

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.

Novato
Basic & EDI/D401 - Nov. 1, 2012

Novato
Advanced/D402 - Nov. 2, 2012

Bakersfield
Basic & EDI/D403 - Nov. 13, 2012

Pasadena
Workshop/D404 - Nov. 14, 2012

National City
Basic & EDI/D405 - Nov. 29, 2012

National City
Advanced/D406 - Nov. 30, 2012

Important Reminders Regarding Radiographs/Photographs

Original radiographs must be a part of the patient's clinical record and must be retained by the provider at all times.

Radiographs and photographs must be made available for review upon the request of the Department of Health Care Services (DHCS) or any other agency or department with authority to review Denti-Cal services. When patient records of treatment are requested, diagnostic duplicates of all included radiographs and photographs must also be submitted. As indicated in the Manual of Criteria section in the Provider Handbook, the radiographs and photographs must be of diagnostic quality, properly mounted, and labeled with the date they were taken. In addition, the provider's name and billing number, the patient's name, and the right and left sides of the patient's mouth must be clearly indicated.

Submitted radiographs and photographs are not automatically returned by Denti-Cal. If radiographs and photographs are to be returned, use pre imprinted or typed return addressed X-ray envelopes with the address clearly legible and indicates "Do Not Recycle" on the front.

Upon post payment review of patient records, Denti-Cal can make a recovery for overpayments for missing and non-diagnostic radiographs, and for any procedures where payment was contingent upon the review of the missing or non-diagnostic radiographs. Each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.

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Intraoral Occlusal Radiographs

Denti-Cal would like to remind providers that Procedure D0240, Intraoral Occlusal Radiograph, is a specific type of film used for a specific purpose. The film size is 2¼" x 3" (57mm x 76mm), and should be used only in cases of suspected pathology of the maxilla, mandible, or for post traumatic evaluation. The diagnostic image taken should cover a major portion of the maxilla or mandible.

Providers taking an occlusal view using film other than the 2¼" x 3" size should submit claims for Procedure D0220/D0230, Intraoral Periapical.

Procedure D0350 Oral/Facial Images

Procedure D0350 is a photographic image, not a radiograph and is defined as photographic images obtained by intraoral or extraoral cameras. Procedure D0250 and Procedure D0260 are defined as radiographs or diagnostic imaging films taken to evaluate skull or facial bones. Some providers are incorrectly coding and billing Procedure D0350, Oral/Facial Images as Procedure D0250/D0260, Extraoral radiographs. Information about Procedures D0250, D0260, and D0350 can be found in the Provider Handbook, Section 5: Manual of Criteria and Schedule of Maximum Allowances.

Billing for radiographs when photographic images have been taken can lead to denial of claims or TARS, and other actions as appropriate. Providers who continue to bill incorrectly may be subject to punitive action. More information can be found in the Provider Handbook, Section 8: Fraud, Abuse and Quality of Care.

Providers who submit claims and Treatment Authorization Requests electronically may submit digitized radiographs, photographs and other documentation through approved digitized imaging vendors, National Electronic Attachment, Inc. (NEA) or Tesia-PCI, LLC. More information can be found in the Provider Handbook, Section 3: Enrollment Requirements.

Returned Mail/Inactivity Will Deactivate Providers

Providers are reminded that W&I Code Section 14043.62(a) states in part:

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