

Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars:

Want to learn more about the Denti-Cal program? Come to one of our training seminars. Go to our website to [Reserve Your Spot](#).

Pasadena
Workshop/D356 - Jan. 12, 2012

Santa Clara
Basic EDI/D357 - Jan. 26, 2012

Santa Clara
Advanced/D358 - Jan. 27, 2012

Submitting Diagnostic Casts

Diagnostic Casts (D0470)

Providers are reminded that diagnostic casts/study models must be of diagnostic quality. To meet diagnostic requirements, casts must be properly poured and adequately trimmed to allow placement into centric occlusion. No large voids or positive bubbles should be present. Casts should be completely dry to prevent mold from forming. A bite registration or the markings of occlusion must be clearly indicated, making it possible to properly occlude the casts.

Careful packaging will help ensure that the casts arrive at Denti-Cal in good condition. Denti-Cal receives many broken and damaged casts due to poor packaging, which causes processing delays. Use a box that has sufficient packaging material (such as Styrofoam “peanuts,” shredded newspaper, “bubble wrap,” etc.) so that the casts will not be jarred or bumped during shipping. Also, place packaging materials between the upper and lower arches to prevent rubbing and possible chipping and breakage of the teeth. Additionally, diagnostic casts should be clearly labeled with proper identification so they can be matched with the correct TAR. This identification should clearly indicate:

- the patient's name,
- Client Index Number (CIN) or Benefits Identification Card (BIC) number, and
- the dentist's name.

If the casts are received without patient identification, they will be destroyed.

Only duplicate or second pour diagnostic casts should be sent to Denti-Cal. The casts will not be returned. Diagnostic casts of denied cases will be kept in the Denti-Cal office for 30 days following a denial and up to one year off-site to enable the provider to request a reevaluation.

Do not mail diagnostic casts in the same envelope or mailing container as the claim for the diagnostic casts and the TAR for orthodontic treatment. The diagnostic casts should be packaged separately for mailing to Denti-Cal at the same time as the claim and TAR to the address on the Claim/TAR form (Denti-Cal PO Box 15610 Sacramento, CA95852-0610). Unless otherwise directed, do not send casts to alternate addresses as they can be misdirected or lost.

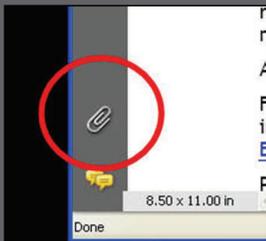
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HIGHLIGHT: No Claim Activity

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 (a) which reads as follows:

The department shall deactivate, immediately and without prior notice, the provider's number, including all business addresses used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Denti-Cal Program, please click on the paperclip icon on the lower-left corner of the Adobe Acrobat Reader window to find the No Claim Activity form:



After completing the No Claim Activity form please mail it to:

Denti-Cal
California Medi-Cal Dental Program
PO Box 15609
Sacramento, CA 95852-0609

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package contact Denti-Cal toll-free at (800) 423-0507.

Diagnostic Casts Are Not Accepted Unless Required or Requested

Denti-Cal will accept diagnostic casts for cases involving orthodontia, oral surgery and maxillofacial procedures only. Diagnostic casts submitted for all other procedures (crowns, prosthetics, etc.) will be discarded unless Denti-Cal specifically requested the models to evaluate the claim or authorization request.

Narrative documentation radiographs and/or photographs are sufficient documentation for other procedures. To be considered adequate, narrative documentation should be as specific as possible and radiographs must be of diagnostic quality.

For more information on diagnostic casts/study models, please see "[Section 9: Special Programs](#)" in the Provider Handbook or call Denti-Cal Telephone Service Center at (800) 423-0507.

Health Insurance Portability and Accountability Act (HIPAA) Transaction Standards

Electronic Data Interchange (EDI) Certification Process

Denti-Cal is moving forward to comply with regulations established by the Health Insurance Portability and Accountability Act (HIPAA). The current electronic data format accepted by Denti-Cal is Version 4010A1 of the ASC X12 standards. In January 2012, Denti-Cal will accept EDI claims (ASC X12N 837) and claim status transaction sets (ASC X12N 276) in the newer Version 5010 format from certified trading partners. In addition, Denti-Cal will begin sending EDI remittance advice (ASC X12N 835) and claim status response (ASC X12N 277) transaction sets only in the newer Version 5010 format to all trading partners who currently receive those transactions.

EDI trading partners are required to undergo certification for the 5010 format before any production claim data will be accepted by Denti-Cal. However, if a provider is submitting claims electronically through its contracted clearinghouse, only the clearinghouse must be certified.

After January 2012, Denti-Cal will continue to accept electronic documents in the 4010A1 format from those who have not yet been certified for the 5010 format.

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Technical Specifications (EDI Companion Guides)

All documents submitted electronically must be compliant with the applicable transaction standard. Requirement guidelines for the EDI X12 transactions are explained in the X12 Technical Report Type 3 (TR3) documents (previously referred to as Implementation Guides), published by Washington Publishing Company (WPC). TR3s are available on the WPC website (wpc-edi.com).

The final Transaction Companion Guides, to be used in conjunction with the applicable TR3, are now available on the Denti-Cal website. They include changes unrelated to the 5010 conversion that represent a change from Denti-Cal's 4010A1 processing and should be carefully reviewed.

Testing

Clearinghouses and providers submitting directly to Denti-Cal are required to undergo certification for the X12 Version 5010 format before any production claim data will be accepted. Several trading partners have initiated or are nearing completion of testing.

Providers who submit claims electronically through clearinghouses will not be required to undergo certification individually. They should, however, check with their clearinghouse to verify that certification with Denti-Cal is underway or has been completed.

Denti-Cal began providing a test X12N 835 transaction to trading partners currently receiving the 4010A1 835 transaction on November 14, 2011. As of January 12, 2012 only the 5010 version will be made available.

For additional information regarding HIPAA, please refer to the following websites:

- ◆ Medi-Cal website:
files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_m.asp
- ◆ Department of Health Services Office of HIPAA Compliance:
dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/default.aspx
- ◆ Department of Health and Human Services:
aspe.hhs.gov/admsimp/
- ◆ Washington Publishing Company:
wpc-edi.com

For more information, please contact Provider Services toll-free at (800) 423-0507, or (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

HIPAA Transaction Standards – Version 5010

Summary of Significant Changes Specific to Denti-Cal

837 Transaction:

The business use of the 837 transaction does not support the submission of data corrections to documents which have not been fully adjudicated. As a result, electronic RTDs will no longer be processed when submitted with version 5010 of the 837 transaction.

The repeat of the Billing Provider Secondary Identification segment has been reduced from 5 to 1. As a result, providers with a non sub-parted NPI are encouraged to use this segment in version 5010 to identify the billing service office number to prevent payment delays.

Providers can no longer submit a note at the service line level of the transaction. If it is necessary to provide a procedure code description, one may be sent in the new Procedure Description field that has been added to the transaction with version 5010.

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The space allocated to submit claim notes in version 5010 has been significantly reduced from 1600 bytes to 400 bytes. In an effort to maximize the space available for clinical remarks, Denti-Cal is requiring the Other Coverage Carrier's Name and Address as well as the Service Facility Name and Address be sent in the appropriate transaction location with Version 5010. Please note, Service Facility Phone Numbers will continue to be submitted in the notes section when required.

When all services submitted with an 837 transaction have been rendered, providers may send a date of service at the claim header level with version 5010 transactions. Be aware when a date of service is submitted at the claim header level it will apply to all service lines.

With version 5010 transactions Denti-Cal will support processing of rendering provider information submitted at the claim header level. When a rendering provider ID is submitted at the claim header level, it will be applied to all dated service lines - unless additional rendering provider information is submitted at the service line level. When information is sent at the service line level it will be used regardless of whether data has been sent at the claim header level.

Note: Failure to submit rendering provider information at either the claim header or service line level with 5010 transactions will be viewed as certification that the billing provider was also the rendering provider. When a transaction is submitted without rendering provider information, the submitted billing provider information will be applied to all service lines and the document processed accordingly.

835 Transaction:

Beginning with version 5010, Payer Technical Contact Information will be provided within the transaction.

The Place of Service Code submitted with the 837 transaction will be returned to providers in the transaction.

276 and 277 Transactions:

The Patient Control Number has been added to the 276 transaction as a possible Claim Status Tracking Number. If this data is submitted with the 276 transaction, it will be returned in the 277 transaction.

A Claim ID Number for Clearinghouses and Other Transmission Intermediaries has also been added to the 276 transaction as a possible Claim Status Tracking Number. If this data is submitted with the 276 transaction, it will be returned in the 277 transaction.

Providers are reminded the only acceptable provider ID for electronic document submission is an NPI. Failure to submit an NPI may result in document rejection.

For more detailed Summaries, call (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

Registering and Using the National Provider Identifier (NPI)

All providers are required to obtain a National Provider Identifier (NPI) prior to enrolling in the Medi-Cal program. Denti-Cal continues to encourage currently enrolled providers to obtain, register with Denti-Cal, and use their National Provider Identifier (NPI). Providers who do not have an NPI are strongly encourage to request one from the National Plan and Provider Enumeration System (NPPES) Web site: <https://nppes.cms.hhs.gov>.

Registering Your NPI

Before providers can use their NPI on Denti-Cal forms, both the billing NPI and rendering NPI must be registered with Denti-Cal. Providers can register their NPI in one of two ways:

- **Online via the Denti-Cal NPI Collection System.** To expedite NPI registration, register via the Denti-Cal NPI Collection System found on the Denti-Cal website. Go to <http://www.denti-cal.ca.gov> and click on the National Provider Identifier (NPI) tab, and then on the [Register Your NPI](#) link. Print the confirmation page from the website as a record of registration. After completing the registration process, please allow three (3) business days prior to submitting documents with the NPI.
- **Using the NPI Registration Form DHS 6218.** To obtain the paper NPI Registration Form [DHS 6218](#) and instructions on how to register your NPI, visit the Denti-Cal website at <http://www.denti-cal.ca.gov> and click on the National Provider Identifier (NPI) tab, and then on the [Register Your NPI](#) link.

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Remember to retain a copy of the letter received from Denti-Cal as a record of registration. *Providers should not use their NPIs when submitting documents for authorization or payment until they have received a confirmation letter from Denti-Cal, which can take up to 15 business days.*

For questions about the Denti-Cal NPI Collection System or registration of the NPI, please call Denti-Cal toll-free at (800) 423-0507.

Using an NPI

Denti-Cal providers are to use their registered NPI on the following forms:

- ◆ Treatment Authorization Request/Claim (DC-202, DC-209, DC-217)
- ◆ Claim Inquiry Form (DC-003)
- ◆ Forms Reorder Request (DC-204)
- ◆ Notice of Authorization (DC-301)

Unregistered NPI Can Lead to Denied Claims

Claims with an unregistered NPI will be denied with Adjudication Reason Code 319A, which reads as follows:

- 319A** The submitted rendering provider NPI is not registered with Denti-Cal. Prior to requesting re-adjudication for a dated, denied procedure on a Claim Inquiry Form (CIF), the rendering provider NPI must be registered with Denti-Cal.

To avoid denials on claims due to unregistered NPI, providers should wait for confirmation of registration before using the NPI.