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# Provider Bulletin

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## THIS ISSUE



## 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.

# New Alternative Payment Methodology Program for FQHC Providers

Effective retroactively as of July 1, 2024, the Department of Health Care Services (DHCS) implemented the Alternative Payment Methodology (APM) for participating Federally Qualified Health Centers (FQHC). This new program moves selected FQHCs from a utilization-based reimbursement methodology to a per-member per-month reimbursement methodology.

Providers that apply and are selected have two new requirements in addition to the prospective payment system (PPS) requirements:

- Dental services are excluded from the APM. APM FQHC providers will not bill revenue code 0521 and procedure code with modifier T1015 SE wrap claims for any member that is eligible for receiving payment in the FQHC APM unless the service is excluded from the APM, such as dental. The wrap payment will be covered through the per-member per-month amount received for each eligible member under the APM.
- APM FQHC providers will have a new code set to use for billing Dental Managed Care wrap claims. APM FQHC providers billing for a Dental Managed Care differential will utilize revenue code 0512 and procedure code with modifier T1015 SE for all claims. This new code set is currently only eligible for APM providers. APM FQHC providers billing for fee-for-service (FFS) dental will continue to bill local code 03.

*Continued on pg 2*

Please refer to the DHCS article New Alternative Payment Methodology Program for FQHC Providers and FQHC APM webpage for more information.

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.

# Kindergarten Oral Health Assessment Requirement

The Kindergarten Oral Health Assessment (KOHA) Requirement is a dental checkup requirement that helps schools identify children suffering from untreated dental disease and helps parents establish a dental home for their children.

In accordance with California law, children must have a dental checkup 12 months before entering public school for the first time or by May 31st of their first year (Kindergarten or 1st Grade). TK students may also have the KOHA completed. While encouraged, it is not a requirement for the dentist to establish the child as a patient of record. Upon registration, the school will give the child's parents a letter explaining the requirement and a form to be completed during the dental visit by the dental provider. Once completed, it is the responsibility of the parent to submit the assessment form to their child's school.

KOHA can be met by performing a complete examination and treatment plan performed by a licensed dentist, or by a more basic oral health evaluation, such as a screening, which can be performed by a dentist, hygienist, or an extended function registered dental assistant with supervision. Medi-Cal Dental providers should reference the California Dental Association's KOHA Requirement webpage for detailed information about the requirement, including, but not limited to:

- What the law requires
- What to do when an existing or new patient calls needing the school required "oral health assessment" for their child
- How to fill out the state-required assessment form

As a reminder, providers must verify a new patient's Medi-Cal eligibility prior to rendering services.

Please refer to the Provider Handbook, Section 4 Treating Members for member eligibility verification and identification requirement guidelines.

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