

Denti-Cal California Medi-Cal Dental Bulletin

May 2014
Volume 30, Number 8

This Issue:

p1 Some Adult Dental Services to be Restored in 2014

p2 \$1,800 Beneficiary Cap Adjustment
Current Dental Terminology (CDT) 13 Implementation and Procedure Code Changes

p3 Provider Enrollment Resources
Visit Denti-Cal at the California Dental Association Convention (CDA Presents) in Anaheim 2014

p4 Medi-Cal Dental Patient Referral Service
Reminder: Do Not Submit Original Radiographs
Preferred Provisional Provider

p5 No Claim Activity

Training Seminars

[Reserve your spot](#) for one of our training seminars.

Webinar

Basic & EDI/D479 - May 2, 2014

Fresno

Basic & EDI/D480 - May 7, 2014

Advanced/D481 - May 8, 2014

Cupertino

Basic & EDI/D482 - May 20, 2014

Advanced/D483 - May 21, 2014

Provider Enrollment Assistance Line

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

Wednesday, May 21, 8 am - 4 pm.

Some Adult Dental Services to be Restored in 2014

On April 29, 2014, the Centers for Medicare and Medicaid Services (CMS) approved the Department of Health Care Services (DHCS) State Plan Amendment 13-018 (SPA 13-018). SPA 13-018 restores certain adult dental optional benefits for persons 21 years of age or older under the Medi-Cal program effective May 1, 2014. In addition to the existing Federally Required Adult Dental Services, the following benefits will be restored to beneficiaries age 21 and older:

- Initial examinations, radiographs/photographic images, prophylaxis, and fluoride treatments
- Amalgam and composite restorations
- Prefabricated stainless steel, resin, and resin window crowns
- Anterior root canal therapy
- Complete dentures, including immediate dentures
- Complete denture adjustments, repairs, and relines

All pregnant adult beneficiaries regardless of age, aid code, and/or scope of benefits will also be afforded access to these aforementioned services provided that medical necessity is documented in accordance with the Denti-Cal Manual of Criteria. However, for the following, adult dental benefits remain in place and **do not change** as a result of the partial restoration of adult benefits:

- Pregnancy-related services
- Emergency services
- Services provided to residents of an Intermediate Care Facility/Skilled Nursing Facility
- Services provided to Consumers of the Department of Developmental Services

Please refer to the [Provider Handbook](#) for further information regarding these benefits.

Please check the Denti-Cal website frequently for future updates and clarifications. Should you have questions, please contact the Provider Customer Service Line at 1-800-423-0507.

Continued on pg 2.

\$1,800 Beneficiary Cap Adjustment

On April 29, 2014, the Department of Health Care Services (DHCS) received approval from the Centers for Medicare and Medicaid (CMS) for SPA 13-018, which restores certain optional adult dental benefits for beneficiaries 21 years of age and older under the Medi-Cal program, effective May 1, 2014. CMS approval of the limited restoration of some adult dental services was partially contingent upon the modification of the Department's application of the \$1,800 cap. As a result, DHCS has elected to implement a soft cap for non-exempt, medically necessary services with dates of service on or after May 1, 2014 that may exceed the annual \$1800 threshold, beginning May 1, 2014.

The California Dental Medicaid Management Information System (CD-MMIS) is currently being modified to accommodate this new policy change. However, until said system changes are implemented, the \$1,800 beneficiary cap will be temporarily suspended. In the interim, if medical necessity is appropriately documented in accordance with the Denti-Cal [Manual of Criteria \(MOC\)](#) for beneficiaries that are approaching or may exceed the annual threshold, the documents will be evaluated according to program criteria and if medical necessity is determined, the services will be allowed.

Please continue to check the [Denti-Cal website](#) frequently for additional updates and program changes regarding the \$1,800 beneficiary cap.

For questions about the beneficiary cap or the MOC, please call the Provider Customer Service Line at 1-800-423-0507.

Current Dental Terminology (CDT) 13 Implementation and Procedure Code Changes

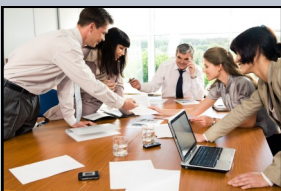
Effective June 1, 2014 Denti-Cal will transition to the American Dental Association's Current Dental Terminology Version 2013 (CDT-13). On this date a new Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) will be implemented.

Copies of the new MOC and SMA are available for review on the Denti-Cal web site in the "[What's New](#)" section. Please **note that providers must continue to use the CDT-11-12 codes currently listed in the MOC (dated April 2, 2012) for rendered services with dates of service prior to the June 1, 2014 effective date.**

Continued on pg 3.

NEED MORE INFORMATION?

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Wednesday, May 7, 2014 8:00 AM- 4:00 PM	Double Tree 2001 Point West Way Sacramento, CA 95815 916-929-8855	Sacramento
Register Now!		
Wednesday, May 21, 2014 8:00 AM- 4:00 PM	Hilton Garden Inn 199 North Second Ave Arcadia, CA 91006 626-574-6900	Los Angeles
Register Now!		

Procedure Code Changes

The following procedures and/or associated criteria will be changed in an effort to reduce paper work, reduce submission requirements and expedite patient treatment.

- Procedures D1203 (Topical Application of Fluoride- Child) and D1204 (Topical Application of Fluoride- Adult) have been deleted and have been replaced with procedure D1208 (Topical Application of Fluoride). For dates of service prior to June 1, 2014 continue to submit procedures D1203 and D1204. For dates of service June 1, 2014 and after, submit procedure D1208 for all beneficiaries regardless of age.
- There is no longer a requirement that endodontic treatment be completed before a laboratory processed crown can be requested for prior authorization. The request for endodontic treatment and laboratory processed crown can now be made on the same Treatment Authorization Request (TAR). Only the pre-operative radiograph and arch films are required to be submitted with the TAR. Please note that arch films are not required for patients under the age of 21.
- The requirement to submit documentation of a definitive periodontal diagnosis and a periodontal evaluation chart has been eliminated for all periodontal procedures. However, this documentation must be kept in the patient's treatment record.
- Prior authorization and the submission of radiographs for immediate dentures (procedures D5130 and D5140) have been eliminated. However, prior authorization is still required for beneficiaries residing in a State certified Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

As a reminder, Denti-Cal defines an immediate denture as a complete denture that requires extractions. There must be evidence of recent extractions within six months of the date of service of the denture.

More information about the CDT 13 transition can be found in [Bulletin Volume 30, Number 6](#) and by calling the Provider Customer Service Line at 1-800-423-0507.

Provider Enrollment Resources

Need help completing the Denti-Cal enrollment application? Then check out the Denti-Cal provider enrollment resources available on the [Denti-Cal website](#)! A number of resources, including video tutorials, Enrollment FAQs, sample applications, and more are available to help successfully guide you through completing the enrollment application forms. Below is a brief listing of the available resources:

- [Enrollment Toolkit](#): A collection of tips, hints, application forms, and more all designed to help complete the enrollment application.
- [Enrollment Workshops](#): For live, one-on-one help with your application, attend one of the enrollment workshops being held around California. Check the Denti-Cal website often for new workshop dates and locations.
- [Provider Enrollment Assistance Line](#): Don't have time to attend an enrollment workshop? Then [register](#) to use the Dental Provider Enrollment Assistance Line. Offered once a month, registered providers can call Denti-Cal and talk to an Enrollment Specialist.

For any questions regarding the enrollment application forms or process, please call the Provider Customer Service Line at 1-800-423-0507 or see "[Section 3 - Enrollment Requirements](#)" of the Provider Handbook.

Visit Denti-Cal at the California Dental Association Convention (CDA Presents) in Anaheim 2014

Be sure to visit the Denti-Cal Booth at the *CDA Presents* in Anaheim, Thursday, May 15 through Saturday, May 17, 2014. Representatives from Denti-Cal will be on hand in Booth 761, Hall B of the Anaheim Convention Center to provide current Denti-Cal information and answer questions regarding enrollment, restoration of some adult dental services, Electronic Data Interchange (EDI), provider trainings and more!

Continued on pg 4.

In addition, Delta Dental will be presenting a seminar “Adult Denti-Cal Services: Navigating the Renewal Program”. This course will focus on the treatment options and requirements of the newly re-established Denti-Cal services for adults. The course will also explain:

- common denial codes used by Denti-Cal in treatment authorization requests and claims,
- ways to reduce unnecessary denials through specific requirements for commonly billed procedures, and
- specific criteria for many of the common procedures that are restored services for adults in the Denti-Cal program.

Please see details at the CDA website: <http://www.cdapresents.com/Anaheim2014.aspx>.

Medi-Cal Dental Patient Referral Service

Denti-Cal providers are encouraged to take advantage of a free referral service for accepting Denti-Cal patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state’s medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the newly updated [Medi-Cal Dental Patient Referral Service Form](#) attached to this bulletin. Complete the form in one of the following ways:

- Access the form and complete on-line at www.denti-cal.ca.gov. The form can be completed and submitted online.
- Fax the completed form to 916-631-0672.
- Mail the completed form to:
 - Denti-Cal
 - Attn: Provider Enrollment
 - P.O. Box 15609
 - Sacramento, CA 95852-0609
- Call the Provider Customer Service Line at 1-800-423-0507 and an agent will assist you in completing the form.

If you have any questions about the form or the referral service, please contact the Provider Customer Service Line at 1-800-423-0507.

Reminder: Do Not Submit Original Radiographs

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 are not automatically returned and the original images should be retained by the provider. More information on submitting radiographs can be found in [“Section 2 – Program Overview”](#) in the Provider Handbook.

Preferred Provisional Provider Status

Dentists who meet the criteria outlined in the [Welfare and Institutions \(W & I\) Code section 14043.26\(d\)](#) can apply for enrollment in the Denti-Cal program with a preferred provisional provider status. Those providers meeting the criteria will be considered for enrollment within 60 days rather than the standard 180 days. Providers who qualify will be granted preferred provisional provider status for up to 18 months.

Applicants will be notified within 60 days if the applicant or application package does not meet the criteria for preferred provisional provider status. The submitted application package will then be processed under W & I Code section 14043.26 within 180 days from the date the application was received.

How to Apply for Preferred Provisional Provider Status

Follow these steps to apply for a preferred provisional provider status:

1. Submit an application package that includes the:

- Medi-Cal Provider Group Application ([DHS 6203, Rev. 2/08](#)) or the Medi-Cal Provider Application ([DHCS 6204, Rev. 2/08](#))
- Medi-Cal Disclosure Statement ([DHS 6207, Rev. 11/11](#))
- Medi-Cal Provider Agreement ([DHS 6208, Rev. 11/11](#))

The words “Preferred Provisional Provider” **must** be clearly written in bold print at the top of the first page of the Medi-Cal Provider Group Application or the Medi-Cal Provider Application.

2. Meet all of the following criteria and submit the listed documentation at the time of submission of the application package to the department:

- a. The applicant must include a copy of his/her current dental license, issued by the Dental Board of California, which has not been revoked, suspended, on probation, or subject to other limitations.
- b. Submit documentation showing the dental provider is credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.
- c. Have never had revoked and/or suspended privileges through the California Medicaid program Medi-Cal Dental.
- d. The applicant must submit documentation from the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB) verifying that the database has no adverse entries regarding the applicant.

3. Include in the application package the Cover Letter for Preferred Provisional Provider Enrollment. The Cover Letter for Preferred Provisional Provider Enrollment shall identify the place in California where the statement is made and include the date and signature of the applicant. A copy of the cover letter is attached to this bulletin.

Please note that failure to disclose required information or the disclosure of false information in the application package requesting enrollment as a preferred provider, its attachments or in the Cover Letter for Preferred Provisional Provider Enrollment or its required statement, will result in denial or termination of the provisional provider status, and may result in further legal action.

For more information about the preferred provisional provider status, including more on submission requirements, see [Bulletin Volume 28, Number 20](#). For additional assistance with enrollment application forms, please visit our [Denti-Cal Enrollment Outreach for Dental Providers](#) page or contact the Provider Customer Service Line at 1-800-423-0507 .

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program for one year shall be deactivated per Welfare and Institutions Code Section 14043.62 (a), which reads as follows:

The department shall deactivate, immediately and without prior notice, the provider's number, including all business addresses used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

Continued on pg 6

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Denti-Cal Program, please complete the No Claim Activity form attached to this bulletin and mail it to:

Denti-Cal
California Medi-Cal Dental Program
PO Box 15609
Sacramento, CA 95852-0609

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package contact Denti-Cal toll-free at 1-800-423-0507 , or download the Denti-Cal application forms from the Denti-Cal website at www.denti-cal.ca.gov.



PO Box 15609
Sacramento, CA
95852-0509
(800) 423-0507

Denti-Cal California Medi-Cal Dental Bulletin

August 2013
Volume 29 , Number 14

This Issue:

p1 Restoration of Some Adult Dental Services in 2014

Training Seminars

Reserve your spot for one of our training seminars.

Merced
Workshop/D441 - Aug.29, 2013

Merced
Advanced/D442 - Aug.30, 2013

Provider Enrollment Assistance Line

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

Next available date:

Wednesday, August 21, 8 am - 4 pm

Provider Enrollment Workshops

August 20: Willows
Holiday Inn, 545 Humboldt Ave,
Willows CA

August 22: South Lake Tahoe
Lake Tahoe Resort Hotel, 4130
Lake Tahoe Blvd. South Lake
Tahoe, CA

August 27: Eureka
Red Lion Hotel, 1929 4th St,
Eureka, CA

Restoration of Some Adult Dental Services in 2014

Beginning May 1, 2014 certain adult dental benefits will be restored in accordance with [Assembly Bill 82 \(AB 82\)](#). The restored services are listed below, with full descriptions of these procedures found in [Section 5 "Manual of Criteria and Schedule of Maximum Allowances"](#) of the Provider Handbook.

Note: These services are not a benefit for beneficiaries 21 and over until the May 1, 2014 implementation date.

Diagnostic

Procedure	Description
D0150	Comprehensive oral evaluation - new or established patient
D0210	Intraoral - complete series (including bitewings)
D0220	Intraoral - periapical first film
D0230	Intraoral - periapical each additional film
D0270	Bitewing - single film
D0272	Bitewings - two films
D0274	Bitewings - four films
D0330	Panoramic film
D0350	Oral/Facial photographic images

Continued on pg 2.

Preventive

Procedure	Description
D1110	Prophylaxis - adult
D1204	Topical application of fluoride - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - adult 21 and over

Restorative

Procedure	Description
D2140	Amalgam - one surface, primary or permanent
D2150	Amalgam - two surfaces, primary or permanent
D2160	Amalgam - three surfaces, primary or permanent
D2161	Amalgam - four or more surfaces, primary or permanent
D2330	Resin-based composite - one surface, anterior
D2331	Resin-based composite - two surfaces, anterior
D2332	Resin-based composite - three surfaces, anterior
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite - one surface, posterior
D2392	Resin-based composite - two surfaces, posterior
D2393	Resin-based composite - three surfaces, posterior
D2394	Resin-based composite - four or more surfaces, posterior
D2931	Prefabricated stainless steel crown - permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2952	Post and core in addition to crown, indirectly fabricated
D2954	Prefabricated post and core in addition to crown

Endodontics

Procedure	Description
D3310	Endodontic therapy, anterior tooth (excluding final restoration)
D3346	Retreatment of previous root canal therapy - anterior

Continued on pg 3.

Prosthodontics (Removable)

Procedure	Description
D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5410	Adjust complete denture - maxillary
D5411	Adjust complete denture - mandibular
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth - complete denture (each tooth)
D5610	Repair resin denture base
D5730	Reline complete maxillary denture (chairside)
D5731	Reline complete mandibular denture (chairside)
D5750	Reline complete maxillary denture (laboratory)
D5751	Reline complete mandibular denture (laboratory)
D5850	Tissue conditioning, maxillary
D5851	Tissue conditioning, mandibular
D5860	Overdenture - complete, by report

Please check the [Denti-Cal website](#) for future updates and clarifications. For question, please call the Customer Service Line at 1-800-423-0507.