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



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 1, 2015

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: APL 15-006: Virtual Dental Home Implementation in the Dental Managed Care Program

The purpose of this All Plan Letter (APL) is to inform the Medi-Cal Dental Managed Care (DMC) plans that Assembly Bill (AB) 1174, extends the use of “store and forward” technology to dental providers thus allowing Medi-Cal dental providers to practice “teledentistry by store and forward,” as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed dental provider at a distant site. In the interest of increasing access to care for underserved populations, the Department of Health Care Services (DHCS) has opted to permit the use of teledentistry as an alternative modality for the provision of select dental services. As such, effective July 1, 2015, Medi-Cal DMC plans may offer a Virtual Dental Home (VDH) option to beneficiaries seeking to obtain services through this modality.

DHCS expects the Medi-Cal DMC plans will adhere to this policy amendment in accordance with the Denti-Cal Manual of Criteria. Beginning July 1, 2015, enrolled billing dentists shall be permitted to render services through a VDH. Please note that providers who offer services through a VDH are held to the same departmental policies and regulations as currently enrolled Medi-Cal dental providers, including but not limited to, Exhibit A, Amendment 8, Provider Network, Time and Distance Standard in the DMC contract(s). DMC plans are permitted to make the necessary programmatic changes to accommodate this new policy so long as said changes apply to all billing providers and applicable administrative and systematic processes are updated accordingly pursuant to Exhibit E, Additional Provisions, Section 5.b, Governing Law of the DMC contract(s).

The following changes concerning the provision of dental services through teledentistry and/or a VDH will be reflected in the Denti-Cal Manual of Criteria once the Current Dental Terminology (CDT) 2015 regulatory package has been implemented. VDH implementation will occur in a two (2) phased approach, and at minimum must include the following changes:

Phase I:

CDT code D0999, unspecified diagnostic procedure, by report, with a \$0.00 reimbursement fee shall be utilized to identify VDH documents. As a result of Phase I implementation, the following CDT codes may be billed by billing dentists

for services rendered through a VDH in conjunction with D0999: D0120, D0150, D0210, D0220, D0230, D0270, D0272, D0274, D0330, D0350, and D9999. If applicable, please be sure to add procedure code D0999 to the California Children's Services and Genetically Handicapped Persons Program for diagnostic and preventive procedures only. The implementation date for Phase I is July 1, 2015.

Phase II:

CDT code D9999 may be billed by billing dentists in conjunction with D0999 for live transmissions that occur through a VDH encounter as well. Live transmission reimbursements shall not exceed 90 minutes per patient, per provider, per day, and must be reimbursed at a minimum of 24 cents per minute. The provider shall, at minimum, include a statement emphasizing the number of minutes that the transmission occurred at the patient's request and no additional documentation shall be required. If applicable, please be sure to add procedure code D9999 to the California Children's Services and Genetically Handicapped Persons Program for diagnostic and preventive procedures only. Phase II implementation date is estimated for September 1, 2015, and is pending approval of State Plan Amendment (SPA) 15-010 from the Centers for Medicare and Medicaid Services. However, the preparation of said changes may be commenced before SPA approval is obtained.

Reimbursements Requirements:

Reimbursements for all procedures delivered via the VDH modality shall be equivalent to services rendered in a face-to-face encounter. If a Medi-Cal DMC plan intends to implement a reimbursement methodology other than the one (1) outlined in this document for live transmission services, the contractor(s) shall submit a schedule of capitation rates and/or Fee-For-Service rates for State review and approval, consistent with Exhibit A, Implementation Plan, Attachment 1, Section H, Provider Compensation Arrangements.

Business Requirements:

Medi-Cal DMC plans are permitted to make any necessary administrative modifications to implement the following sections of the Business and Professions Code in the DMC Program: 1684.5, 1753.55, 1910.5, 1925, 1926.05, and 1944. Medi-Cal DMC plans are also permitted to make any necessary administrative modifications to implement Section 128196 of the Health and Safety Code and Section 14132.725 of the Welfare and Institutions Code, relating to oral health, in the DMC program. As mentioned previously, providers who offer services through a VDH are held to the same departmental policies and regulations as currently enrolled Medi-Cal dental providers. All modified administrative modifications must be aligned with existing State laws and regulations, as well as with the current DMC contract(s), administrative program modifications for this policy amendment are subject to State review and approval. For example, DMC plans are permitted to require providers to designate locations where VDH services will be rendered prior to the date of service as

plans are required to abide by the standards set forth in the Knox-Keene Health Care Service Plan Act of 1975 and in Title 28, Division 1, Chapter 1 of the California Code of Regulations regarding adequacy of physical facilities.

Reporting Requirements:

Medi-Cal DMC plans shall utilize the reporting template that DHCS will provide under separate cover to develop a report to track services that are rendered via VDH and for services that occur as a result of a VDH encounter. Details regarding reporting frequency will be forthcoming under separate cover.

DMC plans shall make this option available to providers and inform them of their options once approved materials are shared by DHCS and posted to the Denti-Cal website. Additional materials regarding this program will be posted on the [Denti-Cal](#) website. If you have any questions with respect to this letter, please contact DHCS at dmcdeliverables@dhcs.ca.gov.

Sincerely,



Nik Ratliff, Chief
Contract Management & Administration Section
Medi-Cal Dental Services Division