



# Provider Bulletin

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## Electronic Data Interchange (EDI)

The Department of Health Care Services (DHCS) would like to remind enrolled providers who submit documents electronically to Medi-Cal Dental that the [EDI How-To Guide](#) is available on the Medi-Cal Dental [website](#). This guide is a great resource with sample reports, examples of electronic Resubmission Turnaround Documents (RTDs), Notice of Authorizations (NOA), and other helpful resources to help support correct and complete electronic submissions.

### EDI Reports

EDI reports have valuable information to help providers track documents submitted electronically. The following reports are made available to providers who submit documents electronically to Medi-Cal Dental:

- **CP-O-973-P - Provider/Service Office Daily EDI Documents Received Today**

This report lists all accepted EDI documents received on the date displayed as “Period Ending:” prior to the daily cutoff time. It serves as a cross-reference between the Medi-Cal Dental Document Control Number (DCN) and the Provider Document Control Number (PDCN). The report provides confirmation of received claims, Treatment Authorization Requests (TARs), Notice of Authorizations (NOAs) and Adjustments.

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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](#).

## 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](#).



[dental.dhcs.ca.gov](http://dental.dhcs.ca.gov)



- **CP-O-971-P - Provider/Service Office X-Ray/Attachment Request**

This report identifies TARs and claims that require radiographs and/or hard copy attachments for processing. By displaying the Medi-Cal Dental assigned DCN and the provider PDCN, the report enables providers to identify the TARs and claims requiring radiographs and/or hard copy attachments.

- **CP-O-971-P2 - X-Ray/Attachment Labels**

Labels are produced for submitters to use in identifying the claims and TARs associated with the radiographs and attachments sent to Medi-Cal Dental through the mail. Providers receiving these labels must affix them to special EDI radiograph envelopes before mailing.

- **CP-O-978-P - Provider/Service Office Daily EDI Documents Waiting Return Information Greater Than 7 Days**

This report lists all EDI documents awaiting radiographs and/or hard copy attachments or electronically generated RTDs for more than seven (7) days.

- **CP-O-RTD-P - Notice of Resubmission also referred to as Resubmission Turnaround Document (RTD)**

Providers may opt to receive this electronic report in lieu of hard copy RTDs. It identifies requests for missing or additional information and is printed, completed, signed, and returned to Medi-Cal Dental by mail for processing.

- **CP-O-NOA-P - Notice of Authorization**

Providers may opt to receive the electronic NOA in lieu of the hardcopy form. This report has the Medi-Cal Dental authorization of services requested by the provider on a TAR. If a provider selects this option, the electronic NOA may be printed, completed, signed, and returned to Medi-Cal Dental for billing.

- **CP-O-959-P - Provider/Service Office Document Rejections**

This report identifies rejected EDI transactions by Medi-Cal Dental and determines whether correction and resubmission are required. These documents must be corrected and retransmitted before they can be processed.

All reports are made available electronically to providers within 24-48 hours following the EDI submission.

For information and training on EDI, please visit the Medi-Cal Dental Provider Basic and EDI Webinar at: [Training Schedule](#).

For questions and support, please contact the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507, from 8:00 a.m. to 5:00 p.m. Monday through Friday.

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## Resources for Safety Net Clinics

The Department of Health Care Services (DHCS) would like to provide resources to providers on Safety Net Clinics (SNCs). SNCs are composed of three types of organizations: Federally Qualified Health Centers, Rural Health Clinics, and Indian Health/MOA 683 Clinics.

### **Important Resources:**

[FAQ](#) - This document was developed by DHCS to elaborate on SNC trainings provided to SNC providers and focuses on a variety of billing and administrative questions.

[FAQ Addendum](#) - This document was created to clarify and provide specific examples for providers to reference.

[Training Slides](#) - Instruction material from past webinars made available to providers for further insight.

(All resources last updated 07/2024)

For questions and support, please contact the Medi-Cal Dental Telephone Service Center (TSC) at (800) 423-0507, from 8:00 a.m. to 5:00 p.m. Monday through Friday.

## Reminder to Providers to Submit Notice of Authorizations for Payment

Medi-Cal Dental would like to remind providers to submit the Notice of Authorizations (NOAs) for payment.

NOAs are computer-generated forms sent to a provider following final adjudication of a Treatment Authorization Request (TAR). The NOA is used to request payment of authorized services or to request a reevaluation of modified or denied services.

A completed NOA is required to be submitted to Medi-Cal Dental when Member treatment is complete.

See [Section 6](#) of the Provider Handbook for more information on this process, which include time limitations on billing for services and reevaluation requirements.

Note: Authorization does not guarantee payment. Payment is subject to Member eligibility at the time service is rendered.

For questions and support, please contact the Medi-Cal Dental Telephone Service Center at (800) 423-0507, from 8:00 a.m. to 5:00 p.m. Monday through Friday.

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# Criteria for D4355: Full Mouth Debridement

The Current Dental Terminology (CDT) procedure code D4355 is to be used for full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit. This code is meant to address situations in which a periodontal evaluation cannot be properly done due to the accumulation of excessive calculus and plaque and associated inflammation. The calculus and plaque is being removed in order to gain access to periodontal pockets and to reduce inflammation in order to gather the necessary information to complete a comprehensive periodontal evaluation. If a comprehensive periodontal evaluation can be done, then the D4355 is not necessary and should not be billed. This code is not intended to be used as an additional cleaning.

## **The following criteria apply to the use of D4355:**

1. This procedure does not require prior authorization.
2. A benefit:
  - a. only for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
  - b. once in a 12 month period.
3. Not a benefit:
  - a. on the same date of service as periodontal scaling and root planing (D4341 and D4342), prophylaxis (D1110 and D1120) or perio maintenance (D4910).
  - b. within 24 months following the last periodontal scaling and root planing.
4. This procedure is considered a full mouth treatment

Providers should review the Member's treatment history on the [Provider Portal website](#) prior to completing treatment to ensure that D4355 has not been performed within the preceding 12 months or that periodontal scaling and root planing (D4341 and D4342) has not been performed within the preceding 24 months.

In addition, Providers should review any Treatment Authorization Requests (TARs) that have been approved and make every effort to be in communication with other Providers who are providing treatment to the same patient to ensure appropriate treatment is being provided. For example, there have been instances in which a D4355 is rendered by one Provider and then a few days later another Provider extracts the remaining teeth and delivers dentures.

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RDHAP providers should have an established relationship with a dentist and actively refer and communicate as needed to ensure appropriate and comprehensive patient care.

Please view the relevant DHCS periodontal training video [here](#).

For questions and support, please contact the Medi-Cal Dental Telephone Service Center at (800) 423-0507, from 8:00 a.m. to 5:00 p.m. Monday through Friday.

## Payment Error Rate Measurement Reporting Year 2026

The Centers for Medicare and Medicaid Services (CMS) is conducting their Reporting Year 26 Payment Error Rate Measurement (PERM) review of Cycle 2 states, in which California is included. CMS will randomly sample 2,800 fee-for-service Medi-Cal claims during the course of calendar year 2025 for payment accuracy and medical review. The Centers for Medicare & Medicaid Services (CMS) Review Contractor (RC), Empower AI, will call providers to request medical or service records associated with the sampled claim.

### **Provider Response and Documentation**

For each sampled claim, providers will be required to send the associated dental records to the RC for review within a limited response period.

The following documentation will be requested for the selected claim(s):

- Dental Chart
- Dental History
- Dental or Orthodontic Assessment
- Dental or Orthodontic Clinical Notes
- Dental or Orthodontic Plan of Care
- Dental X-Ray Notes
- Note: Clinical Documentation (notes, plan of care, etc.) issued from electronic records must be signed and dated (electronic signature acceptable if permitted by state regulations)
- Prior Authorization
- Procedure Record/Notes

To ensure compliance with Medi-Cal dental billing practices and proper documentation processes, please review:

- Provider Bulletin [Volume 37, Number 7](#), page 4

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- [Provider Handbook](#) Section 2 – Program Overview
- [Medi-Cal Dental Manual of Criteria \(MOC\) and Schedule of Maximum Allowances \(SMA\)](#)

Visit the DHCS [PERM Provider webpage](#) or [CMS PERM webpage](#) for more information about the program. If you have any questions about the PERM information in this bulletin, please direct them to [perm@dhcs.ca.gov](mailto:perm@dhcs.ca.gov).