



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](#).

PROVIDER ENROLLMENT ASSISTANCE LINE

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

Available every Wednesday
8am - 4pm

Online Enrollment Portal for Medi-Cal Dental Providers

Effective October 31, 2022, the Department of Health Care Services (DHCS) is establishing new Medi-Cal provider enrollment requirements for dental providers. Dental providers will be able to enroll as a Medi-Cal dental provider by submitting an electronic application through the [Provider Application for Validation and Enrollment](#) (PAVE) online enrollment portal, along with all supporting documentation.

All dental providers must use PAVE portal to enroll in Medi-Cal, report changes to current enrollments, and complete revalidation or continued enrollment for individual, group, and rendering provider types. Once PAVE for dental providers is launched, DHCS will no longer accept paper applications.

For more information about Application Requirements, Preferred Provisional Provider Eligibility, and Specialized Enrollments, please refer to the DHCS provider article on [Updated Requirements and Procedures for the Enrollment of Medi-Cal Dental Providers](#).

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Electronic Fund Transfer (EFT) Changes

Effective January 1, 2023, the Department of Health Care Services (DHCS) is required to change its internal wire transfer with the State Controller's Office, which will result in a one-week delay of provider payments being issued.

The following are some important details for providers to know regarding their payment for performing services in the Medi-Cal Dental Program:

- Checks written from the Fiscal Intermediary (FI) to providers for weekly Fee-For-Service and monthly Safety Net Clinic CalAIM payments will be issued on the Tuesday of the week AFTER the check write is complete. If a holiday falls on a Tuesday, payments may be delayed until the following Wednesday or Thursday.
- The check issue date will not match the date providers receive their payment.
- Any remaining DTI payments will not be affected by this change.

Please call the Provider Telephone Service Center at 1-800-423-0507 for more information.

Reminder: Dental Groups with Rendering Dental Providers

The Department of Health Care Services (DHCS) wants to remind dental groups to submit a Medi-Cal Rendering Provider Application for all dental providers rendering dental services in their group practice. Whether a rendering provider is contracted or not, the provider must submit this application. If it is determined that a provider provided services and was not approved to be in the program for that date, the paid services for those dates must be recovered. Extrapolations may also occur, as such it is imperative that all providers who render services are enrolled as a Medi-Cal Rendering Provider.

Note: Rendering providers must be enrolled in the Medi-Cal Dental Program prior to rendering services to a Medi-Cal member.

Dental groups can find the enrollment forms on the Medi-Cal Dental website [here](#). Upon implementation of the Provider Application and Validation for Enrollment (PAVE) on October 31, 2022, DHCS will no longer accept paper applications and dental groups should submit the Medi-Cal Rendering Provider Application through the PAVE portal. You can access resources and learn more about the new portal on the [DHCS PAVE page](#).

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Pregnancy Coverage During the COVID-19 Public Health Emergency

Medi-Cal members in pregnancy-related, limited, and restricted scope aid codes continue to keep eligibility for non-pregnancy-related services beyond the end of their postpartum period during the COVID-19 Public Health Emergency (PHE). Providers are recommended to continue providing members in pregnancy-related aid codes with any medically necessary service throughout the PHE.

Medically necessary services include non-pregnancy-related and non-emergency services. Providers should submit claims using the dental procedures listed in Section 5 of the [Provider Handbook](#) (Manual of Criteria and Schedule of Maximum Allowances) covered by the Medi-Cal program so long as all MOC procedure requirements and criteria are met. No claim will be denied for medically necessary services that are not pregnancy related.

Questions concerning eligibility under pregnancy-related aid codes during the PHE should be sent to Pregnancy@dhcs.ca.gov. For more information about pregnancy-related services under Medi-Cal Dental, please review [Provider Handbook](#) Section 4 - Treating Members, page 4-19.

If your Medi-Cal patients have questions about pregnancy coverage, please direct them to the [Smile, California Pregnancy](#) page.

Reminder: Tips for Payment of Intra-Oral Photographs (D0350)

Medi-Cal Dental wants to remind you that when you use Procedure D0350 (Panoramic Radiographic Image) to bill for payment, you must follow these requirements to ensure that you meet the criteria outlined in the Manual of Criteria, which is in [Section 5 of the Provider Handbook](#).

Tips for Payment of Intra-Oral Photographs (D0350)

- Photographs must be submitted for review to receive payment.
- Photographs must be clearly labeled with the date when the photo was taken, the member's name, and the tooth number or area and be of good diagnostic quality.
- To be payable, the photograph must be necessary to document a clinical condition

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that does not readily appear on the radiographs.

- The photograph must be sent on the same claim or TAR with the procedure it supports for payment.
- A maximum of four (4) photographs are payable per service date.
- Intra-oral photographs are not payable when submitting multiple views of the same area when they are used for patient identification or as treatment progress or post-operative documentation.
- Intra-oral photographs are included in the fee for orthodontic treatment and are not payable separately.

Please refer to the Manual of Criteria in [Section 5 of the Provider Handbook](#), or call the Telephone Service Center from 8 am to 5 pm at (800) 423-0507 for more information.

Dental Periodicity Schedule for Children

Tooth decay is one of many children's most prevalent chronic diseases.

Federal law governing the provision of dental services to children under Medicaid's Early and Periodic Screening, Diagnosis, and Treatment program requires a [dental periodicity schedule](#) to provide dental services. Its schedule must recommend treatment intervals that meet reasonable standards of the dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and at such other intervals that are medically necessary to resolve a suspected illness or condition. The Dental Periodicity Schedule linked below reflects the ages and intervals at which a child should receive specified dental services. The periodicity schedule does not indicate when a referral should occur.

Note: Although the Medi-Cal Dental program supports the intervals recommended in the American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule, please be aware that the Medi-Cal Dental program Manual of Criteria governs the policy for which procedures are benefits and the frequency at which they are allowed.

For more information, please refer to the AAPD's recommendation on [Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents](#), or call the Telephone Service Center at (800) 423-0507.