, and D1205) are a benefit once in a 12-month period without prior authorization for age 21 and over. See page 5-13 of the Manual of Criteria section in the Provider Handbook.

Palliative (Emergency) Services

Written documentation must include the tooth/area, condition, and specific treatment performed. A mere statement that an emergency existed is not sufficient. See page 5-105 of the Manual of Criteria section in the Provider Handbook.

Billing or Rendering Provider Not Enrolled

Services provided by a dentist who is not enrolled in the California Medi-Cal Dental (Denti-Cal) Program are not a benefit of the program. Denti-Cal will not pay for services unless the provider is actively enrolled in the Denti-Cal Program at the time of treatment. Occurrences involving un-enrolled providers will result in recovery of overpayments. See page 2-1 of the Program Overview section in the Provider Handbook.

Overpayment Recovery

California Codes of Regulations (CCR), Title 22, Section 51458.1. (a)(b) states:

> The Department will recover overpayments to providers including, but not limited to, payments determined to be:
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> (1) In excess of program payment ceilings or allowable costs.
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> (2) **For services not documented in the provider's records, or for services where the provider's documentation justifies only a lower level of payment**.
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> (3) Based upon false or incorrect claims or cost reports from providers.
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> (4) For services deemed to have been excessive, medically unnecessary or inappropriate.
>
> (5) For services not covered by the program.

See page 8-5 of the Fraud, Abuse and Quality of Care section in the Provider Handbook.

For answers to questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507, or consult the Provider Handbook found at: http://www.denti-cal.ca.gov.