



Provider Bulletin

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Website Refresh on the Medi-Cal Dental Website

Updates to the [Medi-Cal Dental Website](#) are designed with Providers in mind. This update brings a fresh look and improved functionality to enhance your experience and streamline communication.

As part of the website refresh, updates to the contact details for the Electronic Data Interchange (EDI) and form reorder requests are available. These changes are aimed at improving efficiency and ensuring that you have easy access to the resources you need.

Here’s what you can expect:

1. **Updated contact details for EDI:** The new contact information for Electronic Data Interchange makes it easier for you to submit your claims, receive payments, and communicate electronically with the program. EDI’s email address has changed to Medi-CalDentalEDI@gainwelltechnologies.com.
2. **Streamlined form reorder requests:** The revamped form reorder request process simplifies the ordering process, allowing you to request forms quickly and efficiently. The Reorder Request Form has a new email address, formreorderrequest@gainwelltechnologies.com to submit your form reorder requests by email.

These enhancements are just the beginning of our commitment

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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](#).



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dental.dhcs.ca.gov



to improving communication and efficiency for our Medi-Cal Dental providers. Explore the refreshed website to discover these improvements and more.

Sign-Up for Medi-Cal Dental Provider Email List and Smile Alerts

As part of our ongoing efforts towards more efficient and timely communications, Medi-Cal Providers can opt-in to receive email notifications regarding the program.

This is intended to create better communication between Medi-Cal dental administrators and Providers—helping you stay up to date with important changes to Medi-Cal Dental information and relevant policies.

Opting in to Email notifications allows you to:

- Be the first to know of important changes and new information to stay in compliant with program policies and applicable State and Federal laws.
- Be prepared and update internal processes where needed.
- Be resourceful to your members.

Providers are encouraged to take advantage of this opportunity to stay connected and up-to-date about Medi-Cal Dental.

We thank you for your continued support and service to our members. If you have any question or concerns, please contact the Telephone Service Center (TSC): (800) 423-0507.

To opt-in to receive email notifications, please follow this link and fill out the form:

<https://dental.dhcs.ca.gov/Providers/ProviderEmailListSignUp>

REMINDER: Dental Case Management Program

Medi-Cal Dental offers the Dental Case Management Program to help members with special healthcare needs to schedule and plan necessary treatments.

Members with special healthcare needs are defined as those who have medical, physical, developmental, mental, sensory, behavioral, cognitive, emotional, or other conditions that require medical management, use of special services, like hospital dentistry, or another specialized healthcare intervention.

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Case Management is entirely referral based.

Referrals for Case Management services can only be initiated by the Member's medical provider, dental provider, case worker or healthcare care professional and are based on a current, comprehensive evaluation and treatment plan.

To refer a Medi-Cal Member, the appropriate professional must complete the online [Case Management Referral Form](#).

If you have questions when submitting the referral, please contact the Telephone Service Center (TSC): (800) 423-0507.

Provider Enrollment Reminders

Since the implementation of the Provider Application and Validation for Enrollment (PAVE) portal in October 31, 2022, the Department of Health Care Services (DHCS) has been receiving dental provider applications and would like to share helpful reminders to providers who are in the process of submitting a new application or updates to their existing information or application in PAVE. The information below provides guidance to help providers submit a complete application in PAVE.

Fictitious Name Permit:

Business and Professions Code (BPC), Section 1701(g), provides a Fictitious Name Permit is required by the [California Dental Board](#) when a dentist who is practicing or will practice dentistry under any false, assumed or fictitious name, either as an individual, firm, corporation or otherwise, if he/she has ownership in the practice. However, Fictitious Name Permit is not required by a corporation if practicing under a corporate name in compliance with Business and Professions Code (BPC), [Section 1804](#). Nor is a permit required for an individual practicing under his or her name with a practice area, e.g., Dr. John Jones, General Dentistry, or Dr. Stephanie Smith, practice limited to orthodontics.

Pursuant to BPC Section [1962](#), a Fictitious Name Permit issued by the Dental Hygiene Board of California is required for:

- An association, partnership, corporation, or group of three or more registered dental hygienists in alternative practice (RDHAP).
- An individual registered dental hygienist in alternative practice or a pair of registered dental hygienists in alternative practice (RDHAP) practicing under a name other than the name they are licensed under.

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Additional details can be found in the June 2023 Provider [bulletin](#).

Successor Liability:

Successor liability allows a buyer of an enrolled Medi-Cal provider business to submit claims and receive reimbursement using the seller's enrollment. According to the [requirements and procedures for successor liability](#), a successor liability may be used when one of the following occur:

- A change of ownership, 50 percent or more of the assets owned by a corporation at the location for which a provider number has been issued has been sold or transferred, or
- A cumulative change of 50 percent or more in the person(s) with an ownership or controlling interest since the information provided in the last complete application package that was approved for enrollment.

To qualify for successor liability with joint and several liability, a Provider Transferor and Provider Transferee must submit the successor liability agreement form, signed, and dated by both providers and postmarked within **five** days of the occurrence listed in CCR, Section 51000.30(b). The successor liability with joint and several liability agreement form can be found [here](#) and must be completed and mail to:

Provider Enrollment Division
MS4704
PO Box 997412
Sacramento, CA 95899-7412

Additional details can be found in the August 2023 Provider [bulletin](#).

Signature:

The PAVE application must be signed by an individual who has been disclosed as having ownership in the applicant or be a partner or corporate officer or an official representative of a governmental entity or non-profit organization, who has the authority to legally bind the applicant. Such an authorized individual must sign into the PAVE system using their own username and email address to e-sign the application/form. Please note that credentialers, billers, and managing employees are not authorized to sign application/forms.

Title 22, CCR Section 51000.30(a)(2)(B) requires that applications be "signed under

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penalty of perjury by an individual who is the sole proprietor, partner, corporate officer, or by an official representative of a governmental entity or non-profit organization, who has the authority to legally bind the applicant seeking enrollment, or the provider seeking continued enrollment, or the provider seeking enrollment at a new, additional, or change in location, as a Medi-Cal provider.”

For more information, please see the [Instructions for Authorized Signers and E-Signatures](#) and [Instructions for Credentialer Administrator](#).

Application Timeframes:

When a dental provider submits an application, Provider Enrollment Division (PED) must review and take one of the following actions within 180 days (W&I Code Section 14043.26(f)):

- Approve the application and enroll applicant as provisional provider.
- Return the application as incomplete.
- Refer the application for further review.
- Deny the application.

PED is required to take one of the above listed actions before 180 days; however, that does not mean that the provider is necessarily enrolled by then.

For applications that PED returns to the provider to remediate deficiencies, the provider is given an additional 60 days to resubmit the application with the requested missing information. PED then has 60 days after the provider resubmits the application to take an action (W&I Code Section 14043.26(h)).

Please note, PED reviews applications in date order received and works to review your application before the timeframes given above. Additionally, if your application is approved and you met all requirements when the application was submitted then your enrollment effective date will be the date the application was submitted.

If you have questions regarding your application deficiencies, please either send a message through PAVE or if you have general enrollment questions please call (888) 284-0623.

Helpful PAVE Links:

- [PAVE 101 Training Slides \(ca.gov\)](#)
- [PAVE - Provider Application and Validation for Enrollment](#)

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- [P A V E Frequently Asked Questions \(ca.gov\)](#)
- [Provider Job Aides \(ca.gov\)](#)
- Dental Application information: [Dental \(ca.gov\)](#)
- PED Provider Bulletin: [Updated Requirements and Procedures for the Enrollment of Medi-Cal Dental Providers](#)

Update: Dental Procedure Codes Exempt from Soft Cap

Effective May 8, 2024, some Current Dental Terminology Codes have been reassigned from the Exempt Emergency Dental Services list to the Exempt Dental Services list. Procedure codes on the Exempt Emergency Dental Services list may be exempt from the dental soft cap if they are related to an adequately documented emergency service pursuant to Welfare and Institutions Code Section 14080(a)(1). Procedures codes on the Exempt Dental Services list have been identified as always exempt from the \$1,800 dental soft cap. Both lists can be found in the [Medi-Cal Dental Provider Handbook in Section 10 Tables 5 and 6](#).

The procedure codes that have been reassigned from the Exempt Emergency Dental Services list to the Exempt Dental Services list are:

Procedure Code	Description
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT
D0250	EXTRA-ORAL - 2D PROJECTION RADIOGRAPHIC IMAGES CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT
D5520	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)
D5630	REPAIR OR REPLACE BROKEN RETENTIVE/CLASPING MATERIALS PER TOOTH
D5640	REPLACE BROKEN TEETH - PER TOOTH
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE
D6100	SURGICAL REMOVAL OF IMPLANT BODY
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)

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D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY
D7241	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
D7412	EXCISION OF BENIGN LESION, COMPLICATED
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE
D7860	ARTHROTOMY
D7946	LEFORT I (MAXILLA - TOTAL)
D7947	LEFORT I (MAXILLA - SEGMENTED)
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR RETRUSION) WITHOUT BONE GRAFT
D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT
D7970	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH
D7971	EXCISION OF PERICORONAL GINGIVA
D9120	FIXED PARTIAL DENTURE SECTIONING
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES
D9230	INHALATION OF NITROUS OXIDE /ANALGESIA, ANXIOLYSIS
D9248	NON-INTRAVENTOUS CONSCIOUS SEDATION
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION
D9910	APPLICATION OF DESENSITIZING MEDICAMENT
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT

Medi-Cal Dental encourages all dental providers to familiarize themselves with these changes and update their internal claims processes accordingly.

For more information, please contact the Provider Telephone Service Center at (800) 423-0507 between 8:00 a.m. and 5:00 p.m., Monday through Friday.