

Safety Net Clinic Dental Policy Clarification Training



This slideshow presentation is not a complete synopsis of the state and federal laws and regulations applicable to Safety Net Clinics. Providers should refer to the state and federal laws, provider manuals, provider bulletins, and handbook for further clarification.



Training Objectives

Overview of Medi-Cal Dental Policies

- Key References
- Eligible Patients
- Billable Providers
- Billable Services



Department of Health Care Services (DHCS)

DHCS' mission is to provide Californians with access to affordable, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care.



Key References



Key References

- [Medi-Cal Dental Program Provider Handbook](#)
 - Section 4 - Treating Beneficiaries
 - Section 5 - Manual of Criteria (MOC)
 - Section 8 - Fraud, Abuse, and Quality of Care
 - Section 9 – Special Programs
- [Medi-Cal Dental Provider Bulletins](#)

Note: Providers may subscribe to receive bulletin notifications [here](#).
- [Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) Manual](#)
- [Indian Health Services Memorandum of Agreement 638 Clinics \(IHS/MOA\) Manual](#)
- [California Code of Regulations \(CCR\) Section 51506. Dental Services](#)



Medi-Cal Training Courses for Dental Providers

Medi-Cal [Dental Provider Training](#) includes:

- Advanced Seminars/Webinars
- Ortho Seminars
- Workshops

Medi-Cal Dental training courses provide Continuing Education (CE) credits.




Eligible Patients



Medi-Cal Benefits ID Card



 **State of California**


Benefits Identification Card

ID No. 9999999999999999

FIRST M. LAST

M mm dd yyyy Issue Date 04 01 05

Front



First M. Last

SIGNATURE

This card is for identification ONLY. It does not guarantee eligibility. Carry this card with you to your medical provider. DO NOT THROW AWAY THIS CARD. Misuse of this card is unlawful.

Back





Eligible Patients

- The County Department of Social Services **determines** eligibility
- Member information is transferred to DHCS
- Providers must verify eligibility monthly for each member who presents a plastic Benefits ID Card (BIC) or paper card
- Eligibility Verification Confirmation Number (EVC)



Patients' Medi-Cal Eligibility Verification

There are two ways to verify eligibility through the Point of Service (POS) Network:

1. Touch Tone Telephone (AEVS) 800-541-5555
2. Internet (www.medi-cal.ca.gov)

Request a POS Network/Internet Agreement from the POS/Internet Helpdesk (800-541-5555) or access on the Medi-Cal website.



Patients' Scope of Benefits

Full Scope Medi-Cal – includes medical, dental, mental health services, etc.

Restricted/Limited Scope Medi-Cal – includes limited health services depending on member eligibility.

- Emergency-only services
- Pregnancy
- Postpartum



Billable Providers



Billable Providers

- Dentists*
- Registered Dental Hygienists (RDHs) and Registered Dental Hygienists in Alternative Practice (RDHAPs)*
- Qualified Orthodontists*
- Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEFs) **are not billable providers** under any circumstances.*

[Welfare & Institutions Code, Section 14132.100\(g\)\(1\)](#)

[Welfare & Institutions Code, Section 14132.100\(g\)\(2\)\(A\)](#)

[Title 22, Section 51223\(c\)](#)

**For IHS Clinics:*

[Business and Professions Code, Section 719\(a\)\(b\)](#)



Provider Enrollment

Safety Net Clinics (SNCs) do not need to separately enroll in the Medi-Cal Dental Program.

Rendering Providers who are not enrolled in the Medi-Cal Dental program and who order, refer, or prescribe, must submit a Medi-Cal Rendering Provider Application (DHCS 6216) form.

Contracted private practice dentists rendering services on behalf of SNCs need to submit a DHCS 6216 form.

State of California, Health and Human Services Agency Department of Health Care Services

MEDI-CAL RENDERING PROVIDER APPLICATION/DISCLOSURE STATEMENT/AGREEMENT FOR PHYSICIAN/ALLIED/DENTAL PROVIDERS

Important:

- Read all instructions before completing the application.
- Type or print clearly, in ink.
- If you must make corrections, please line through, date, and initial in ink.

For Medi-Cal return completed forms to: Department of Health Care Services, Provider Enrollment Division, MS 4704, P.O. Box 997412, Sacramento, CA 95899-7412 (916) 323-1945

For Medi-Cal return completed forms to: Department of Health Care Services, Medi-Cal Dental Program (Denti-Cal), Provider Enrollment, P.O. Box 15000, Sacramento, CA 95852-0000 (916) 423-9507

Preferred provider status requested pursuant to Welfare and Institutions Code Section 14093.2(b)(1). All qualifying documentation and cover letter attached. Do not use staples on this form or on any attachments. Do not leave any questions, boxes, lines, etc. blank. Enter N/A if not applicable to you.

Enrollment action requested (check) (1) or (2) apply: New rendering physician/allied/dental provider Renew

1. Last name of applicant _____ 2. Date of birth _____ 3. Gender _____

4. Accession address number (street) _____ City _____ State _____ Zip _____ Area-Opt/DSP code _____

5. Billing address number (street) _____ City _____ State _____ Zip _____ Area-Opt/DSP code _____

6. Social security number (applicant) _____ 7. Provider's name or state-issued certification number and state of issuance (attach a valid copy)

8. Professional license/certification number (applicant) (state) _____ License expiration date _____ Lic. specialty(ies)—Physicians and dentists only _____ Board certified _____ Board eligible _____

9. Business address (office/home) number (street) _____ City _____ County _____ State _____ Area-Opt/DSP code _____

10. Business telephone number _____ 11. Contact person's name _____ 12. Contact person's telephone number _____ 13. Contact person's e-mail address _____

14. Provider number (NP or Dent-Cal) or Provider number as applicable of prior state(s) _____

15. Proof of Professional Liability Insurance: Applicant must attach a copy of their certificate of professional insurance to this application. Name of insurance carrier _____ Insurance policy number _____ Date policy issued (mm/dd/yyyy) _____ Expiration date of policy (mm/dd/yyyy) _____ Insurance agent's name—(title) _____ (title) _____ (title) _____ CA, HI, WA _____

16. Taxpayer number _____ Tax number _____ E-mail address _____

DISCLOSURE INFORMATION
Respond to the following questions:

1. Within two years of the date of this statement, have you, the applicant/provider, been convicted of any felony or misdemeanor involving fraud or abuse in any government program? Yes No
If yes, provide the date of the conviction (mm/dd/yyyy): _____

2. Within two years of the date of this statement, have you, the applicant/provider, been found liable for fraud or abuse involving a government program in any civil proceeding? Yes No
If yes, provide the date of final judgment (mm/dd/yyyy): _____

3. Within ten years of the date of this statement, have you, the applicant/provider, entered into a settlement in lieu of conviction for fraud or abuse involving a government program? Yes No
If yes, provide the date of the settlement (mm/dd/yyyy): _____

DHCS 6216 (04/19) Page 3 of 5





Contracts with Private Dental Providers

All dental service claims billed by a SNC and reimbursed by Medi-Cal that are rendered pursuant to a contract between the clinic and a private practice dental provider must adhere to the Medi-Cal Dental Handbook, and the applicable legal, enrollment, documentation and treatment plan requirements.



Registered Dental Hygienist Billing

A Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) can bill for RDH services rendered to a Medi-Cal member, after an approved adjustment to its per-visit rate.

An FQHC/RHC may not bill for RDH services until it obtains an approved adjustment to its per-visit rate.

An FQHC/RHC that doesn't provide **dental hygienist** services, and later elects to add these services and bill these services as a separate visit, must process the addition of these services as a Change in Scope of Service Request (CSOSR). A CSOSR must include a full fiscal year of RDH costs and visits.

*IHS-MOA clinics are not subject to the CSOSR requirement.



Registered Dental Hygienist Scope

Services in a SNC setting must comply with State Law:

- Direct Supervision
- General Supervision

[Business & Professions Code, Chapter 4, Article 9](#)



Billable Services



Covered/Non-Covered Benefits

Note: Not all dental services are covered benefits under the Medi-Cal Dental program.

Always refer to the Medi-Cal [Dental Provider Handbook](#) and the current [Manual of Criteria](#) (MOC) for details on which dental services are covered dental benefits.



Billable Services

- 1. Standard of Care**
2. Visits
3. Medical Necessity/Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
4. Documentation
5. Treatment Plan
6. Special Needs



Standard of Care

To improve efficiency and timely access to care, maintain quality of care for a patient, a treating dental provider shall, when applicable, feasible, and consistent with the **standard of care, minimize the number of dental visits**. Each patient should receive an individualized treatment plan that is safe, effective, patient-centered and equitable. **Documentation must justify deviation from the treatment plan.**

*Medi-Cal Dental Provider Handbook
Section 4 – Treating Members*



Standard of Care

Each provider shall develop a treatment plan that **optimizes preventive and therapeutic care** and that is in the patient's best interest, taking into consideration their overall health status. **All phases of the treatment plan** shall be rendered in a safe, effective, equitable, patient-centered, timely, and efficient manner.

*Medi-Cal Dental Provider Handbook
Section 4, Treating Members*



Billable Services

1. Standard of Care
- 2. Visits**
3. Medical Necessity/EPSTD
4. Documentation
5. Treatment Plan
6. Special Needs



Visits: Face-to-Face Encounters Defined

SNCs may render any dental service in a **face-to-face encounter** between a **billable treating provider** and an **eligible patient** that is:

- Within the scope of the treating dental practitioner's scope/licensure
- Complies with the Medi-Cal Dental [Manual of Criteria](#) (MOC)
- Determined to be “medically necessary” pursuant to the [California Welfare & Institutions Code, Section 14059.5](#)

*Medi-Cal Dental Provider Handbook
Section 4, Treating Members*



Visits: Face-to Face Encounters, Qualifying Visits

SNCs may bill a visit for dental services rendered to a Medi-Cal member even if the member also received services from another health professional on the same day.

Medi-Cal Provider Manual:

[Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(rural\)](#)



Visits: Non-Qualifying Visits

Visits at which the patient receives services “incident to” resulting from physician or dental visits do **not** qualify as face-to-face encounters. Examples include:

- Laboratory work
- X-ray imaging

Medi-Cal Provider Manual:

[Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(rural\)](#)



Non-Emergency Visits, Children (Under 21 Years)

Typically includes exam, x-rays, cleaning, fluoride, oral hygiene instruction, nutritional counseling, caries risk assessment, and behavioral evaluation.

If more than one visit is required, documentation in the patient's chart and/or electronic health records should indicate the necessity of any additional visits.



Emergency Visits / Emergency Services

The dentist should provide a definitive care plan during an emergency visit whenever possible.

For a list of allowable Medi-Cal emergencies, please refer to the Medi-Cal Dental Provider Handbook, [Manual of Criteria](#), Section 5.



Visits: Face-to-Face Encounters, Dental Services

Sealants Providers should place sealants on as many eligible teeth as possible during the visit considering the clinical circumstances and patient cooperation.

Restorations, Extractions, or Endodontic Therapies

Providers should perform as many treatment planned services as possible during the visit, considering the clinical circumstances, what is ethical, and what is tolerable to the patient.



When Multiple Visits are Required

Procedures normally requiring multiple visits (i.e., removable dentures, root canals, crowns, etc.) should be completed in the number of visits that would be considered consistent with the standard of care and the provider's scope of practice.

If additional visits are required, documentation in the patient's chart and/or electronic health records must indicate the necessity of each visit.



Definitive Services Not Completed During a Single Visit

When definitive services are not completed within a single appointment, chart notes must be documented to explain why not.



Definitive Services Not Completed During a Single Visit

Examples of definitive services not being performed would include, but may not be limited to, the following:

1. Periodic exams not done at the same time as a prophylaxis visit.
2. Multiple visits to complete evaluation and discussion of treatment plan.
3. Crown impression rendered on a different date than crown preparation.
4. Not all sutures are removed in a single visit.



Billable Services

1. Standard of Care
2. Visits
- 3. Medical Necessity/Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)**
4. Documentation
5. Treatment Plan
6. Special Needs



Medical Necessity – Adult Services

A service is medically necessary or a medical necessity when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

[California Welfare & Institutions Code, Section 14059.5](#)



EPSDT – Children’s Services

Consistent with state and federal law and regulations for EPSDT, the Medi-Cal Dental Program covers all services that are medically necessary, including those that are not a covered benefit, but are proven to “correct or ameliorate (make tolerable)” defects and physical and mental illnesses or conditions. These services are without cost for the member.

See [EPSDT Information for Medi-Cal Dental Providers.](#)



Orthodontic Treatment - Handicapping Labio-Lingual Deviation (HLD) Index Score Sheet

The HLD Score Sheet (DC016) is the preliminary measurement tool used in determining if the patient qualifies for medically necessary orthodontic treatment. DC016 must be kept on record and is required for all members receiving orthodontic treatment.

Medi-Cal Dental Handbook

Section 9, Special Programs



Justification of Need for Prosthesis Form (DC054)

The Medi-Cal Dental Manual of Criteria (MOC) defines situations in which dentures and partial dentures are covered benefits.

The Justification of Need for Prosthesis Form (DC054) is designed to provide complete and detailed information necessary for dentures, partial dentures, and complete overdentures. DC054 must be kept on record and is required for all members receiving dentures.

Medi-Cal Dental Handbook

Section 6, Forms



Billable Services

1. Standard of Care
2. Visits
3. Medical Necessity/EPSTD
- 4. Documentation**
5. Treatment Plan
6. Special Needs



Documentation Requirements

Every dentist, dental health professional, or other licensed health professional who performs a service on a patient in a dental office shall identify himself or herself in the patient record by signing his or her name, or an identification number and initials, next to the service performed and shall date those treatment entries in the record.

[California Business and Professions Code, Section 1683](#)

Note: Electronic charts should have clear record of the rendering provider in the EHR system, service performed, date of treatment, and the patient's information (including eligibility).



Documentation Requirements

Any person licensed under this chapter who owns, operates, or manages a dental office shall ensure compliance with this requirement.

[California Business and Professions Code, Section 1683](#)



Documentation Requirements

- Record Keeping
 - Date of service
 - Each service rendered
 - Patient information
 - Any additional information required by DHCS
- Record Retention is 10 years

[California Welfare & Institutions Code, Section 14124.1](#)



Documentation Requirements

Authorization and Documentation Requirements

SNC services do not require a *Treatment Authorization Request* (TAR), **but providers are required to maintain in the patient's medical record the same level of documentation that is needed for authorization approval.**



Documentation Requirements

Documentation for **all** SNC face-to-face encounters must be sufficiently detailed as to clearly indicate the **medical reason** for the visit.



Documentation Requirements

Documentation must include:

- A complete description of service provided
- Full name and professional title of the person providing the service
- The pertinent diagnosis(es) as it relates to the visit
- Any recommendations for diagnostic studies, follow up or treatments, including prescriptions

Note: The documentation must be kept in writing and for a minimum of ten years from date of service.

If documentation does not meet the requirements, DHCS may recover payments.



Documentation Requirements

Providers must document any additional information including, but not limited to:

- Rationale and service provided for topical fluoride application outside the periodicity schedule
- Documentation explaining emergency services not covered for a particular Medi-Cal member
- The extent and complexity of a surgical extraction not covered by Medi-Cal
- Justification for **medical necessity**, observations and **clinical findings**, the specific treatment rendered and medications or drugs used during periodontal procedures.



Documentation Requirements: “But are not limited to”

If it is pertinent to the decision process and the administration of appropriate care, include it.

Other references:

- American Dental Association – [Dental Records](#)
- American Association of Pediatric Dentistry – [Record-keeping](#)



Documentation Requirements: Payment Recovery

Payment recovery may occur when California Code of Regulations (CCR) requirements are not met. Examples include:

- Records and/or patient charts are not complete or accurate
(Title 22, Section 51476)
- Overpayments, including false/incorrect claim overpayments, member eligibility lapse, non-authorizes services, etc.
(Title 22, Section 51458.1)
- Services provided are below or less than the standard of acceptable quality
(Title 22, Section 51472)



Documentation Requirements: Recap

For dental services, documentation should be consistent with the standards set forth in the Manual of Criteria of the Medi-Cal Dental Program Provider Handbook and all state laws.



Billable Services

1. Standard of Care
2. Visits
3. Medical Necessity/EPSTD
4. Documentation
- 5. Treatment Plan**
6. Special Needs



Treatment Plans Must:

- Optimize preventive and therapeutic care
- Be in the **patient's best interest** and consider their overall health status
- Be rendered in a safe, effective, equitable, patient-centered, timely, and efficient manner



Treatment Plan: Examples of Inappropriate Plans

Definitive services should be completed within a single appointment. Examples of inappropriate plans/multiple visits without documented medical necessity would include, but may not be limited to, the following:

1. Periodic exams not done at the same time as a prophylaxis visit.
2. Multiple visits to complete evaluation and discussion of treatment plan.
3. Crown impression rendered on a different date than crown preparation.
4. Crown build-ups done on a different date than preparation and impression.
5. Not all sutures are removed in a single visit.
6. Partial dentures started prior to the completion of caries control and periodontal therapy.



Treatment Plan: Examples of Inappropriate Plans

7. Extractions and crowns done shortly after the delivery of partial dentures.
8. Numerous and frequent consultations regarding the same tooth with no definitive treatment.
9. Numerous and frequent additional restorations on the same tooth.
10. More than 2 visits on a root canal.



Treatment Plan: Phase 1

Phase 1: Urgent/Diagnostic

- Treatment of emergencies
- Comprehensive examination, diagnosis and treatment plan



Treatment Plan: Phase 2

Phase 2: Disease Control

- Periodontal Therapy
- Endodontic Therapy
- Oral Surgery
- Caries Control



Treatment Plan: Phase 2

Three Levels of Prevention

- Primary: preventing disease onset or initiation
- Secondary: preventing progression or disease recurrence
- Tertiary: preventing loss of function



Treatment Plan: Phases 3-4

Phase 3: Rehabilitation

- Orthodontic Therapy
- Cast Restorations
- Removable

Phase 4: Maintenance

- Recall, reassessment
- Reinforced oral hygiene & diet



Treatment Plan

Adherence to the treatment plan is expected. Any alteration in the course of treatment should be well documented in the chart. Clinical staff must document, prioritize, and update every patient's treatment plan at each visit.



Billable Services

1. Standard of Care
2. Visits
3. Medical Necessity/EPSTD
4. Documentation
5. Treatment Plan
6. **Special Needs**



Special Needs Patients

Patients who have:

- A physical, behavioral, developmental, or emotional condition that prohibits them from adequately responding to a provider's attempts to perform an examination.

Providers must adequately document the patient's specific condition and reasons why an examination and treatment cannot be performed without sedation.

*Medi-Cal Dental Provider Handbook
Section 4, Treating Members*



Special Needs Patients

SNCs do not need to receive prior authorization for treatment; **however**, requests for payment must be accompanied by **documentation to adequately demonstrate the medical necessity** for treatment.

Refer to the Manual of Criteria and individual procedures for specific requirements and limitations.

*Medi-Cal Dental Provider Handbook
Section 4, Treating Members*



Special Needs Patients: Additional Documentation for Medical Necessity

- Accurate, comprehensive, and up-to-date medical history for current diagnosis and effective treatment planning.
- Diagnosis and the nature of the special health care limitations.
- Name of the physician, the date of the diagnosis, and the most current status and treatment updates.
- Document the special accommodations that were required to treat the patient (i.e., shorter and more appointments needed).



Contact Information

dental@dhcs.ca.gov





Questions?





Thank you!

 | **Medi-Cal Dental**


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