



Provider Bulletin

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Coming Soon Form Update: Justification of Need for Prosthesis

An updated DC054 form is coming soon. A bulletin will be published informing providers when the updated form is available.

Effective November 1, 2025, providers must use the latest version of the Justification of Need for Prosthesis (DC054) form with 04/25 as the revision date at the bottom of the form. DC054 forms with revision dates prior to **04/25** received after **November 1, 2025** will be denied with **Adjudication Reason Code (ARC) 155** - *Procedure requires a properly completed prosthetic DC054 form.*

The Justification of Need for Prosthesis Form (DC054) is designed to provide complete and detailed information necessary for screening and processing prosthetic cases. This form is required when submitting a Treatment Authorization Request (TAR) for complete dentures, immediate dentures (when immediate dentures are rendered in conjunction with an opposing complete denture or partial removable prosthesis), resin base partial dentures, cast metal framework partial dentures, and complete overdentures.

Order New Forms

Once the new form is available, please recycle any old DC054

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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](#).



forms and reorder new ones with revision date 04/25. To order, please complete and fax the [Forms Reorder Request](#) to the number on the form.

How to Complete the DC054 Form

Refer to Medi-Cal Dental Provider Handbook [Section 6 – Forms](#) for detailed instructions.

Save Time and Submit Electronically

For Electronic Data Interchange (EDI) enrollment information, please contact:

- EDI Support at Medi-CalDentalEDI@gainwelltechnologies.com
- Telephone Service Center at (800) 423-0507

NOTE: Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Tribal 638 Clinics) are not subject to prior authorization. However, documentation should be consistent with the standards set forth in the Manual of Criteria (MOC) for Medi-Cal Authorization (Dental Services) and all state laws. A current DC054 form is required for screening and processing prosthetic cases and must be retained as part of patient records.

For current submission and criteria requirements for prosthesis, please refer to the provider handbook [Section 5 MOC and SMA, CDT 25](#), for dates of services on or after **November 1, 2025**. For dates of service before **November 1, 2025**, please refer to the [CDT-25 Manual of Criteria](#).

If providers have questions and or need support, please contact the Medi-Cal Dental Telephone Service Center (TSC) toll-free at (800) 423-0507. 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.

Medi-Cal Dental Learning Management System and Registering for Courses

Providers are encouraged to sign up for the [Learning Management System \(LMS\)](#) and register for continuing education through a series of [webinars, in-person seminars](#) and LMS courses.

LMS is a free, complimentary training platform for Medi-Cal Dental providers to take

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advantage of asynchronous, online courses ranging in topics from adjudication to updated dental terminology. Be sure to set up notifications from LMS and receive information about updates as new courses are added regularly.

Registering for an account is easy and requires the following information when completing the [Medi-Cal Dental LMS](#) new user registration form:

1. Account Information – Name, email, and password
2. Contact Information – Company address
3. Other Key Fields – Staff category, license number, and license type

After registering, there are only a few clicks to start accessing the information and coursework. Visit the following Medi-Cal Dental web pages for more information:

- [Provider Training Schedule](#)
- [Medi-Cal Dental LMS Sign-In Page](#)

Provider's can also visit [Dental Board of California Continuing Education Information](#)

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Silver Diamine Fluoride Coverage and Billing

As part of the [California Advancing and Innovating Medi-Cal \(CalAIM\) oral health initiatives](#), [Silver Diamine Fluoride \(SDF\)](#) is a dental benefit in alignment with national care standards. The goal is to provide an option for caries arresting treatment when restorative caries treatment may not be optimal. Providers, including allied dental professionals, may bill for the application of the caries arresting medicament SDF using Current Dental Terminology (CDT) code D1354 (application of caries arresting medicament – per tooth).

The SDF benefit includes two visits per member per year (once every six months), for up

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to ten teeth per visit, with a lifetime maximum of four treatments per tooth. It is paid at a rate of \$12 per tooth. This benefit is reimbursable for children (ages 0-6) and persons with underlying conditions such that non-restorative caries treatment may be optimal, which may include individuals in a Skilled Nursing Facility/Intermediate Care Facility (SNF/ICF) or the Department of Developmental Services (DDS) population.

The criteria for SDF CDT D1354 is as follows and referenced in [Section 5](#) of the [Medi-Cal Dental Provider Handbook](#) and [Medi-Cal Dental Provider Bulletin Volume 38, Number 1](#):

1. Radiographs and photographs for payment:
 - a. For patients under the age of 7, submit a current intraoral photograph demonstrating the medical necessity.
 - b. For patients age 7 or older, in addition to a current intraoral photograph, submit a current, diagnostic periapical radiograph and document the underlying conditions that exist which indicate that nonrestorative caries treatment is optimal.
 - c. Photographs may be used in lieu of radiographs for patients with special healthcare needs in situations where radiographs cannot be obtained because of the patient's medical condition, physical ability, or cognitive function. Specific documentation of why radiographs could not be obtained must accompany the TAR or claim.
2. Requires a tooth code.
3. A benefit:
 - a. For patients under the age of 7.
 - b. For patients age 7 or older when documentation shows underlying conditions such that nonrestorative caries treatment may be optimal.
 - c. Once every six months, up to ten teeth per visit, for a maximum of four treatments per tooth.
4. Not a benefit:
 - a. When the prognosis of the tooth is questionable due to nonrestorability.
 - b. When a tooth is near exfoliation.

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Please note, Adjudication Reason Code (ARC) ARC 440, which indicates CDT D1354 is allowable two visits per year and lifetime maximum of four times per tooth, is effective for dates of service (DOS) on and after January 1, 2022.

Here is resource Information regarding SDF that providers can share with members: [Silver Diamine Fluoride](#).

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