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Implant Coverage

Implant services are a benefit only when exceptional medical conditions are documented and shall be reviewed by Medi-Cal Dental for medical necessity for prior authorization.

Exceptional medical conditions include, but are not limited to:

- Cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prostheses.
- Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures or osseous augmentation procedures, and the patient is unable to function with conventional prostheses.
- Skeletal deformities that preclude the use of conventional prostheses (such as arthrogryposis, ectodermal dysplasia, partial anodontia and cleidocranial dysplasia).
- Traumatic destruction of jaw, face or head where the remaining osseous structures are unable to support conventional dental prostheses.

Providers shall submit complete case documentation (such as radiographs, scans, operative reports, craniofacial panel reports, diagnostic casts, intraoral/extraoral photographs and tracings)

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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](#).



necessary to demonstrate the medical necessity of the requested implant services.

Implant removal D6100 and D6105 is a benefit. For more information, please review Implant Service Procedures (D6000–D6199) in the Medi-Cal Dental Provider Handbook [Manual of Criteria](#).

Please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507 with any questions. Medi-Cal Dental representatives are available to answer phone calls between 8:00 a.m. to 5:00 p.m., Monday through Friday to assist you. For general program information, the Medi-Cal Dental Interactive Voice Response System (IVR) is available 24 hours a day, seven days a week, using the automated system.

Claim Inquiry Form

Providers must not file multiple claims for the same treatment as filing redundant claims can lead to an increase in processing times and denials.

Instead of submitting another claim for the same treatment, providers can submit one of the following to correct the claim:

- Claim Inquiry Form (CIF)
- Notice of Authorization (NOA) for Payment

The CIF is used to request an adjustment for either an underpaid or overpaid claim, request a Share of Cost (SOC) reimbursement, request reconsideration of a denied claim, and can also be used as a tracer. For more information on CIFs, please visit [CIF Completion](#).

NOAs are computer-generated forms sent to a provider following final adjudication of a Treatment Authorization Request (TAR) or a claim. 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.

For more information on both the CIF and NOAs, please see the Medi-Cal Dental Provider Handbook [Section 6](#). Note: Authorization does not guarantee payment and payment is subject to member eligibility at the time service is rendered.

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Re-Evaluation Policy for Crown Claims When Root Canal Is Not Performed

Medi-Cal Dental would like to clarify the policy regarding Treatment Authorization Requests (TARs), Claims, and Notices of Authorization (NOAs) when a root canal, post, and crown are approved for the same tooth, but the crown is performed without completing the root canal.

Overview:

When a TAR is submitted to Medi-Cal Dental for approval of a root canal and crown, and an NOA is issued, with or without post & core, the following applies:

- If the provider performs the crown procedure without completing the approved root canal and submits a claim or NOA for payment, Medi-Cal Dental will re-evaluate the tooth’s eligibility for the crown.
- The re-evaluation will determine if the tooth would have independently qualified for the crown without the root canal procedure, based on Medi-Cal Dental’s clinical criteria and guidelines.

For more information, please visit [section 5 of the Medi-Cal Dental Provider Handbook](#), which covers Laboratory Processed Crowns.

Affected Procedure Codes:

Root Canal Treatment:

D3310	D3330	D3347
D3320	D3346	D3348

Post:

D2952	D2954
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Crown:

D2710	D2712	D2721	D2740
D2751	D2781	D2783	D2791

Providers must ensure that all approved procedures are performed as authorized to prevent re-evaluation of the tooth’s eligibility for the crown. Written and photographic documentation confirming the specific Medi-Cal Dental criteria will be helpful in obtaining a favorable adjudication. Claims submitted for crowns without the corresponding root canal may be subject to denial if the tooth does not meet stand-alone criteria for the crown procedure.

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Important Reminder: Proper X-Ray Labeling and Submission Requirements

It is important to properly label your radiograph when submitting claims/Treatment Authorization Request (TAR). Proper documentation and clear labeling help prevent delays in claim processing and ensure compliance with Medi-Cal Dental requirements.

Common incomplete or improper labeling

- Tooth number/quad/arch
- Image date
- Image left is patient right
- Provider Document Control Number (PDCN)
- Document Control Number (DCN)
- Patient name
- Patient MEDS ID

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Ways to submit dental X-rays through Electronic Data Interchange (EDI)

- 1. Digitized images of radiographs:** When submitting digitized radiographs through your digitized imaging vendor, it should include:
 - Tooth number/quad/arch
 - Image date
 - Image left is patient right
 - Reference number in the “note” field of your electronic claim/TAR submission. You will receive a reference number (e.g., NEA#1234567)
- 2. EDI X-ray envelopes/attachment for mailing:** EDI labels are only required to submit radiographs and/or attachments when a claim is initially sent electronically. EDI labels are not requested if digitized images are received.
 - Labeling X-rays
 - Tooth number/quad/arch
 - Image date
 - Image left is patient right
 - Preparing EDI Labels
 - Provider’s “Billing NPI”
 - Patient MEDS ID
 - Medi-Cal Dental DCN, also referred to as the “BASE DCN”
 - Provider’s name and return address

For information about transmitting digitized radiographs and/or attachments contact:

- DentalXChange
Call (800) 576-6412, ext. 455
<https://www.dentalxchange.com/product/attachmentconnect>
- Vyne Dental (formerly known as National Electronic Attachment (NEA))
Call (800) 782-5150
<https://vynedental.com>

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- National Information Services (NIS)
Call (800) 734-5561
<https://ncbpinc.com/nis-joins-ncbp>

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Medi-Cal Dental Provider Outreach Resources

Medi-Cal Dental has dedicated a Medi-Cal Dental Outreach Team to support dental providers with focus on provider education and training, provider portal inquiries, provider relations, and general Medi-Cal Dental information. The team serves as a liaison to connect providers with the appropriate department to assist and resolve any concerns.

Medi-Cal Dental Provider Outreach Field Representatives:

Provider Field Representatives are dedicated professionals who are knowledgeable in Medi-Cal Dental and can assist providers virtually and in-person. Provider Field Representatives are assigned by region encompassing various counties. Contact information is available on the [Outreach Team Field Representative Geographic Map](#).

What do Provider Field Representatives do?

- Establish, reinforce, and expand relationships with partners in their geographic areas.
- Represent Medi-Cal Dental at outreach events and seminars.
- Serve as the direct line of contact for Local Oral Health Plans (LOHPs), stakeholders, and providers in their region.
- Conduct training such as Medi-Cal Dental policies, criteria and procedures, claims and Treatment Authorization Requests (TARS), and Electronic Data Interchange (EDI).



- Focus on dental provider recruitment.
- Offer one-on-one support to dental providers and assist in a variety of topics from billing to complaints.

How can I contact the Provider Field Representative for my county?

- Call the Provider Field Representatives listed [here](#).
- Call the Telephone Service Center (TSC) at (800) 423-0507.

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