



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

Program Overview

The Medi-Cal Dental Program serves about **13.8 million** members in two delivery systems:



93% fee-for-service (FFS) and **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 for calendar year (CY) 2020 is approximately 29.5%.

Source: DHCS Data Warehouse as of July 2021.

Case Management – New Cases

Delivery System	Jan-Mar	Apr-Jun
FFS	21	29

Reporting Period: January 2021 to June 2021.

Provider Data

Delivery System	Billing Offices Network	Rendering Providers Network	Active Rendering Providers
FFS	6,006	12,068	8,907
GMC	163	349	274
PHP	920	1,458	1,218

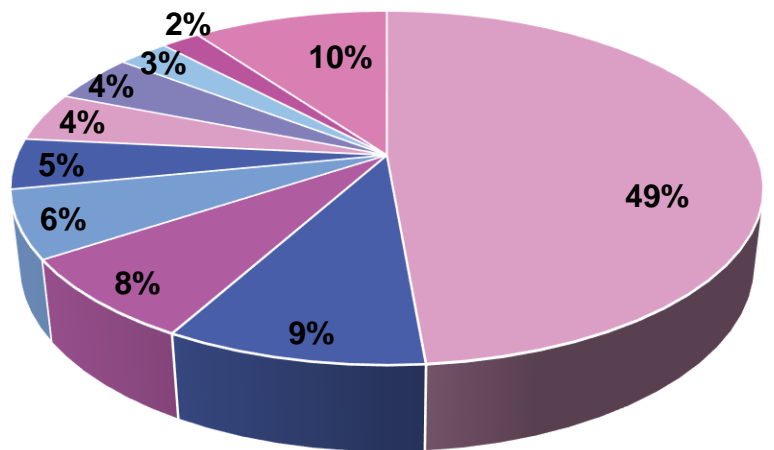
Source: DHCS dental provider data as of June 2021, excluding safety net clinics (SNC) in the FFS delivery system.

Network data are based on enrollment reported by the dental Administrative Services Organization (ASO) and DMC plans. Active rendering providers billed at least one approved service within the last two years based on their claims submission.

Statewide Language Line Service (LLS) Call Volume

441,339 - member calls received from January 2021 to June 2021 in both the FFS and DMC delivery systems.

- 38,537 Spanish-language calls were handled in house by the ASO in FFS
- 18,028 LLS calls
 - 11,658 (64.7%) FFS LLS calls
 - 6,370 (35.3%) DMC LLS calls
 - 69 languages requested
 - 90% of LLS calls are comprised of nine languages as shown in the pie chart.
 - 10% are comprised of various other languages



- Spanish (49%)
- Russian (8%)
- Cantonese (5%)
- Arabic (4%)
- Korean (2%)
- Mandarin (9%)
- Vietnamese (6%)
- Farsi (4%)
- Dari (3%)
- Other Languages (10%)



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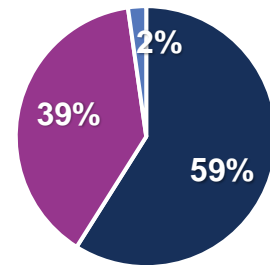
Treatment Authorization Requests (TAR) January 2021 – June 2021

Age	FFS	DMC	Statewide
0-20	235,785	154,384	390,169
21+	718,623	143,853	862,476
Total	954,408	298,237	1,252,645
Average Turnaround Time (in Days)	6.46	2.70	4.58

TAR Determination January 2021 – June 2021

Measure	FFS	DMC	Statewide
Approved	659,363	221,059	880,422
Denied	493,716	85,468	579,184
Deferred	33,579	0	33,579

Source: Monthly TAR report from ASO and DMC plans.



■ Approved ■ Denied ■ Deferred

TAR Denial Reasons January – June 2021

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 for by the program.	Procedure code modified – denied.
Tooth does not meet criteria for lab-processed crown; reevaluate for alternate treatment.	Prior approval required.

Statewide State Hearing Cases

Age Group	Scope	Orthodontic	Conlan
Age 0-20	83	191	10
Age 21+	880	0	8
Total	963	191	18

Reporting Period: January – June 2021.

Scope: Benefits available under the Medi-Cal Dental program.

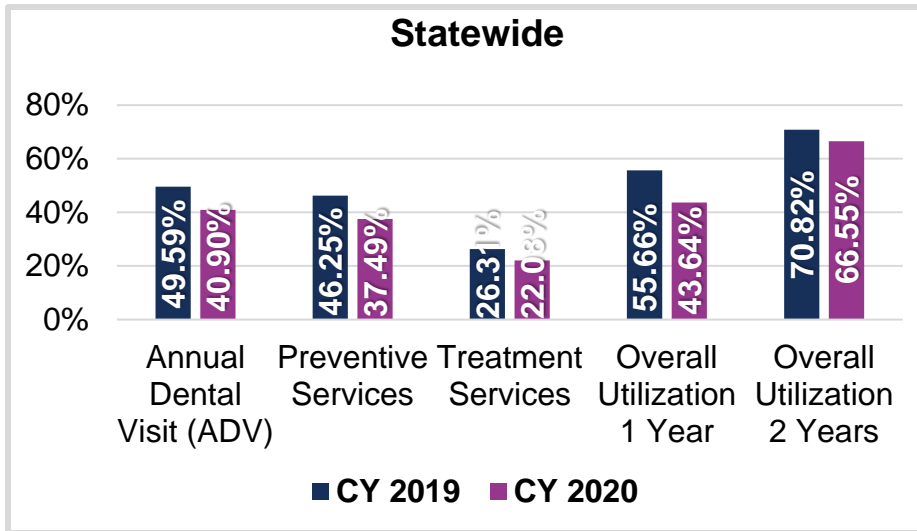
Orthodontic: Treatment that requires braces to align teeth and/or correct occlusion (bite).

Conlan: Reimbursement process for members.



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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 (Current Dental Terminology (CDT)) D0100-D9999 or Current Procedural Terminology (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.

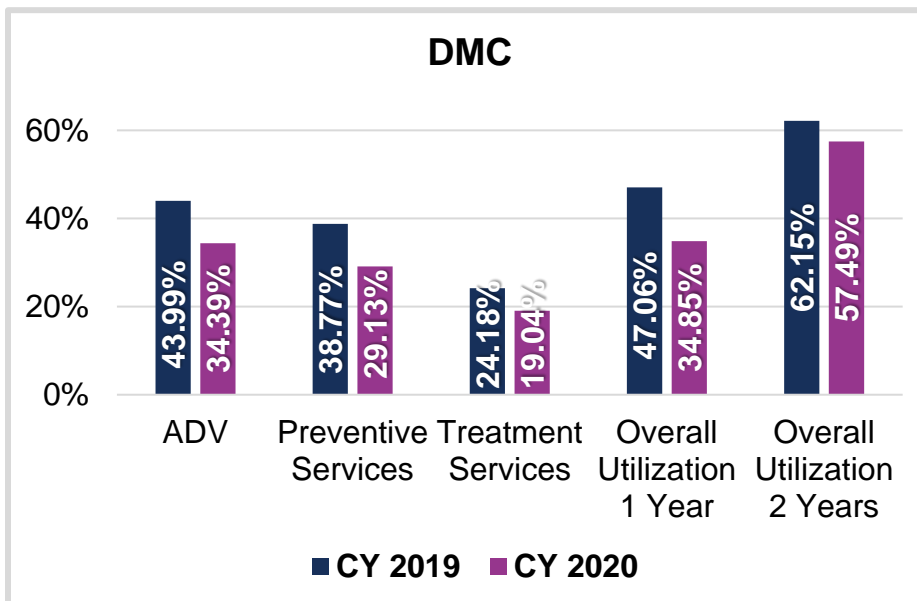
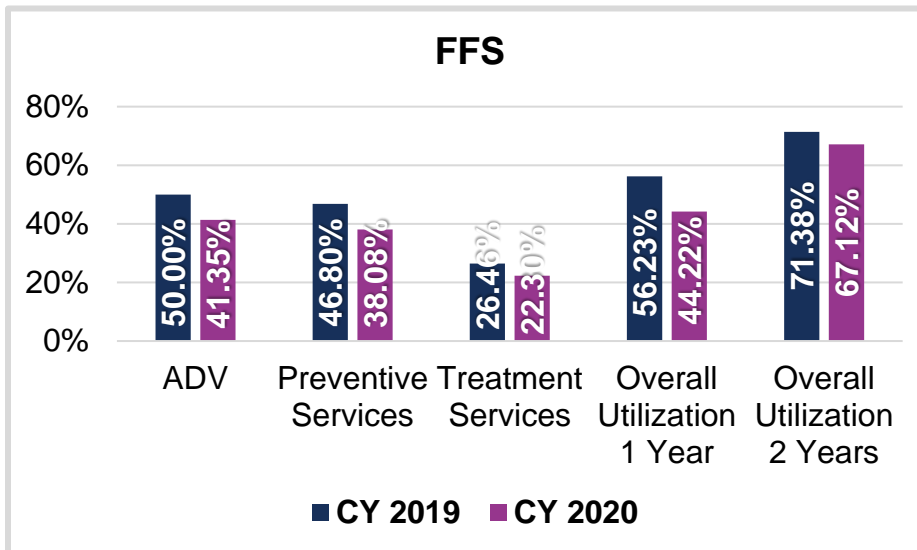
Treatment Services: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received at least one dental treatment (CDT D2000-D9999), including encounters at SNCs.

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 2020 data are preliminary and may change. Please refer to the [High Level](#), [FFS](#), and [DMC](#) performance measures on the Medi-Cal Dental webpage for more information.

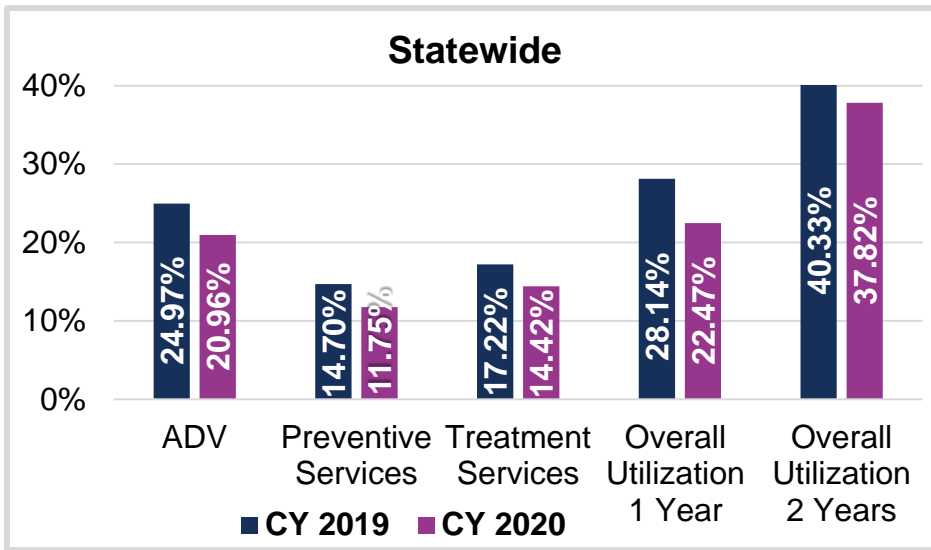
Source: DHCS Data Warehouse as of July 2021.





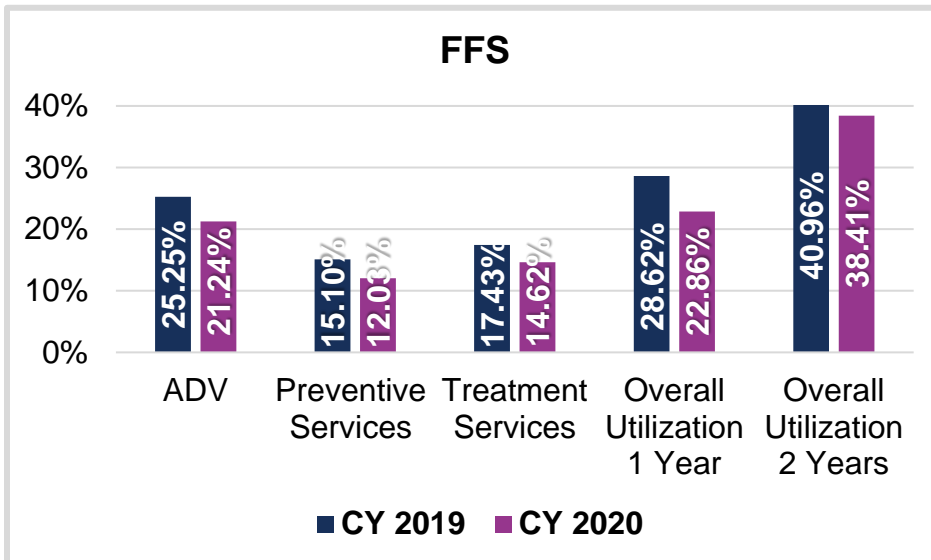
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Utilization in Ages 21+



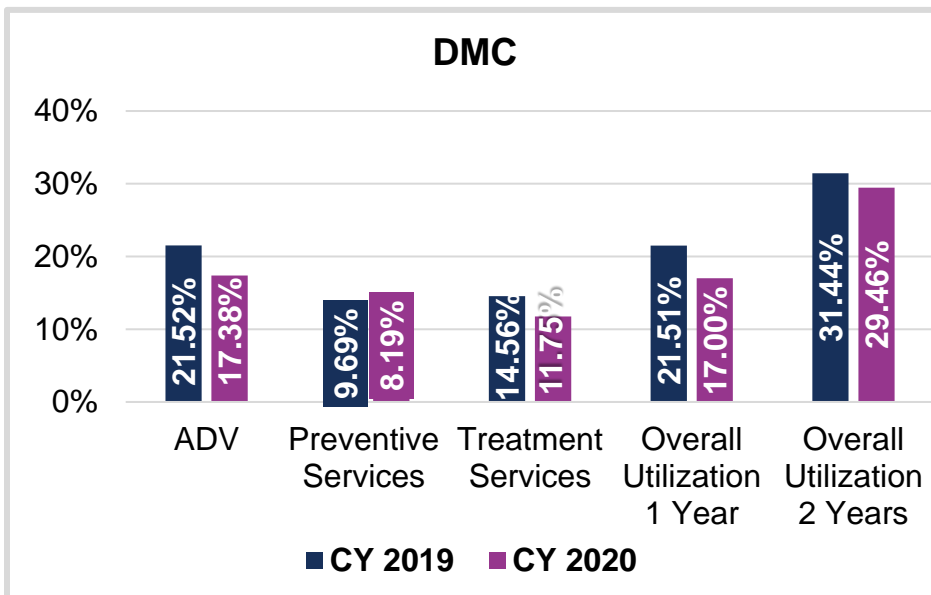
ADV: Percentage of beneficiaries enrolled in the same dental plan for at least three continuous months who received any dental service (CDT D0100-D9999), including encounters at SNCs.

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.



CY 2020 data are preliminary and may change.

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

Source: DHCS Data Warehouse as of July 2021.



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Statewide Top Five Procedure Counts*: Ages 0-20, CY 2020

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^P	6,258,157	187,856	6,446,013
Diagnostic	D0120 ^P	1,480,879	85,816	1,566,695
Diagnostic	D0272 ^P	860,446	27,636	888,082
Diagnostic	D0350 ^P	728,878	16,946	745,824
Diagnostic	D0220 ^P	531,804	81,715	613,519
Preventive	D1120 ^d	2,012,766	94,960	2,107,726
Preventive	D1208 ^d	1,449,286	48,901	1,498,187
Preventive	D1351 ^d	1,190,131	63,676	1,253,807
Preventive	D1206 ^d	515,761	53,176	568,937
Preventive	D1310 ^d	466,734	46,346	513,080
Treatment	D9993 ^d	466,800	26,993	493,793
Treatment	D7140 ^P	428,717	19,751	448,468
Treatment	D2392 ^P	386,493	26,829	413,322
Treatment	D2930 ^P	389,890	15,561	405,451
Treatment	D2150 ^P	392,500	8,572	401,072
All Services	D0230 ^P	6,258,157	187,856	6,446,013
All Services	D1120 ^d	2,012,766	94,960	2,107,726
All Services	D0120 ^P	1,480,879	85,816	1,566,695
All Services	D1208 ^d	1,449,286	48,901	1,498,187
All Services	D1351 ^d	1,190,131	63,676	1,253,807

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 July 30, 2021. CY 2020 data are preliminary and may change as more claims are received.
* FFS and DMC, not including SNC.

Statewide Top Five Procedure Counts*: Ages 21+, CY 2020

Procedure	CDT	FFS	DMC	Total
Diagnostic	D0230 ^P	1,818,055	60,334	1,878,389
Diagnostic	D0150 ^P	559,234	44,214	603,448
Diagnostic	D0210 ^P	389,497	31,157	420,654
Diagnostic	D0120 ^P	305,135	25,059	330,194
Diagnostic	D0220 ^P	277,215	48,721	325,936
Preventive	D1110 ^P	498,330	28,033	526,363
Preventive	D1208 ^P	265,021	8,414	273,435
Preventive	D1206 ^P	129,891	9,309	139,200
Preventive	D1999	561	18,372	18,933
Preventive	D1330	**	11,209	11,209
Treatment	D7210 ^P	386,465	29,453	415,918
Treatment	D4341 ^a	287,043	28,313	315,356
Treatment	D9430 ^P	279,495	26,797	306,292
Treatment	D7140 ^P	226,191	13,099	239,290
Treatment	D2392 ^P	204,884	16,033	220,917
All Services	D0230 ^P	1,818,055	60,334	1,878,389
All Services	D0150 ^P	559,234	44,214	603,448
All Services	D1110 ^P	498,330	28,033	526,363
All Services	D0210 ^P	389,497	31,157	420,654
All Services	D7210 ^P	386,465	29,453	415,918

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 – that 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 July 30, 2021. CY 2020 data are preliminary and may change as more claims are received.
* FFS and DMC, not including SNC.
**Not billable.