

Denti-Cal California Medi-Cal Dental Bulletin

June 2014
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Training Seminars

Reserve an available spot for one of our open training seminars.

San Diego
Basic & EDI/D487 - June 18, 2014

Pasadena
Ortho/D489 - June 24, 2014

Provider Enrollment Assistance Line

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

Wednesday, June 18, 8 am - 4 pm.

Reminder: Current Dental Terminology (CDT) 13 Implementation and Procedure Code Change

On June 1, 2014 Denti-Cal will transition to the American Dental Association's Current Dental Terminology Version 2013 (CDT-13). On this date a new Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) will be implemented as well.

Copies of the new MOC and SMA are available for review on the Denti-Cal web site in the "What's New" section. **Please note that providers must continue to use the CDT 11-12 procedure codes currently listed in the MOC (dated April 2, 2012) for services rendered with dates of service prior to the June 1, 2014, CDT-13 effective date.**

More information about the CDT transition can be found in [Bulletin Volume 30, Number 6](#) or by calling the Provider Customer Service Line at 1-800-423-0507.

Adjudication Reason Code 081 Updated

Effective June 1, 2014, Adjudication Reason Code (ARC) 081 will be modified to conform with the new Manual of Criteria for Current Dental Terminology (CDT) 13. ARC 081 reads as follows:

081 Periodontal procedure cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by the submitted radiographs.

For questions regarding the updated ARC language or any ARCs, please contact the Provider Customer Service line at 1-800-423-0507.

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Revalidation of Enrollment: Your Prompt Response is Needed!

Denti-Cal reminds providers they have 70 days to respond to a revalidation of enrollment request. If a completed enrollment application package is not received by Denti-Cal within 70 days after the initial notification is sent to the provider, then the provider may be inactivated from the Denti-Cal program.

Providers seeking assistance with completing the enrollment package have a number of resources available to them:

- **Reference Documents:** The [Denti-Cal Application Forms](#) page contains helpful guides, such as the Tips for Success, Helpful Hints Guide for the Medi-Cal Disclosure Statement, and Helpful Hints for Completing Denti-Cal Enrollment Forms. For ease of reference, these guides have been attached to this bulletin.
- **Sample Applications:** A collection of completed application forms to be used as reference.
- **Dental Provider Enrollment Assistance Line:** The Provider Enrollment Assistance line will be available once a month between 8 a.m. and 4 p.m. as a service to providers who wish to speak with an Enrollment Specialist about their Denti-Cal Enrollment Application Package. Dental providers interested in speaking with an Enrollment Specialist can do so by [registering online](#).
- **Dental Enrollment Workshops for Dental Providers:** The Dental Enrollment Workshops are intended to assist dental providers with the completion of their Denti-Cal Enrollment Application Package. Those who are interested in attending one of our workshops can arrive at any time. Registration is optional.

Providers can download the necessary enrollment application package from the Denti-Cal website:

- [Medi-Cal Provider Group Application Package](#)
- [Medi-Cal Provider Application Package](#)

For more information regarding the revalidation of enrollment process, please see [Bulletin v. 30, Number 2](#) or call the Denti-Cal Provider Service Line at (800) 423-0507.

Deactivation of Personal Identification Number

Denti-Cal assigns a Personal Identification Number (PIN) to all providers during their participation in the California Medi-Cal Dental Program and/or California Children Services/Genetically Handicapped Persons Program (CSS/GHPP).

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NEED MORE INFORMATION?

Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Friday, June 13, 2014 8:00 AM- 4:00 PM	Hampton Inn and Suites 7941 East Brundage Lane Bakersfield, CA 93307 661-321-9424	Kern County
Register Now!		
Friday, June 27, 2014 8:00 AM- 4:00 PM	Hampton Inn and Suites 5638 Sepulveda Blvd Sherman Oaks, CA 91411 818-785-2211	Los Angeles County
Register Now!		

The PIN is used to access the:

1. Medi-Cal Automated Eligibility Verification System (AEVS) either by telephone, Point of Service Device, or online
2. Denti-Cal automated telephone system to obtain financial information

If a provider does not check eligibility or perform share of cost transactions for 15 months, their PIN will be deactivated.

If the current PIN has been deactivated, providers must apply for a new PIN. To request a new PIN, write a letter to Provider Enrollment that includes the provider's name and NPI and send it to:

Denti-Cal
Attention: Provider Enrollment
PO Box 15609
Sacramento, CA 95852

Questions regarding PINs or the Denti-Cal program in general can be directed to the Provider Customer Service Line at 1-800-423-0507.

HIGHLIGHT

Quitting Smoking Just Got Easier for Medi-Cal Members

Medi-Cal members who call the California Smokers' (Helpline) at 1-800-NO-BUTTS can now receive a free, four-week supply of nicotine patches delivered directly to their home. Callers must be 18 or older, have a valid Medi-Cal Beneficiary Identification Card (BIC), and enroll in Helpline counseling. Registration can be completed either by calling the Helpline or by visiting the Helpline website.

Callers to the Smokers' Helpline can receive free one-on-one support from trained cessation specialists, self-help materials, and referrals to local quit-smoking programs. The Helpline is open Monday through Friday, 7 a.m. to 9 p.m., and Saturday and Sunday, 9 a.m. to 5 p.m.

For more information about Helpline services for Medi-Cal members, visit www.NoButts.org/Medi-Cal or call 1-800-NO-BUTTS.

Clarification of Procedures for Denti-Cal Beneficiaries Residing in Qualifying Skilled Nursing Facilities and Intermediate Care Facilities

With the restoration of some adult dental services in 2014, providers are reminded that there will be no changes to services for residents of qualifying Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF). These beneficiaries will continue to have full scope benefits.

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 rendered to facility beneficiaries, regardless of where the beneficiary is actually being treated.
- Prior authorization will be waived for beneficiaries treated in a hospital or surgical center with the exception of fixed partial dentures, removable prosthetics and implants. When billing for services rendered in a hospital or surgical center:
 - If submitting electronically, indicate in the "Comments" field that the beneficiary was treated in a hospital or surgery center.
 - For all submittals, attach all required documentation and radiographs/photographs.

When completing the claim or Treatment Authorization Request (TAR), include all of the following required documentation:

- Use place-of-service 4 (SNF) or 5 (ICF) only, regardless of where the beneficiary is being treated.
- In Box 6 ,enter the address of the facility where the beneficiary resides.
- In Box 34, enter:
 - Name and phone number of the facility where the beneficiary resides.
 - When beneficiary is not being treated in the facility, indicate where the service was rendered (office, hospital, surgery center).

If a provider receives a denial on a claim for a beneficiary who resides in a qualifying licensed SNF or ICF, the provider can submit a Claim Inquiry Form (CIF). If the services were denied on a TAR, the provider can submit the Notice of Authorization (NOA) they received and request a re-evaluation by checking the box marked "REEVALUATION IS REQUESTED" at the upper right corner of the NOA. The CIF and NOA must include the facility name, address, phone number, and all necessary radiographs, photographs, and documentation must be submitted to have the services on the CIF or the NOA re-evaluated.

Questions regarding this topic or the Denti-Cal program in general can be directed to the Provider Customer Service Line at 1-800-423-0507.

Reminder: Tax Identification Number (TIN) and Social Security Number (SSN) Suppressed on Explanation of Benefits (EOB) and Provider Checks

Effective May 15, 2014, the first five numbers of the Tax Identification Number (TIN) or Social Security Number (SSN) have been redacted on the Explanation of Benefits (EOB) and provider checks in order to prevent unintentional disclosure. Only the last four digits of the TIN or SSN will be displayed on the EOB and provider checks.

Questions regarding TINs, EOBs, or the Denti-Cal program can be directed to the Provider Customer Service Line at 1-800-423-0507.



PO Box 15609
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(800) 423-0507