Provider Bulletin

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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.

Tips for Successful Paper Billing

To assist Medi-Cal Dental providers in submitting treatment authorization requests and claims for approval, below are lists of the most common denial reasons and helpful tips and suggestions to submit Treatment Authorization Requests (TARs) and claims for approval. Accurate billing practices enhances the efficiency of processing and timely access to services and reimbursement.

Helpful Hints to Avoid Denials or Resubmission Turnaround Documents (RTDs):

1. Please ensure that claims/authorizations are written clearly, as they are scanned for processing. Illegible writing may lead to manual review of the claim rather than "auto-adjudicate," which can result in processing delays.

2. Authorization for eligible Members 21 years and older: If an eligible member's 21st birthday occurs during the authorized period, most services may be completed with the exception of orthodontic treatment.

3. Orthodontic Coverage: Orthodontic (ortho) treatment is a benefit for qualifying members up to age 21. Authorized ortho treatment may be rendered on an eligible member through the month of their 21st birthday.

4. Wet Signature Requirement: All Medi-Cal Dental forms, including Claims/Notice of Authorization (NOA)/

Resubmission Turnaround Document (RTD)/ Claim Inquiry Form (CIF), require a wet signature from the provider or authorized staff member. Rubber stamps or "signature on file" cannot be accepted.

5. Re-evaluation with NOA: Use the existing NOA for a re-evaluation of a denied procedure by marking the re-evaluation box on the upper right corner and checking the attachment box. Do not submit a Claim Inquiry Form (CIF).

6. Adding any information in the Comment Box 34 on NOAs submitted for payment will lead to delays. Any additional writing or attachments on the NOA will require it to go through a review process, thus delaying processing.

7. To request deletion of any or all claim service lines on NOAs, enter a check mark in Box 41 on the left side of the claim service or write "Delete" in the Date of Service Box 29.

8. Radiographs are considered current as follows:

    - Radiographs for treatment of primary teeth within the last eight months.

    - Radiographs for treatment of permanent teeth (as well as over-retained primary teeth where the permanent tooth is congenitally missing or impacted) within the last 14 months.

    - Radiographs to establish arch integrity within the last 36 months. Arch radiographs are not required for patients under the age of 21.

9. Arch Integrity: Anterior periapical radiographs and bite-wings can be sufficient to establish arch integrity of the upper/lower arches if they show adequate information

10. X-ray Envelopes: Do not use x-ray envelopes for periodontal charts or any other type of documentation. X-ray envelopes are only for radiographs and photographs. Staple all attachments to the back of the Claim/TAR form. Do not reuse x-ray envelopes returned by Medi-Cal Dental.

11. Do not submit multiple claims/TARs containing only one line of treatment for the same member.

We hope these billing tips are helpful to you in avoiding denials and ensure a smoother processing experience. Additional billing tips are added regularly, please check the Provider Related Frequently Asked Questions (FAQs) and Provider Billing Tips.

Thank you for your dedication to providing quality dental care to our Medi-Cal Dental members.

How to Bill for More Than One Restoration on the Same Tooth

Medi-Cal Dental would like to remind Providers on how to bill for multiple restorations on the same tooth.

Each separate non-connecting restoration on the same tooth for the same Date of Service (DOS) should be submitted on separate Claim Service Lines (CSLs). Please see below for an example of the claim. All surfaces on a single tooth restored with the same restorative material shall be considered connected, for payment purposes, if performed on the same DOS.

EXAMINATION AND TREATMENT

26. TOOTH #/LTR. ARCH, QUAD	27. SURFACES	28. DESCRIPTION OF SERVICE (INCLUDING RADIOGRAPHS, PROPHYLAXIS, MATERIALS USED, ETC.)	29. DATE SERVICE PERFORMED	30. QUANTITY	31. PROCEDURE NUMBER	32. FEE	33. RENDERING PROVIDER NPI
3	MOD	1 Amalgam	MM/DD/YYYY	1	D2160	$57.00	123456789
3	B	2 Composite	MM/DD/YYYY	1	D2391	$39.00	123456789
8	M	3 Composite	MM/DD/YYYY	1	D2330	$57.21	123456789
8	D	4 Composite	MM/DD/YYYY	1	D2330	$57.21	123456789
		5					
		6					
		7					
		8					
		9					
		10					
		11					

Restorations are considered connected unless they are on opposing surfaces that do not meet, like mesial and distal, or buccal and lingual.

For more information, please refer to Section 5 of the Medi-Cal Dental Provider Handbook on Page 5-39 or call the Telephone Service Center (TSC) at (800) 423-0507, available Monday through Friday from 8:00 AM through 5:00 PM.