



Medi-Cal Dental Services Division Statewide Fact Sheet (February 2021)

Program Overview

The Medi-Cal Dental Program serves about **13.5 million** members in two delivery systems:



93% Fee-For-Service (FFS)
7% Dental Managed Care (DMC) consisting of Geographic Managed Care (GMC) plans in Sacramento County and Prepaid Health Plans (PHP) in Los Angeles County.

Statewide dental utilization from November 2019 to October 2020 is approximately 29.5%.

Source: DHCS Data Warehouse as of January 2021.

Case Management – New Cases

Delivery System	Jul-Sep	Oct-Dec
FFS	18	20

Provider Enrollment

Delivery System/Plan	*Billing Dental Offices	**Rendering Providers
FFS	5,954	11,848
GMC	156	282
PHP	907	1,423

Source: DHCS provider network as of December 2020. Data based on enrollment and not claims submission. Please find data on provider utilization on the [Open Data Portal – Dental Utilization by Provider](#).

* Active providers enrolled in the Medi-Cal Dental program, excluding safety net clinics (SNC).

** Active rendering providers that have an associated address. A rendering provider can render services at multiple locations/counties.

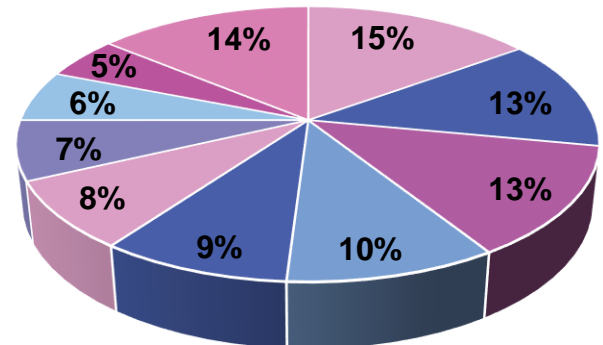
Reporting Period: July 2020 to December 2020.

Statewide Language Line Service (LLS) Call Volume

386,942 - member calls received from July 2020 to December 2020 in both FFS and DMC delivery systems.

- 26,069 Spanish calls were handled in house by the dental Administrative Services Organization (ASO) in FFS
- 7,065 LLS calls
 - 3,049 (43.2%) FFS LLS calls
 - 4,016 (56.8%) DMC LLS calls
 - 76 languages requested
 - 86% of LLS are comprised of 9 languages as shown in the pie chart.
 - 14% are comprised of various other languages

Note: Data revised on 8/9/2021



- Russian (15%)
- Spanish (13%)
- Vietnamese (9%)
- Arabic (7%)
- Korean (5%)
- Mandarin (13%)
- Farsi (10%)
- Cantonese (8%)
- Dari (6%)
- Other (14%)



Medi-Cal Dental Services Division Statewide Fact Sheet (February 2021)

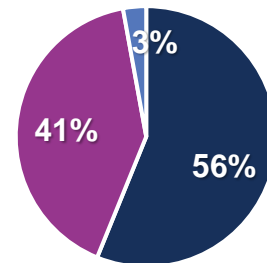
Treatment Authorization Requests (TAR) July 2020 – December 2020

Age	FFS	DMC	Statewide
0-20	227,244	124,356	351,600
21+	585,654	124,119	709,773
Total	812,898	248,475	1,061,373
Average Turnaround Time (in Days)	6.42	3.06	4.74

TAR Determination July 2020 – December 2020

Measure	FFS	DMC	Statewide
Approved	506,565	177,549	684,114
Denied	426,570	72,770	499,340
Deferred	34,906	14	34,920

Source: Monthly TAR report from Administrative Services Organization (ASO) and DMC plans.



■ Approved ■ Denied ■ Deferred

TAR Denials July 2020 – December 2020

FFS Top Five TAR Denial Reasons in all Age Groups	DMC Top Five TAR Denial Reasons in all Age Groups
Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by submitted radiographs.	Service requested is not medically necessary.
Surgical extraction procedure has been modified to conform with radiographic appearance.	Service exceeds allowed expense for a participating provider. The insured is not responsible for this amount.
Authorization is no longer valid: A new claim/TAR is being processed.	Medical necessity modification based on X-ray review.
Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid by the program.	Procedure code modified – denied.
Tooth does not meet criteria for lab-processed crown; re-evaluate for alternate treatment.	Prior approval required.

Statewide State Hearing Cases

Age Group	Scope	Orthodontic	Conlan
Age 0-20	75	137	2
Age 21+	618	0	25
Total	693	137	27

Reporting Period: July 2020 – December 2020.

Scope: Benefits available under Medi-Cal Dental program.

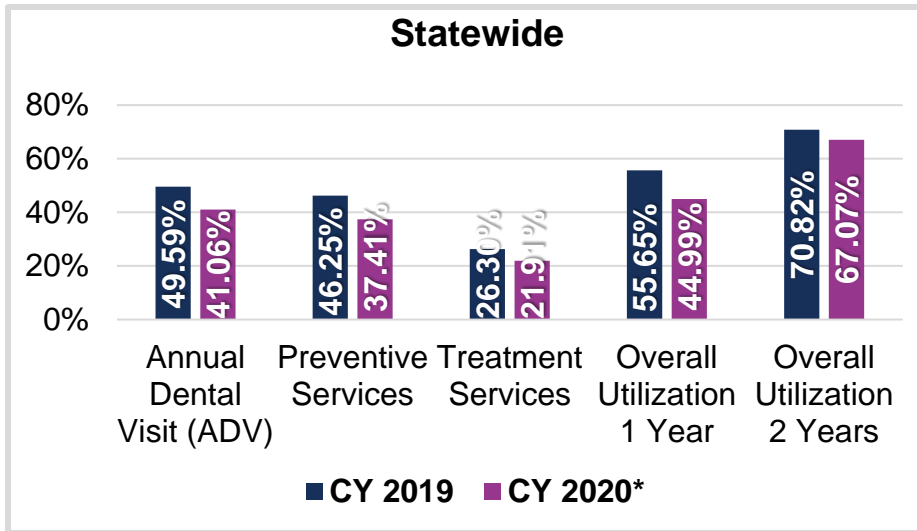
Orthodontic: Treatment that requires braces to align teeth and/or correct occlusion (bite).

Conlan: Reimbursement process for members.



Medi-Cal Dental Services Division Statewide Fact Sheet (February 2021)

Utilization in Ages 0-20



Annual Dental Visit (ADV):

Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received any dental service (CDT D0100-D9999 or CPT 99188), including encounters at SNCs.

Preventive Services: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received at least one preventive dental service (CDT D1000-D1999 or CPT 99188), including encounters at SNCs.

Treatment Services: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received at least one dental treatment (CDT D2000-D9999), including encounters at SNCs.

Overall Utilization 1 or 2 year(s): Percentage of beneficiaries enrolled in the same dental plan for one or two years with no gaps in coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.

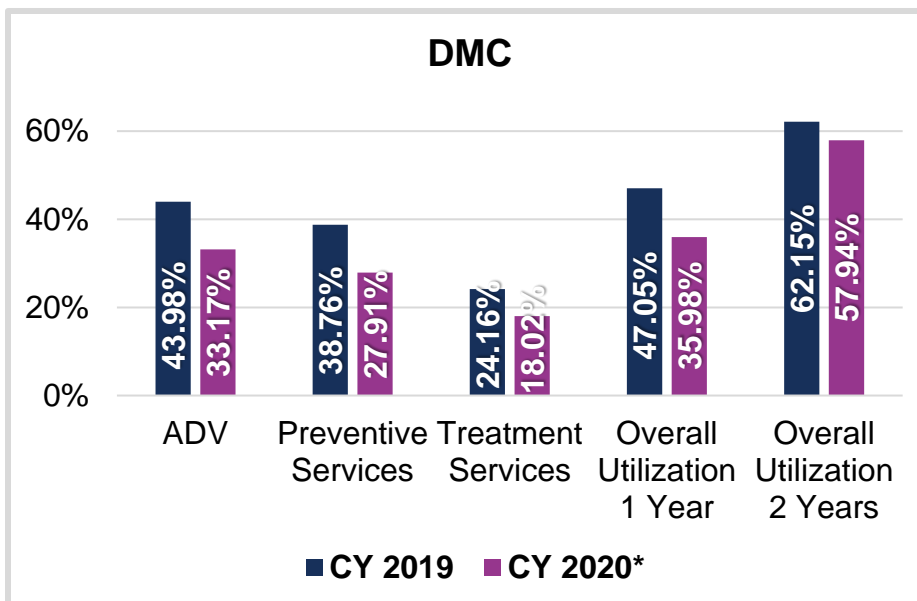
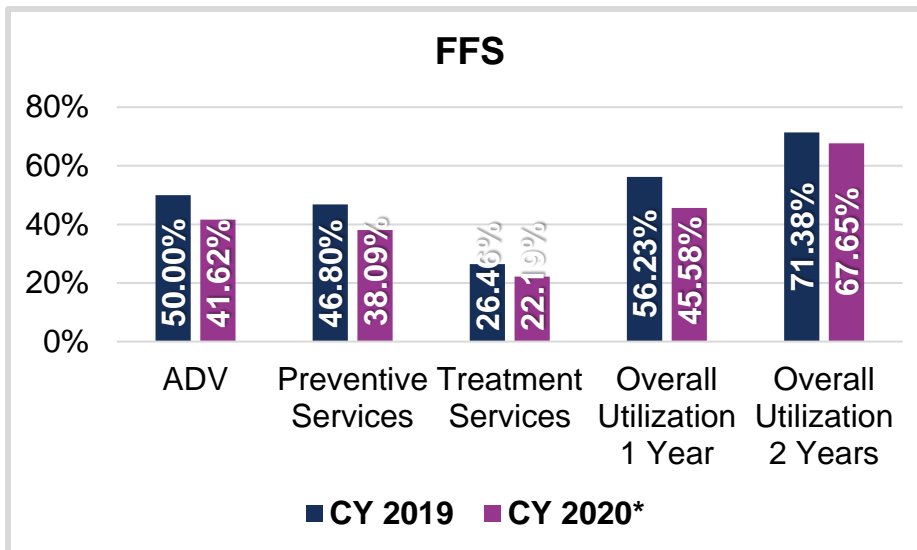
Reporting Period:

CY 2019: Jan 2019 to Dec 2019
CY 2020: Nov 2019 to Oct 2020.

* Data is preliminary and may change.

Please refer to the [High Level](#), [FFS](#) and [DMC](#) performance measures on the Medi-Cal Dental website for more information.

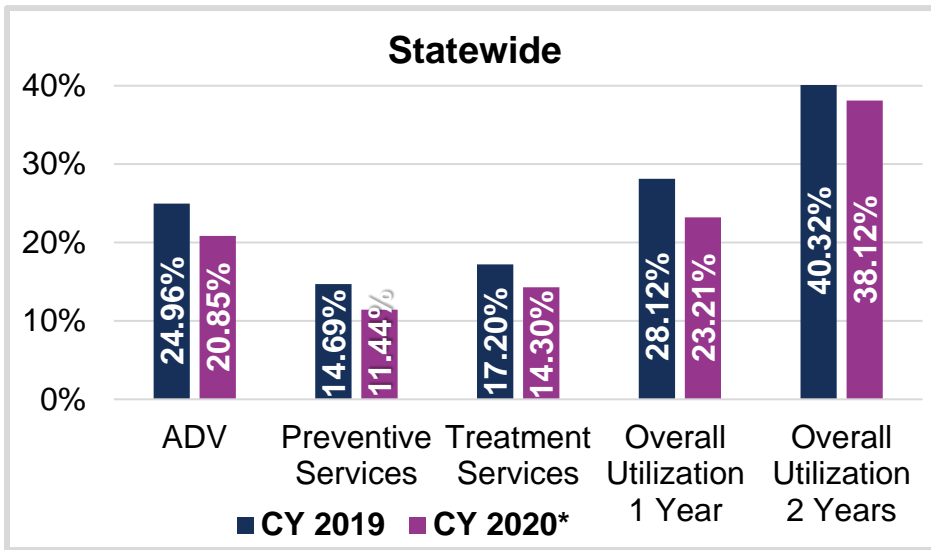
Source: DHCS Data Warehouse as of January 2021.





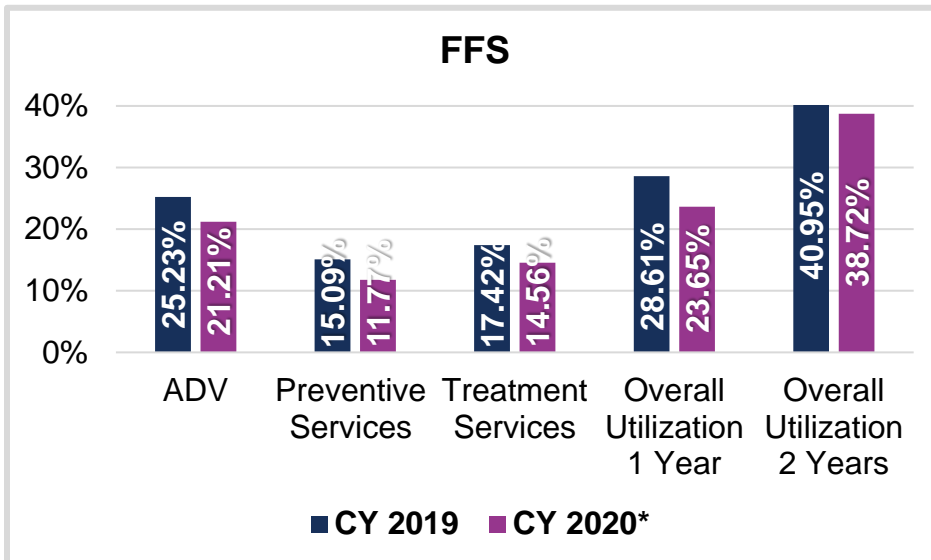
Medi-Cal Dental Services Division Statewide Fact Sheet (February 2021)

Utilization in Ages 21+



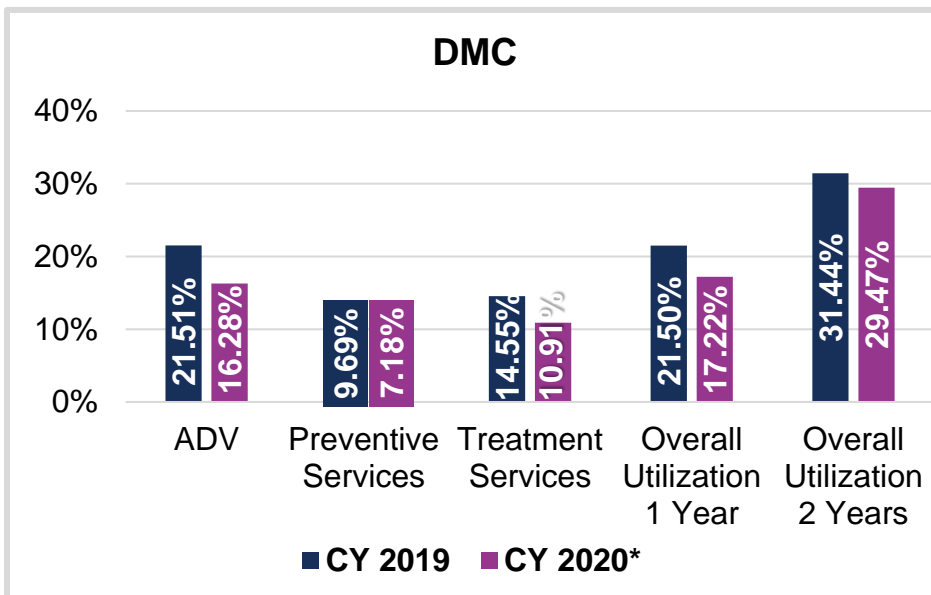
ADV: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received any dental service (CDT D0100-D9999) including encounters at SNCs.

Preventive Services: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received at least one preventive dental service (CDT D1000-D1999), including encounters at SNCs.



Treatment Services: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received at least one dental treatment (CDT D2000-D9999) including encounters at SNCs.

Overall Utilization 1 or 2 year(s): Percentage of beneficiaries enrolled in the same dental plan for one or two years with no gaps in coverage who received any dental service (CDT D0100-D9999), including encounters at SNCs.



Reporting Period:

CY 2019: Jan 2019 to Dec 2019
CY 2020: Nov 2019 to Oct 2020.

* Data is preliminary and may change.

Please refer to the [High Level](#), [FFS](#) and [DMC](#) performance measures on the Medi-Cal Dental website for more information.

Source: DHCS Data Warehouse as of January 2021.



Medi-Cal Dental Services Division Statewide Fact Sheet (February 2021)

Statewide Top Five Procedure Counts*: Ages 0-20, November 2019 to October 2020

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	6,328,019	185,754	6,513,773
Diagnostic	D0120 ^p	1,504,017	88,881	1,592,898
Diagnostic	D0272 ^p	875,063	28,736	903,799
Diagnostic	D0350 ^p	689,757	16,815	706,572
Diagnostic	D0220 ^p	531,014	80,970	611,984
Preventive	D1120 ^d	2,034,432	98,839	2,133,271
Preventive	D1208 ^d	1,462,878	51,966	1,514,844
Preventive	D1351 ^d	1,165,204	64,365	1,229,569
Preventive	D1206 ^d	522,310	53,555	575,865
Preventive	D1310 ^d	453,394	46,357	499,751
Treatment	D9993 ^d	453,406	26,338	479,744
Treatment	D7140 ^p	410,955	18,847	429,802
Treatment	D2150 ^p	388,212	9,218	397,430
Treatment	D2392 ^p	361,207	25,897	387,104
Treatment	D2930 ^p	371,730	14,412	386,142
All Services	D0230 ^p	6,328,019	185,754	6,513,773
All Services	D1120 ^d	2,034,432	98,839	2,133,271
All Services	D0120 ^p	1,504,017	88,881	1,592,898
All Services	D1208 ^d	1,462,878	51,966	1,514,844
All Services	D1351 ^d	1,165,204	64,365	1,229,569

d – Dental Transformation Initiative (DTI): Within the Medi-Cal 2020 waiver, the DTI represents a critical mechanism to improve dental health for Medi-Cal members ages 0-20.

p – Proposition 56: Under Proposition-56, a specified portion of tobacco tax revenue is allocated to DHCS to use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Source: DHCS Data Warehouse queried on January 13, 2021. CY 2020 data is preliminary and may change as more claims are received. * FFS and DMC; not including SNC.

Statewide Top Five Procedure Counts*: Ages 21+, November 2019 to October 2020

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^p	1,759,788	58,486	1,818,274
Diagnostic	D0150 ^p	516,502	42,276	558,778
Diagnostic	D0210 ^p	367,206	30,278	397,484
Diagnostic	D0220 ^p	268,277	45,797	314,074
Diagnostic	D0120 ^p	285,430	25,457	310,887
Preventive	D1110 ^p	467,537	27,863	495,400
Preventive	D1208 ^p	247,150	9,151	256,301
Preventive	D1206 ^p	122,690	8,012	130,702
Preventive	D1999	446	14,117	14,563
Preventive	D1330	0**	10,796	10,796
Treatment	D7210 ^p	354,121	28,208	382,329
Treatment	D4341 ^a	299,327	27,852	327,179
Treatment	D9430 ^p	257,772	26,037	283,809
Treatment	D7140 ^p	208,490	13,411	221,901
Treatment	D2392 ^p	182,925	16,043	198,968
All Services	D0230 ^p	1,759,788	58,486	1,818,274
All Services	D0150 ^p	516,502	42,276	558,778
All Services	D1110 ^p	467,537	27,863	495,400
All Services	D0210 ^p	367,206	30,278	397,484
All Services	D7210 ^p	354,121	28,208	382,329

a – Adult Dental Restoration: Senate Bill 97 (Chapter 52, Statutes of 2017), effective January 1, 2018, fully restored optional dental benefits for Medi-Cal members age 21 and older who were not restored in May 2014.

p – Proposition 56: Under Proposition-56, a specified portion of tobacco tax revenue is allocated to DHCS to use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

Source: DHCS Data Warehouse queried on January 13, 2021. CY 2020 data is preliminary and may change as more claims are received. * FFS and DMC; not including SNC. ** Not billable.