

Denti-Cal California Medi-Cal Dental Bulletin

September 2012
Volume 28 , Number 13

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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](#).

San Diego
Basic & EDI/D394- Sept. 13, 2012

Long Beach
Ortho/D395 - Sept. 14, 2012

Adjudication Reason Code 377A Updated

Procedure D4910 (periodontal maintenance) and procedure D9410 (house/extended facility care facility call) are payable benefits when the beneficiary resides in a certified intermediate care facility or a skilled nursing facility. When the beneficiary's residence is not a qualifying facility, procedure D4910 and procedure D9410 will be denied with the updated Adjudicated Reason Code 377A which reads as follows:

377A Procedure requested is not payable when the patient resides in an intermediate care facility (ICF) or a skilled nursing facility (SNF) that is not licensed pursuant to Health and Safety Code (H&S Code) Section 1250-1264.

Tips for Treating Beneficiaries in an ICF or SNF

When treating beneficiaries who reside in these facilities, providers are reminded of the following:

Check the following website for qualifying SNF and ICF facilities:

<http://hfcis.cdph.ca.gov/servicesAndFacilities.aspx>.

- ◆ All procedures, except for diagnostic or emergency procedures, require prior authorization when rendering treatment to facility beneficiaries, regardless of where the beneficiary is actually being treated.
- ◆ Include all of the required documentation on the claim or TAR:
 - Use place-of-service (POS) 4 or 5 only, *regardless of where the beneficiary is being treated*
 - Indicate the name, address and phone number of the facility where the beneficiary actually resides in Box 34

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Tips for Claims Processing

Denti-Cal continually strives to decrease claims processing time, improve responsiveness to provider and beneficiary inquiries, and increase adjudication accuracy. To aid in this, providers are reminded to follow these guidelines to ensure optimum results and avoid denials.

Please DO	Please DO NOT
<ul style="list-style-type: none"> • Use only Denti-Cal provided forms • On the TAR/Claim form, leave boxes 11 through 18 blank, unless indicating “yes.” OCR reads any mark in boxes 11 through 18 as a “yes”, even if the answer is “no.” • Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters, black ink, and stay within the field boundaries. • Use a 10 point, non-proportional, plain font (such as Arial), and use all capital letters. • Use a 6-digit date format without dashes or slashes, e.g., mmddyy (123109) • Print within the lines of the appropriate field • Submit notes and attachments on 8 ½” by 11” paper. Small attachments must be taped to standard paper in order to go through the scanner. • Submit notes and attachments on one side of the paper only. Double-sided attachments require copying and additional preparation for the scanners which will cause delays in adjudication. • Enter quantity information in the quantity field. OCR does not read the description of service field to pick up the quantity. • On the TAR/Claim form, complete boxes 19 and 20. Enter the complete Billing Provider Name and NPI Number to ensure appropriate payment to the correct billing number. • Remember that the following TAR/Claim forms are no longer available and should not be used: DC-002A, DC-002B, DC-009A, DC-009B, DC-017A, and DC-017B • Apply a handwritten signature in blue or black ink 	<ul style="list-style-type: none"> • Use correction fluid or tape • Use Italics or script fonts • Mix fonts on the same form • Use arrows or quote/ditto marks to indicate duplicate dates of service, National Provider Identifier (NPI), etc. • Use dashes or slashes in the date fields • Print slashed zeros • Use photocopies of any Denti-Cal forms • Use highlighters or highlight field information (this causes field data to turn black and become unreadable) • Enter quantity information in the description of service field • Put notes on the top or bottom of forms • Fold any forms • Use labels, stickers, or stamps on any Denti-Cal forms • Use rubber signature or “signature on file” stamps • Place additional forms, attachments, or documentation inside the X-ray envelope. This will cause a delay in adjudication and processing.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program for one year 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

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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 complete the No Claim Activity form attached to this bulletin and 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, or download the Denti-Cal application forms from the Denti-Cal web site at www.denti-cal.ca.gov.

Registering and Using the National Provider Identifier (NPI)

All providers (billing and rendering) 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 NPI. Providers who do not have NPIs are strongly encouraged 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 Web site. 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 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 Web site at <http://www.denti-cal.ca.gov> and click on the National Provider Identifier (NPI) tab, and then on the [Register Your NPI](#) link. After submitting the NPI Registration Form, please allow up to 15 business days to receive a confirmation letter that your NPI number has been registered with Denti-Cal.

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 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.

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Using Your 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 NPIs 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.

Submit Claims and TARs Electronically Through Electronic Data Interchange (EDI)

EDI enrollment allows providers to send Treatment Authorization Requests (TARs), claims and Notices of Authorization (NOA) for payment over the telephone line or through File Transfer Protocol (FTP) directly from the office or through a billing intermediary or clearinghouse to Denti-Cal. EDI-enrolled providers can also receive the Notice of Authorization (NOA) and Resubmission Turnaround Document (RTD) forms electronically. Submitting claims electronically reduces processing time for claims, makes billing and tracking documents easier, and helps maximize computer capabilities.

In conjunction with the forms mentioned above, Denti-Cal accepts digitized radiographs and attachments submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Providers must apply and be approved by Denti-Cal to participate in the EDI program. Denti-Cal will send the provider a letter confirming the provider's EDI enrollment.

A provider submitting claims electronically is required to undergo certification for the Health Insurance Portability and Accountability Act (HIPAA)-compliant format. If a provider is submitting claims electronically through a contracted clearinghouse, only the clearinghouse must be certified. In this case, a provider must ensure that its contracting clearinghouse has been certified through Denti-Cal, prior to submitting claims.

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, please call EDI Support at (916) 853-7373. Requests may also be sent by e-mail to denti-caledi@delta.org. Providers may also access EDI enrollment forms and How-To Guides from the Denti-Cal Web site: www.denti-cal.ca.gov/WSI/Prov.jsp?fname=EDI.

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For Faster Denti-Cal Payments, Enroll in Direct Deposit Today!

Denti-Cal encourages providers to enroll in the direct deposit program. With direct deposit, Denti-Cal automatically deposits payments into a provider's designated savings or checking account, which means:

- ◆ No more lost or misdirected checks
- ◆ No more waiting for checks to arrive in the mail
- ◆ No more trips to the bank
- ◆ Payments are available faster

To participate in the program, providers must complete and sign the attached [Direct Deposit Enrollment Form](#). Providers can also obtain a form by calling the Telephone Service Center at (800) 423-0507, or by writing to Denti-Cal at this address:

Denti-Cal
Attn: Provider Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

The back of the form contains instructions for completing the Direct Deposit Enrollment Form. The Direct Deposit Enrollment Form must include the following:

- ◆ The provider's original signature (in blue ink)
- ◆ A preprinted, voided check attached to the form

Providers must mail the completed form to Denti-Cal at the address shown above.

Upon receipt of the Direct Deposit Enrollment Form, Denti-Cal sends a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in "[Section 3: Enrollment Requirements](#)" of the provider Handbook.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.



PO Box 15609
Sacramento, CA
95852-0509
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