

Denti-Cal California Medi-Cal Dental Bulletin

April 2012
Volume 28, Number 5

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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](#).

Bakersfield
Basic & EDI/D368 - Apr. 5, 2012

Stockton
Workshop/D369 - Apr. 6, 2012

Burbank
Basic EDI/D370 - Apr. 17, 2012

Burbank
Advanced/D371 - Apr. 18, 2012

Rancho Cucamonga
Workshop/D372 - Apr. 19, 2012

Reminder: Implementation of Current Dental Terminology 2011-2012 (CDT 11-12)

On April 2, 2012 Denti-Cal transitioned to the American Dental Association's Current Dental Terminology 2011-2012 (CDT 11-12). On that date a new Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) was implemented as well.

Please note that providers must use the new CDT 11-12 codes for services rendered with dates of service on or after April 2, 2012.

Providers are also reminded that the Handicapping Labio-Lingual Deviation (HLD) Index California Modification (DC016) Form was updated to reflect the implementation of CDT 11-12. The updated form has a revision date of 06/09 and must be used for services rendered with dates of service on or after April 2, 2012.

More information about the CDT 11-12 transition can be found in [Bulletin Volume 28, Number 2](#) or by calling the Denti-Cal Telephone Service Center at (800) 423-0507.

New Adjudication Reason Code (ARC) 039A and Updated ARC 038

The April 2, 2012 implementation of CDT 11-12 necessitated the creation of Adjudication Reason Code (ARC) 039A. ARC 039A reads as follows:

039A - Preventive resin restoration is only payable for the occlusal, buccal, and/or lingual surfaces.

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ARC 038 was also impacted by the implementation of CDT 11-12. ARC 038 now reads as follows:

038 - Procedure is only a benefit when the tooth surfaces to be sealed are decay/restoration free.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

Digitized Images and Electronic Data Interchange (EDI) Documents

In conjunction with claims and Treatment Authorization Requests (TARs) submitted electronically, Denti-Cal now accepts digitized images submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA), National Information Services (NIS) and Tesia-PCI, LLC.

In order to submit digitized images, providers must apply and be approved to participate in the EDI program. For more information on EDI enrollment, please contact the Denti-Cal Telephone Service Center at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: denti-caledi@delta.org).

Electronic Vendor and Document Specifications

The following documentation related to EDI claims and TARs can be submitted electronically through NEA, NIS or Tesia-PCI, LLC web sites:

<p><i>Images That <u>CAN</u> Be Transmitted:</i></p> <ul style="list-style-type: none"> ▶ Documentation related to claims and TARs to be submitted <i>electronically</i>: <ul style="list-style-type: none"> • Radiographs • Periodontal Evaluation Charts • Justification of Need for Prosthesis Forms (DC-054) • Photos • Narrative documentation (surgical reports, etc.) 	<p><i>Images That <u>CANNOT</u> Be Transmitted:</i></p> <ul style="list-style-type: none"> ▶ Any documentation related to claims and TARs submitted on <i>paper</i>. ▶ CIFs, RTDs or NOAs related to paper <i>or</i> EDI documents
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CLARIFICATION

Referencing Supernumerary Teeth

To indicate permanent supernumerary teeth on Treatment Authorization Request/Claim (TAR/Claim) and/or Notice of Authorization (NOA) forms, continue the tooth numbering with numbers 33 through 40. For primary supernumerary teeth, continue with letters U through Z.

Please see "[Section 6: Forms](#)" of the Provider Handbook to see the appropriate form field to list supernumerary teeth on TAR/Claim and NOA forms.

HIGHLIGHTS

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 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.

- **NEA Users:** Digitized radiographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered on the EDI claim or TAR using the following format: "NEA#" followed by the reference number, with no spaces. For example:

NEA#9999999

It is important to use this format and sequence. Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim.

Questions about this may be directed to NEA at (800) 782-5150 option 3. For NEA enrollment information, visit <http://www.nea-fast.com> and enter promotion code DENTICAL.

- **NIS Users:** Create your claim or TAR. Before transmitting a document electronically, attach your digitized radiographs and periodontal charts. Use your Document Center to scan images, photos, etc. Enter the date images were created in the notes for each attachment.
- **Tesia-PCI, LLC:** Create your claim or TAR. Before transmitting a document electronically, create and attach your digitized images. Each attachment must include the date the images were created.

For NIS information, call (800) 734-5561, select option #1, and option #1 again.

For Tesia-PCI, LLC information, call (800) 724-7240.

For additional information on how to submit reference numbers (also referred to as attachment control numbers), refer to the [Denti-Cal 5010 Transaction Guide](#).

Images should not be transmitted for EDI claims or TARs that are already waiting for radiographs and/or attachments to be mailed. Digitized images of Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs), and Notices of Authorization (NOAs) cannot be processed.

Please note the following Tip Sheets attached to this bulletin. For more information on sending digitized images to Denti-Cal, contact EDI Support at (916) 853-7373.

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Verify Your Tax Identification Number (TIN)

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The business name and TIN must match exactly with the name and TIN on file with the IRS. If the business name and TIN do not match, the IRS requires Denti-Cal to withhold 28% of future payments.

Tax Identification Number

The TIN may either be a Social Security Number (SSN) or an Employer Identification Number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. Please verify that the business name and TIN on the next check/EOB you receive from Denti-Cal are correct. If the business name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

Updating Your Tax Identification Number

Updating your TIN is necessary only if:

- Your legal name and/or TIN are incorrect, a [Medi-Cal Supplemental Changes - DHS 6209 \(Rev. 2/08\)](#) form may be used to make changes if the entity itself has not changed. Please attach a valid, legible copy of a legal document for the name change and/or an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).
- Your business type has changed (for example: sole proprietorship, corporation or partnership) you will be required to complete a new [Medi-Cal Provider Group Application - DHS 6203 \(Rev. 2/08\)](#) or a [Medi-Cal Provider Application - DHS 6204 \(Rev. 2/08\)](#), [Medi-Cal Disclosure Statement - DHS 6207 \(Rev. 11/11\)](#), and [Medi-Cal Provider Agreement - DHS 6208 \(Rev 11/11\)](#).
- You have incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).
- Your corporation is doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

A copy of the Tax Identification Change Information form has been attached to this bulletin. To obtain the other forms mentioned above, please contact the Denti-Cal Telephone Service Center at (800) 423-0507 or visit the Denti-Cal website: www.denti-cal.ca.gov. Failure to submit the appropriate forms and supporting documents will delay the processing of your application and will be returned as incomplete.

For additional information or questions regarding the verification of TINs, please call the Denti-Cal Telephone Service Center at (800) 423-0507.



PO Box 15609
Sacramento, CA
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