

# Denti-Cal California Medi-Cal Dental Bulletin

May 2013  
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## Training Seminars

Reserve your spot for one of our training seminars.

Downey  
Workshop/D424 - May 2, 2013

Sacramento  
Workshop/D425 - May 9, 2013

Orange  
Basic & EDI/D426 - May 15, 2013

Orange  
Advanced/D427 - May 16, 2013

San Diego  
Basic & EDI/D428 - May 22, 2013

San Diego  
Advanced/D429 - May 23, 2013

## Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.  
[Go here for more information!](#)

Next available date:

Wednesday, May 15, 8 am - 4 pm.

## The Payment Error Rate Measurement (PERM) Program

The California Department of Health Care Services (DHCS) wishes to notify all California Medi-Cal dentists of the Payment Error Rate Measurement (PERM) review that is being conducted in California by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS).

The purpose of PERM is to identify erroneous payments made in Medicaid and the Children's Health Insurance Program (CHIP) in all 50 states and report the improper payment estimates to Congress.

CMS has contracted with the Review Contractor (RC) A+ Government Solutions, Inc. to perform the review. The RC will collect the dental records from the providers via secure fax and mail for the sampled claims and will perform the dental and data processing reviews to determine if the claims were paid correctly.

Only approximately 167 Medi-Cal claims will be selected per quarter, between October 1, 2012 and September 30, 2013. Providers whose dental records have been selected for review will begin receiving requests from the RC for copies of the dental records beginning in June 2013 and ending in July 2014.

Providers will also be required to send a duplicate copy of the dental records requested by the RC to DHCS. DHCS is taking this proactive step in order to review the submitted documentation and determine if further information is needed to support the claim. In cases where DHCS determines that the dental records have not been submitted or further information is needed, providers will be contacted by a DHCS representative, either by phone or in person, to help facilitate obtaining copies of this important documentation.

DHCS is urging all providers to comply with requests for dental records from the RC and DHCS. Failure to comply with the request from the RC will result in an error being counted against California, and DHCS will be required to recover the claim payment amount from providers. Your cooperation will help ensure that the payment measurement rate is accurate and that California retains its much needed federal match monies for the Medi-Cal Program.

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CMS is hosting a PERM Provider Education Webinar/Conference Call on June 5, 2013 from 12:00 to 1:00 pm PST. We hope that all Medi-Cal and CHIP providers will take advantage of the opportunity to learn about PERM, receive information about the responsibility of providers selected for PERM review, and ask questions and provide feedback to CMS and DHCS representatives. Please join the meeting using the following Webinar and conference call information:

- ◆ Audio: 1-877-267-1577, Meeting ID# 4964
- ◆ Webinar: <https://webinar.cms.hhs.gov/permcycle2web1/>

For further information about the FY 2013 PERM, visit the CMS PERM website located at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/PERM/Providers.html> or the DHCS PERM website located at [http://www.dhcs.ca.gov/individuals/Pages/AI\\_MRB\\_PERM.aspx](http://www.dhcs.ca.gov/individuals/Pages/AI_MRB_PERM.aspx). Questions about PERM can be directed to the DHCS email address at [PERM@dhcs.ca.gov](mailto:PERM@dhcs.ca.gov).

## Healthy Families Transition

Pursuant to [Assembly Bill \(AB\) 1494](#), (Committee on Budget, Chapter 28, statutes of 2012) (Amended by [AB 1468, Chapter 438](#)), most of the Healthy Families (HFP) enrollees will transition to Medi-Cal as targeted low-income Medicaid children, as allowed under federal law. The transition began on January 1, 2013 and is occurring in four phases; a HFP enrollee's dental services will transition at the same time as their medical coverage. All children, except children residing in Sacramento and Los Angeles Counties, will be provided dental services under Denti-Cal. Children residing in Sacramento County will be provided dental services through a Dental Managed Care plan. Children residing in Los Angeles County will be provided dental services through either a Dental Managed Care plan or Denti-Cal.

### *Sacramento County*

- ◆ All HFP transitioned beneficiaries in Sacramento County will be enrolled into a Dental Managed Care plan. To ensure you can continue to treat these beneficiaries contact your current HFP dental plan.
- ◆ If you would like to contract with any of these plans please contact them, toll free using the [Dental Managed Care Plan Directory](#).

### *Los Angeles County*

- ◆ All HFP beneficiaries enrolled in a HFP dental plan that is also a Medi-Cal Dental Managed Care plan will remain with the same dental plan. To ensure you can continue to treat these beneficiaries contact your current HFP dental plan.
- ◆ If you would like to contract with any of these plans please contact them, toll free using the [Dental Managed Care Plan Directory](#).
- ◆ All HFP beneficiaries enrolled in a HFP dental plan that is **not** a Medi-Cal Dental Managed Care plan will be transitioned into Denti-Cal. To treat these beneficiaries ensure you are enrolled in Denti-Cal.

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## REMINDER!

### Do Not Submit Original Radiographs

According to the accepted standard of dental practice, the fewest number of radiographs needed to provide a diagnosis shall be taken. Original radiographs must be a part of the patient's clinical record and must be retained by the provider at all times. Radiographs are not automatically returned and the original images should be retained by the provider. More information on submitting radiographs can be found in "[Section 2 – Program Overview](#)" in the Provider.

*All Other Counties*

- ◆ All HFP beneficiaries (except as noted above) will be transitioned into Denti-Cal.
- ◆ To treat these beneficiaries ensure you are enrolled in Denti-Cal.
- ◆ If you are currently enrolled in Denti-Cal you may provide services to the Healthy Families Program beneficiaries once they transition.

*Current Denti-Cal Providers:*

- ◆ Ensure you are on the Patient Referral List! Sign up by [clicking here](#), filling out the form, and sending it in.
- ◆ Once these beneficiaries transition into the Medi-Cal program you will need to bill Denti-Cal for dental services provided.
- ◆ If you currently serve Healthy Families Program patients please continue to check eligibility through your normal processes. If the patient is no longer eligible with Healthy Families check their Medi-Cal eligibility.
- ◆ To check Medi-Cal eligibility, please call 1-800-456-2387.

*Not Enrolled in Denti-Cal:*

- ◆ If you would like to continue treating your Healthy Families patients once they transition, you must enroll as stated above, depending on the county.
- ◆ Your enrollment application will be expedited.
- ◆ [Click here](#) for the Enrollment Application Guide which includes direct links to the applicable enrollment forms or call the Provider Customer Service line at 1-800-423-0507 for an enrollment application.
- ◆ When submitting your application, make sure to write HEALTHY FAMILIES on the top of the enrollment form DHCS 6203 or DHCS 6204 in the box labeled 'For State Use Only' to ensure it is expedited.
- ◆ Feel free to call our Provider Customer Service line at 1-800-423-0507 if you have any questions about the enrollment process.

*Key Information Regarding Your Patients:*

- ◆ Before Healthy Families beneficiaries are transitioned they will receive:
  - Notices informing them of transition
  - Medi-Cal Welcome Packet
  - A Beneficiary Identification Card
  - A Confirmation Notice indicating if they are enrolled in a Dental Managed Care plan or Denti-Cal

*Additional Resources:*

- ◆ For more information from the Healthy Families Program, please visit [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov).
- ◆ For Healthy Families Transition updates, please visit your Healthy Families Transition tab at [www.Denti-Cal.ca.gov](http://www.Denti-Cal.ca.gov).

Please revisit the Denti-Cal website for monthly provider bulletins with additional information.

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## Healthy Families Program Transition: Continuing Dental Treatment of Your Healthy Families Program Beneficiaries

In order to ensure continuity of care for Healthy Families Program (HFP) beneficiaries that are transitioning to the Medi-Cal Program, Denti-Cal will honor approved prior authorizations issued by the HFP dental plans if the services provided and billed are covered by the Denti-Cal Program.

### *Current Prior Authorization Process*

The Denti-Cal Program requires prior authorization for certain services prior to treatment being performed by providers. A list of procedures that require prior authorization can be found in the Medi-Cal Dental Program Provider Handbook under the [Manual of Criteria \(MOC\)](#). When a provider submits a claim for payment for services performed, Denti-Cal reviews the claim to ensure required prior authorization was obtained. Services that did not receive the required prior authorization or are not a benefit of the Denti-Cal Program will be denied for payment.

**Whenever possible, providers are encouraged to complete all authorized treatment prior to the transition since not all HFP dental benefits are covered Denti-Cal benefits nor are reimbursable at the same rate.**

### *Applying HFP Prior Authorizations to Medi-Cal Services*

When providers submit claims to Denti-Cal for a service that has an approved prior authorization from an HFP dental plan, providers must do the following to ensure their claim is adjudicated correctly:

- ◆ Confirm the beneficiary that transitioned from the HFP is eligible for Medi-Cal prior to performing the service.
- ◆ Confirm that the planned service is a covered benefit within Denti-Cal. (You can confirm the service is an approved Medi-Cal service by clicking here: [MOC](#).)
- ◆ If the prior authorization issued by the HFP is not for a covered Denti-Cal service, confirm there is a comparable covered Denti-Cal procedure. (See HFP Prior Authorization to Denti-Cal Benefit Crosswalk table below).
- ◆ Provide services within the HFP dental plan's approved authorization period.
- ◆ Services must be performed by **an enrolled Denti-Cal provider**.
- ◆ When submitting claims for payment, submit a copy of the approved prior authorization.

**Note:** For providers submitting claims with approved prior authorizations from a HFP dental plan through Electronic Data Interchange (EDI), providers must indicate that an attachment is being provided or include a digitalized image reference number assigned to a scanned copy of the HFP prior authorization.

- ◆ Claims for payment will be made as stipulated in the [Denti-Cal Schedule of Maximum Allowances \(SMA\)](#) in the Provider Handbook.

**If a provider has an approved prior authorization from a HFP dental plan for a service that is not a covered Denti-Cal procedure or crosswalked in the list below, Denti-Cal will not accept the approved prior authorization and the procedure will be denied. For example:**

- ◆ If an approved prior authorization is for CDT 11-12 Code D2542 (Onlay – metallic – two surfaces), Denti-Cal will not honor the prior authorization, since onlays are not a covered Denti-Cal service. In this case, a provider will need to:
  - Complete the services listed on the prior authorization before the beneficiary transitions to Medi-Cal, or
  - Submit a new request for prior authorization to Denti-Cal for an approved benefit after the beneficiary transitions to Medi-Cal.

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If a provider receives a denial for payment for a covered Denti-Cal procedure, a Claim Inquiry Form (CIF) can be submitted plus any additional documentation and radiographs pertinent to the procedure for reconsideration.

**If a provider is in the middle of a treatment plan for a beneficiary for a service with an approved prior authorization from a HFP dental plan but that is a non-Medi-Cal service, and the service will not be completed by the time the beneficiary transitions to Denti-Cal, the provider should call the Denti-Cal Provider Customer Service line at 1-800-423-0507 for further information.**

### *HFP Prior Authorization to Denti-Cal Benefit Crosswalk\**

If you have an approved prior authorization from a HFP dental plan for:		To receive payment for claim, you must complete and bill this procedure:	
CDT 11-12 Code	CDT 11-12 Code Description	CDT 11-12 Code	CDT 11-12 Code Description
D2720	Crown - resin with high noble metal	D2721	Crown - resin with predominantly base metal
D2722	Crown - resin with noble metal	D2721	Crown - resin with predominantly base metal
D2750	Crown - porcelain fused to high noble metal	D2751	Crown - porcelain fused to predominantly base metal
D2752	Crown - porcelain fused to noble metal	D2751	Crown - porcelain fused to predominantly base metal
D2780	Crown - 3/4 cast high noble metal	D2781	Crown - 3/4 cast predominantly base metal
D2782	Crown - 3/4 cast noble metal	D2781	Crown - 3/4 cast predominantly base metal
D2790	Crown - full cast high noble metal	D2791	Crown - full cast predominantly base metal
D2792	Crown - full cast noble metal	D2791	Crown - full cast predominantly base metal
D2794	Crown - titanium	D2791	Crown - full cast predominantly base metal
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	D2933	Prefabricated stainless steel crown with resin window
D3353	Apexification/Recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	D3310	Endodontic therapy, anterior tooth (excluding final restoration)
		D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)
		D3330	Endodontic therapy, molar tooth (excluding final restoration)

\*If a provider has an approved prior authorization from a HFP dental plan that is not for a procedure code identified in the left column in the table above, the provider should contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

### *What to Do If You Are Not Enrolled In Denti-Cal:*

- ◆ If you would like to continue treating your Healthy Families patients once they transition, you must enroll, depending on the county.
- ◆ Your enrollment application will be expedited.
- ◆ [Click here](#) for the Enrollment Application Guide which includes direct links to the applicable enrollment forms or call the Provider Customer Service line at 1-800-423-0507 for an enrollment application.
- ◆ When submitting your application, make sure to write **HEALTHY FAMILIES** on the top of the enrollment form [DHCS 6203](#) or [DHCS 6204](#) in the box labeled “For State Use Only” to ensure it is expedited.
- ◆ Feel free to call our Provider Customer Service line at 1-800-423-0507 if you have any questions about the enrollment process.

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### *What to Do If You Are a Current Denti-Cal Provider:*

- ◆ To receive additional Denti-Cal patient referrals, ensure you are on the Patient Referral List You may sign up by [clicking here](#). Print, fill out the form, and send it to the address indicated on the top of the form.
- ◆ Once these beneficiaries transition into the Medi-Cal program, you will need to bill Denti-Cal for dental services provided.
- ◆ If you currently serve Healthy Families Program patients, please continue to verify eligibility through your normal processes. If the patient is no longer eligible for Healthy Families, verify their Medi-Cal eligibility.
- ◆ To check Medi-Cal eligibility, please call 1-800-456-2387.

## Preferred Provisional Provider Status

Dentists who meet the criteria outlined in the Welfare and Institutions (W & I) Code section 14043.26(d) can apply for enrollment in the Denti-Cal program with a preferred provisional provider status. Those providers meeting the criteria will be considered for enrollment within 60 days rather than the standard 180 days. Providers who qualify will be granted preferred provisional provider status for up to 18 months.

Applicants will be notified within 60 days if the applicant or application package does not meet the criteria for preferred provisional provider status. The submitted application package will then be processed under W & I Code section 14043.26 within 180 days from the date the application was received.

### *How to Apply for Preferred Provisional Provider Status*

Follow these steps to apply for a preferred provisional provider status:

1. Submit an application package that includes the:
  - [Medi-Cal Provider Group Application \(DHS 6203, Rev. 2/08\)](#) or the [Medi-Cal Provider Application \(DHCS 6204, Rev. 2/08\)](#)
  - [Medi-Cal Disclosure Statement \(DHS 6207, Rev. 11/11\)](#)
  - [Medi-Cal Provider Agreement \(DHS 6208, Rev. 11/11\)](#)

The words “Preferred Provisional Provider” must be clearly written by the provider in bold print at the top of the first page of the Medi-Cal Provider Group Application or the Medi-Cal Provider Application.

2. Meet all of the following criteria and submit the listed documentation at the time of submission of the application package to the department:
  - a. The applicant must include a copy of his/her current dental license, issued by the Dental Board of California, which has not been revoked, suspended, on probation, or subject to other limitations.
  - b. Submit documentation showing the dental provider is credentialed by a health care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.
  - c. Have never had revoked and/or suspended privileges through the California Medicaid program Medi-Cal Dental.
  - d. The applicant must submit documentation from the Healthcare Integrity and Protection Data Bank/National Practitioner Data Bank (HIPDB/NPDB) verifying that the database has no adverse entries regarding the applicant.
3. Include in the application package the Cover Letter for Preferred Provisional Provider Enrollment. The Cover Letter for Preferred Provisional Provider Enrollment shall identify the place in California where the statement is made and include the date and signature of the applicant. A copy of the cover letter is attached to this bulletin.

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Please note that failure to disclose required information or the disclosure of false information in the application package requesting enrollment as a preferred provider, its attachments or in the Cover Letter for Preferred Provisional Provider Enrollment or its required statement, will result in denial or termination of the provisional provider status, and may result in further legal action.

For more information about the preferred provisional provider status, including more on submission requirements, see [Bulletin Volume 28, Number 20](#). For additional assistance with enrollment application forms, please visit our [Denti-Cal Enrollment Outreach for Dental Providers](#) page or contact the Provider Customer Service line at (800) 423-0507.

## Denti-Cal Enrollment Workshops

Need help with your Denti-Cal enrollment application? Then sign-up for one of the following Denti-Cal enrollment workshops!

Date	County	Location
<b>May 31, 2013</b> 8:00 a.m. - 4:00 p.m. <a href="#">Register now!</a>	Ventura	<b>Hilton Garden Inn Oxnard</b> 2000 Solar Drive Oxnard, CA 93036
<b>June 7, 2013</b> 8:00 a.m. - 4:00 p.m. <a href="#">Register now!</a>	Humboldt	<b>Hampton Inn &amp; Suites Arcata</b> 4750 Valley West Blvd. Arcata, CA 95521
<b>June 14, 2013</b> 8:00 a.m. - 4:00 p.m. <a href="#">Register now!</a>	Shasta	<b>Holiday Inn Hotel</b> 1900 Hilltop Drive Redding, CA 96002
<b>June 21, 2013</b> 8:00 a.m. - 4:00 p.m. <a href="#">Register now!</a>	Placer	<b>Holiday Inn Auburn</b> 120 Grass Valley Highway Auburn, CA 95603
<b>July 12, 2013</b> 8:00 a.m. - 4:00 p.m. <a href="#">Register now!</a>	Butte	<b>Residence Inn Chico</b> 2485 Carmichael Drive Chico, CA 95928

## 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

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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 and voided check 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.

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## 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 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 website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).



PO Box 15609  
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