



Provider Bulletin

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THIS ISSUE

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CDT Bulletin 1

TRAINING SEMINARS

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

Webinar: Basic & EDI/D775
May 7, 2019 | 8:00am - 12:00pm

Fullerton: Basic & EDI/D776
May 14, 2019 | 12:00pm - 4:00pm

Fullerton: Advanced/D777
May 15, 2019 | 8:00am - 12:00pm

Webinar: Basic & EDI/D778
May 22, 2019 | 8:00am - 12:00pm

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday
8am - 4pm

Medi-Cal Dental Policy Changes CDT Bulletin 1

The Department of Health Care Services (DHCS) is implementing policy changes to the current CDT-13 code set. The policy changes will be implemented in several releases between June and July 2019.

The Manual of Criteria (MOC) in Section 5 of the Provider Handbook will be updated with new changes to the procedure codes after all the releases have been implemented. DHCS will notify providers via a Provider Bulletin when the MOC has been updated.

Policy changes for the following CDT-13 procedure codes will be effective for dates of service (DOS) on and after June 1, 2019.

Procedure Code	Updated Policy
D0210	<p>PROCEDURE D0210 INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES</p> <ol style="list-style-type: none"> Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. A benefit; <ol style="list-style-type: none"> once per provider every 36 months. only for patients age 11 or over. For patients age 10 or under, medically necessary radiographs taken (D0220, D0230, D0240, D0270, D0272 and D0274) shall be billed separately. Not a benefit to the same provider within six months of bitewings (D0272 and D0274). A complete series shall be at least: <ol style="list-style-type: none"> ten (10) periapicals (D0230) and bitewings (D0272 or D0274), or

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Procedure Code	Updated Policy
D0210	<ul style="list-style-type: none"> a. eight (8) periapicals (D0230), two (2) occlusals (D0240) and bitewings (D0272 or D0274), or b. a panoramic radiographic image (D0330) plus bitewings (D0272 or D0274) and a minimum of two (2) periapicals (D0230). <p>5. When multiple radiographs are taken on the same date of service, or if an intraoral-complete series of radiographic images (D0210) has been paid in the last 36 months, the maximum payment shall not exceed the total fee allowed for an intraoral complete series.</p>
D0340	<p>PROCEDURE D0340 2D CEPHALOMETRIC RADIOGRAPHIC IMAGE- ACQUISITION, MEASUREMENT AND ANALYSIS</p> <ul style="list-style-type: none"> 1. Submission of radiographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit once in a 24 month period per provider.
D1206	<p>PROCEDURE D1206 TOPICAL APPLICATION OF FLUORIDE VARNISH</p> <ul style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ul style="list-style-type: none"> a. once in a four month period for patients up to the age of six. b. once in a six month period for patients from the age of six to under the age of 21. c. once in a 12 month period for patients age 21 or older. d. once in a four month period for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF). 3. Frequency limitations shall apply toward topical application of fluoride (D1208). 4. Payable as a full mouth treatment regardless of the number of teeth treated.
D1208	<p>PROCEDURE D1208 TOPICAL APPLICATION OF FLUORIDE- EXCLUDING VARNISH</p> <ul style="list-style-type: none"> 1. Submission of radiographs, photographs or written documentation demonstrating medical necessity is not required for payment. 2. A benefit: <ul style="list-style-type: none"> a. once in a four month period for patients up to the age of six. b. once in a six month period for patients from the age of six to under the age of 21. c. once in a 12 month period for patients age 21 or older. d. once in a four month period for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF). 3. Frequency limitations shall apply toward topical application of fluoride varnish (D1206). 4. Payable as a full mouth treatment regardless of the number of teeth treated.

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Procedure Code	Updated Policy
D1320	<p>PROCEDURE D1320 TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE</p> <ol style="list-style-type: none">1. Submission of dental record documenting tobacco counseling is not required for payment.2. A benefit only in conjunction with periodic oral evaluation- established patient (D0120) or comprehensive oral evaluation- new or established patient (D0150).3. Documentation in the provider record of a face-to-face encounter shall include:<ol style="list-style-type: none">a. the five A's of tobacco dependence. The five A's are the following:<ul style="list-style-type: none">Ask- Ask the patient about tobacco use at every visit and document the response.Advise- Advise the patient to quit in a clear and personalized manner.Assess- Assess the patient's willingness to make a quit attempt at this time.Assist- Assist the patient to set a quit date and make a quit planArrange- Arrange to follow up with the patient within the first week, either in person or by phone and take appropriate action to assist them.b. if unwilling to quit document the patient's expressed roadblocks.4. Refer the patient to the Department of Health Care Services Help With Quitting Smoking at www.dhcs.ca.gov/individuals/Pages/QuitSmoking.aspx.
D1510	<p>PROCEDURE D1510 SPACE MAINTAINER – FIXED- UNILATERAL</p> <ol style="list-style-type: none">1. This procedure does not require prior authorization.2. Radiographs for payment - submit a diagnostic pre-operative periapical or bitewing radiograph to verify there is enough space to allow the eruption of the permanent teeth.3. Written documentation for payment - shall include the identification of the missing primary molar.4. Requires a quadrant code.5. A benefit:<ol style="list-style-type: none">a. once per quadrant per patient.b. for patients under the age of 18.c. only to maintain the space for a single tooth.6. Not a benefit:<ol style="list-style-type: none">a. when the permanent tooth is near eruption.b. for upper and lower anterior teeth.c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.7. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (such as lost or non-repairable).8. The fee for space maintainers includes the band and loop.9. When prefabricated crowns (D2930, D2931, D2932 and D2933) are necessary for space maintainer abutment teeth they first shall meet the Medi-Cal Dental Program's criteria for prefabricated crowns and shall be billed separately from the space maintainer.

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Procedure Code	Updated Policy
D1515	<p>PROCEDURE D1515 SPACE MAINTAINER - FIXED - BILATERAL</p> <ol style="list-style-type: none">1. This procedure does not require prior authorization.2. Radiographs for payment - submit a diagnostic pre-operative periapical or bitewing radiograph to verify there is enough space to allow the eruption of the permanent teeth.3. Written documentation for payment - shall include the identification of the missing primary molars.4. Requires an arch code.5. A benefit:<ol style="list-style-type: none">a. once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant. Bilateral space maintainers shall be attached to teeth on both sides of the arch.b. for patients under the age of 18.6. Not a benefit:<ol style="list-style-type: none">a. when the permanent tooth is near eruption.b. for upper and lower anterior teeth.c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires.7. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (such as lost or non-repairable).8. The fee for space maintainers includes the band and loop.9. When prefabricated crowns (D2930, D2931, D2932 and D2933) are necessary for space maintainer abutment teeth they first shall meet the Medi-Cal Dental Program's criteria for prefabricated crowns and shall be billed separately from the space maintainer.
D1520	<p>PROCEDURE D1520 SPACE MAINTAINER - REMOVABLE - UNILATERAL</p> <ol style="list-style-type: none">1. This procedure does not require prior authorization.2. Radiographs for payment - submit a diagnostic pre-operative periapical or bitewing radiograph to verify there is enough space to allow the eruption of the permanent teeth.3. Written documentation for payment - shall include the identification of the missing primary molar.4. Requires a quadrant code.5. A benefit:<ol style="list-style-type: none">a. once per quadrant per patient.b. for patients under the age of 18.c. only to maintain the space for a single tooth.

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Procedure Code	Updated Policy
D1520	<p>6. Not a benefit:</p> <ul style="list-style-type: none"> a. when the permanent tooth is near eruption. b. for upper and lower anterior teeth. c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires. <p>7. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (such as lost or non-repairable).</p> <p>8. All clasps, rests and adjustments are included in the fee for this procedure.</p>
D1525	<p>PROCEDURE D1525 SPACE MAINTAINER - REMOVABLE - BILATERAL</p> <p>1. This procedure does not require prior authorization.</p> <p>2. Radiographs for payment - submit a diagnostic pre-operative periapical or bitewing radiograph to verify there is enough space to allow the eruption of the permanent teeth.</p> <p>3. Written documentation for payment - shall include the identification of the missing primary molars.</p> <p>4. Requires an arch code.</p> <p>5. A benefit:</p> <ul style="list-style-type: none"> a. once per arch when there is a missing primary molar in both quadrants or when there are two missing primary molars in the same quadrant. Bilateral space maintainers shall be attached to teeth on both sides of the arch. b. for patients under the age of 18. <p>6. Not a benefit:</p> <ul style="list-style-type: none"> a. when the permanent tooth is near eruption. b. for upper and lower anterior teeth. c. for orthodontic appliances, tooth guidance appliances, minor tooth movement, or activating wires. <p>7. Replacement space maintainers shall be considered for payment when documentation identifies an unusual circumstance (such as lost or non-repairable).</p> <p>8. All clasps, rests and adjustments are included in the fee for this procedure.</p>
D2940	<p>PROCEDURE D2940 PROTECTIVE RESTORATION</p> <p>1. This procedure cannot be prior authorized.</p> <p>2. Radiographs for payment - submit pre-operative radiographs. Refer to Restorative General Policies for specific requirements.</p> <p>3. Requires a tooth code.</p> <p>4. A benefit once per date of service per provider regardless of the number of teeth treated.</p>

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Procedure Code	Updated Policy
D2940	5. Not a benefit: <ol style="list-style-type: none"> a. when performed on the same date of service with a permanent restoration or crown, for same tooth. b. on root canal treated teeth. 6. This procedure is for a temporary restoration and is not to be used as a base or liner under a restoration.
D7410	PROCEDURE D7410 EXCISION OF BENIGN LESION UP TO 1.25 CM <ol style="list-style-type: none"> 1. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 2. A pathology report from a certified pathology laboratory is required for payment. 3. This procedure is included in the fee for an apicoectomy (D3410, D3421, D3425 and D3426) and periradicular surgery (D3427) and is not payable separately.
D7411	PROCEDURE D7411 EXCISION OF BENIGN LESION GREATER THAN 1.25 CM <ol style="list-style-type: none"> 1. Written documentation for payment- shall include the area or region, describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity and any pertinent history. 2. A pathology report from a certified pathology laboratory is required for payment. 3. This procedure is included in the fee for an apicoectomy (D3410, D3421, D3425 and D3426) and periradicular surgery (D3427) and is not payable separately.

For procedure code D1320, a new Schedule of Maximum Allowances (SMA) tier will be added. The new SMA tier for D1320 effective for DOS on and after June 1, 2019. The maximum rate to reimburse will not exceed \$10.00.

The frequency of procedures D1206 and D1208 has been increased to once every four months for patients up to the age of six in alignment with the American Academy of Pediatric Dentistry (AAPD) guidelines.

Please note these Adjudication Reason Code (ARC) impacts:

- **Old:** ARC 190 - *Radiographs do not depict the erupting permanent tooth/teeth.* This ARC will no longer be effective for DOS on and after June 1, 2019.
- **New:** ARC 004A - *Procedure D1320 is only a benefit when billed on the same date of service as procedure D0150 or D0120 to the same provider.* Effective for DOS on and after June 1, 2019.
- **New:** ARC 020I - *Patients under age 6, fluoride procedures are allowable once in a 4-month period and prophylaxis procedures are allowable once in a 6-month period.* Effective for DOS on and after June 1, 2019.

Provider Bulletins related to these policy updates will be identified and linked in Provider Handbook [Section 5 - Manual of Criteria and Schedule of Maximum Allowances](#) in the Policy Changes table on page 5-1. For questions, please call the Telephone Service Center at (800) 423-0507.