California Medi-Cal Dental Program

Denti-Cal Bulletin

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PROGRAM ENROLLMENT

This bulletin contains the application requirements for participation in the California Medi-Cal Dental Program. The following forms and documents must be completed and approved prior to enrollment in the Medi-Cal Dental Program and prior to treating Medi-Cal beneficiaries.

To prevent enrollment processing delays, please follow these guidelines:

Medi-Cal Dental Provider Number Request (DC-005)

The Medi-Cal Dental Provider Number Request (DC-005) form and the Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form are required to request any of the following actions:

- Individual dental provider with sole ownership, requesting to apply for a Medi-Cal Dental billing provider number;
- Individual dental provider with a current Medi-Cal Dental billing provider number, requesting to add an additional place of practice, utilizing a different Tax Identification Number (TIN);
- A current Medi-Cal Dental billing provider with sole ownership, requesting to add an additional place of practice as a new corporation and/or new partnership;
- A current Medi-Cal Dental billing provider, individual practice, requesting to add rendering provider(s) to become a group practice;
- Schools, clinics and universities requesting to enroll a new practice;
- Hygienists, non-profit organizations, mobile practices, and out-of-state providers opening a new practice, applying for a Medi-Cal Dental billing provider number;
- Two or more dentists working in the same location, requesting to enroll as a group provider;
- Currently enrolled group or individual practice, changing the enrollment status, for example:
  - Dissolution of partnership;
  - A change from sole proprietor to partnership;
  - A change from group to single practice.

It is the responsibility of each Medi-Cal Dental Program billing provider to enroll all rendering providers in each service office prior to treating Medi-Cal beneficiaries. If an un-enrolled rendering provider performs services on a Medi-Cal beneficiary, payment for those services billed will be denied.

The following documents must be submitted along with the completed Medi-Cal Dental Provider Number Request (DC-005) form package:

- Valid legible copy of the current Dental License(s) issued by the Dental Board of California (DBC) (mandatory);
- Valid legible copy of the current driver's license or state-issued identification card for all rendering provider(s) (mandatory);

- Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form for each rendering provider. (Include copies of driver's license or state-issued identification card of providers/business owners with five percent or more controlling interest in the dental practice) (mandatory). If additional forms are needed, a photocopy is acceptable, **however original signatures are required (blue ink preferred);**
- Valid legible copy of each billing and rendering provider(s) Narcotics License Certification issued by the Drug Enforcement Agency (DEA) (if applicable);
- Valid legible copy of each billing and rendering provider(s) Anesthesia Permit issued by the appropriate licensing agency (if applicable);
- Valid legible copy of all appropriate certifications for each billing and rendering provider(s) for the Dental Specialty (if applicable);
- Federal Employer Identification Number (EIN) or Tax Identification Number (TIN) (Form 941, 147-C, SS-4 (Confirmation Notification), 2363, or 8109C) (if applicable);
- Form W-9 (only required if filing taxes with a Social Security Number (SSN);
- Copy of the current lease agreement (if applicable);
- Valid legible copy of the Fictitious Name Permit (if applicable);
- Valid legible copy of the Articles of Incorporation (if applicable);
- Valid legible copy of the Partnership Agreement (if applicable);
- Valid legible copy of the Business License issued by the city or county (if applicable);
- Valid legible copy of the Management Agreement (if applicable).

Additional Service Office Information (DC-011)

Medi-Cal Dental providers are required to notify the Medi-Cal Dental Program of any additional service office locations. To add an additional service office location to a Medi-Cal Dental billing provider number, licensed dentists/hygienists who have ownership or controlling interest in any office other than the primary location must obtain an Additional Service Office Permit issued by the Dental Board of California. An Additional Service Office Permit must be included along with the completed Additional Service Office Information (DC-011) form.

The Additional Service Office Information (DC-011) form and the Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form are required when requesting any of the following actions:

- Sole proprietor, adding additional service office location(s) with no change to the existing type of practice or business;
- Group provider, adding additional service office location(s) with no change to the existing type of practice or business.

The Additional Service Office Information (DC-011) form, and the following documents must be returned:

- Valid legible copy of the Additional Service Office Permit (issued by the Dental Board of California);
- Valid legible copy of each billing and rendering provider's Dental License(s) issued by the Dental Board of California (DBC) (mandatory);
- Valid legible copy of Driver's license or state-issued identification card for each rendering provider(s) (mandatory);
- Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form for each billing and rendering provider. (Include copies of driver's license or state-issued identification card of providers/business owners with five percent or more controlling interest

in the dental practice (mandatory)). If additional forms are needed, a photocopy is acceptable, **however, original signatures are required (blue ink preferred);**

- Valid legible copy of each billing and rendering provider(s) Anesthesia Permit issued by the appropriate licensing agency (if applicable);
- Valid legible copy of all dental specialty certifications for each billing and rendering provider(s) (if applicable);
- Federal Employer Identification Number (EIN) or Tax Identification Number (TIN) (Form 941, 147-C, SS-4 (Confirmation Notification), 2363, or 8109C) (if applicable);
- Form W-9 (only required if filing taxes with a Social Security Number (SSN);
- Copy of the current lease agreement (if applicable);
- Valid legible copy of the Fictitious Name Permit (if applicable);
- Valid legible copy of the Articles of Incorporation (if applicable);
- Valid legible copy of the Partnership Agreement (if applicable);
- Valid legible copy of the Business License issued by the city or county (if applicable);
- Valid legible copy of the Management Agreement (if applicable).

Do not complete the DC-011 if you are making a business entity change that involves proprietorship, partnership, corporation or a change to the type of practice. A Medi-Cal Dental Provider Number Request (DC-005) form must be completed for these types of actions.

Medi-Cal Dental Provider Information Change/Deletion Request (DC-012)

The Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form is required when making the following changes to an existing Medi-Cal Dental billing provider number:

- Change pay-to office address;
- Change service office address and/or telephone number. These changes require the following documents:
  - Valid copy of current lease agreement for the new service office location;
  - Valid legible copy of the Business License issued by the city or county (if applicable);
  - Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form for each billing and rendering provider. (Include copies of driver's license or state-issued identification card of providers/business owners with five percent or more controlling interest in the dental practice (mandatory)). If additional forms are needed, a photocopy is acceptable, **however, original signatures are required (blue ink preferred);**
- When adding a rendering provider to more than one service office location, a completed Medi-Cal Dental Provider Information Change/Deletion Request (DC-012) form and a Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form are required for each rendering provider being added to each service office location;
- Group practice(s) deleting a rendering provider from a service office;
- Group practice(s) adding a rendering provider to a service office;
- When adding a rendering provider the following documents are required:
  - Valid legible copy of each rendering provider(s) Dental License(s) issued by the Dental Board of California (DBC) (mandatory);
  - Valid legible copy of each rendering provider(s) driver's license or state-issued identification card (mandatory);
  - Valid legible copy of each rendering provider(s) Narcotics License issued by the Drug Enforcement Agency (DEA) (if applicable);

- Valid legible copy of each rendering provider(s) Anesthesia Permit issued by the appropriate licensing agency (if applicable);
- Valid legible copy of all dental specialty certifications for each rendering provider(s) (if applicable);
- Medi-Cal Provider Disclosure Statement of Significant Beneficial Interests (DC-013) form for each rendering provider. (Include copies of driver's license or state-issued identification card of providers/business owners with five percent or more controlling interest in the dental practice (mandatory)). If additional forms are needed, a photocopy is acceptable, **however, original signatures are required (blue ink preferred);**
- Valid legible copy of the Management Agreement (if applicable);

- When changing the Tax Identification Number (TIN) or Employer Identification Number (EIN), submit a valid legible copy of the official Internal Revenue Service (IRS) Form 941, Form 8109-C, Form 147-C, Form SS-4 (Confirmation Notification), or Form 2363 document to verify your name and TIN (business name must match name on the document(s);
- When changing a Business Name (if incorporated, submit a valid legible copy of the Articles of Incorporation verifying the name of the corporation. If said corporation is also doing business under a fictitious name, a copy of the Fictitious Name Permit issued by the Dental Board of California must also be attached) (name must match name on the document(s)).

Do not complete the DC-012 if you are making a business entity change that involves proprietorship, partnership, corporation or a change to the type of practice. A Medi-Cal Dental Provider Number Request (DC-005) form must be completed for these types of actions.

The application(s) will be returned as incomplete for any of the following reasons:

- Photocopies of signatures and/or signature stamps;
- Required documents, missing or incomplete;
- Correction fluid and/or correction tape.

Corrections to the enrollment applications and any other forms or documents may be made by lining through the incorrect information, entering the correct information, and initialing and dating the correction. **Signatures must be original, blue ink preferred, and not altered with correction fluid or correction tape.**

Continued Enrollment in the Medi-Cal Dental Program

In order to remain actively enrolled in the Medi-Cal Dental Program, providers must comply with all enrollment requirements.

Medi-Cal Dental Program providers will automatically be inactivated from the Medi-Cal Dental Program if any of the following occurs:

- Dental license is expired, revoked, inactivated, denied renewal, or suspended by the Dental Board of California;
- Twelve months with no claim activity in the Medi-Cal Dental Program;
- Mail is returned by the post office marked "Undeliverable" due to incorrect address.

Upon inactivation, providers will be required to re-apply in the Medi-Cal Dental Program.

To ensure you receive the most current enrollment application and information, please request an application by calling Provider Services at (800) 423-0507.