

Bulletin

January 2016
Volume 32, Number 1

This Issue:

- p#1 Verifying Beneficiary Identification and Eligibility
- p#2 Affordable Care Act (ACA) Billing and Enrollment Requirements for Ordering, Referring, or Prescribing (ORP) Providers
- p#3 Upcoding
No Claim Activity
- p#4 Sign-Up for the Denti-Cal Fee-For-Service Provider E-Mail List

Training Seminars

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

Policy & Billing Guidelines for GA/IV Webinars

Monday, Jan. 4, 10 am - 12 pm
Tuesday, Jan. 5, 2 pm - 4 pm
Wednesday, Jan. 6, 10 am - 12 pm
Thursday, Jan. 7, 2 pm - 4 pm

Webinar

Basic & EDI/D593 - Jan. 8, 2016

El Centro

Basic & EDI/D594 - Jan. 12, 2016
Advanced/D595 - Jan. 13, 2016

Oakland

Workshop/D596 - Jan. 26, 2016

Provider Enrollment Assistance Line

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

Wednesday, Jan. 20, 8 am - 4 pm.

Verifying Beneficiary Identification and Eligibility

The State issues a Medi-Cal Benefits Identification Card (BIC) to beneficiaries who are eligible for Medi-Cal benefits. If the beneficiary does not bring a BIC to an appointment as outlined in “[Section 4 – Treating Beneficiaries](#)” of the Provider Handbook, providers may access the Medi-Cal Automated Eligibility Verification System (AEVS), the Point of Service (POS) device, or the Medi-Cal website (www.medi-cal.ca.gov), and may, with the beneficiary’s approval, use the beneficiary’s Social Security Number (SSN) to verify eligibility. Please note that verifying eligibility on the Internet or the POS device does require providers to complete and mail the [Medi-Cal POS Network/Internet Agreement to the POS/Internet Help Desk](#). **Being aware that a beneficiary’s SSN is an allowable method to verify beneficiary eligibility, is especially important in providing necessary services to foster children whose foster parents may not have received a BIC.** Please remember that a Medi-Cal beneficiary’s eligibility is not a guarantee that Denti-Cal will reimburse the provider for rendered procedures.

If the beneficiary is unknown to the provider, the provider is required to make “good faith” effort to verify the beneficiary’s identification by matching the name and signature on the Medi-Cal issued BIC to that on a valid photo identification such as:

- ◆ The beneficiary’s SSN
- ◆ California driver’s license;
- ◆ An ID card issued by the Department of Motor Vehicles;
- ◆ Any other document which appears to validate and establish identity.

Providers must retain a copy of this identification in the beneficiary’s records. If there is a conflict in the beneficiary’s Denti-Cal billing history where a provider bills or submits for authorization for a procedure that was previously performed by another provider, Denti-Cal will request that the current provider submit a copy of the beneficiary’s identification to verify that the services are

Continued on pg 2.

being provided to the appropriate beneficiary. If this situation occurs and the current provider cannot provide appropriate beneficiary identification, payment or authorization for treatment will be denied.

- ◆ In certain instances, no identification verification is required, for example:
- ◆ The beneficiary is 17 years of age or younger;
- ◆ The beneficiary is receiving emergency services;

A Medi-Cal beneficiary is eligible for dental services provided under the Denti-Cal Program. However, limitations or restrictions of dental services may apply in certain situations to the following individuals:

- ◆ Those enrolled in a dental managed care plan;
- ◆ Those who are assigned special aid codes;
- ◆ Those with minor consent restricted service cards.

For more information on verifying beneficiary identification and Denti-Cal beneficiary eligibility, please refer to the Provider Handbook or call our Customer Service line at 1-800-423-0507.

Affordable Care Act (ACA) Billing and Enrollment Requirements for Ordering, Referring, or Prescribing (ORP) Providers

Based on the ACA of 2010, medical and dental providers are now required to list in the Comments field the National Provider Identifier (NPI) and name of the provider who ordered, referred, or prescribed the goods or services being billed. In addition, all ordering, referring, or prescribing providers must be enrolled as participating providers in Medi-Cal, with a Type 1 (individual) NPI, even if these providers do not send claims to Medi-Cal for the services they provide.

If the ORP dental provider identified on the claim is not enrolled in Medi-Cal, claims for reimbursement of the goods or services provided in filling the order, prescription, or referral will not be paid.

Dental providers are encouraged to apply with the [Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Provider \(DHCS 6216\)](#) form. If you have any questions, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507. For enrollment assistance events, please visit the following link: [Provider Enrollment Assistance Events](#).

NEED MORE INFORMATION?

Continued on pg 3.



Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start?

Date/Time:

January 27, 2016
8:00 AM- 4:00 PM

[Register Now!](#)

Location:

Embassy Suites by Hilton Los Angeles Glendale
800 North Central Ave
Glendale, CA 91203

County:

Los Angeles

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.

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Upcoding

Providers are reminded that upcoding, billing the Medi-Cal program for more expensive services than are actually provided, is considered a fraudulent activity. Examples of upcoding include, but are not limited to:

- ◆ Billing for surfaces on a restoration that were not provided, e.g. an MOB amalgam when only an MO amalgam was performed.
- ◆ Billing for more complex procedures than were actually provided, e.g. a surgical extraction when a simple extraction was performed.

If it is discovered that a provider is billing for services more costly than those actually performed, the Surveillance and Utilization Review department of Denti-Cal, at the direction of the Department of Health Care Services, Medi-Cal Dental Services Division, may place the provider on Prior Authorization and/or Special Claims Review, may recover any overpayments, and/or may refer the provider to the Attorney General's Office and/or the Dental Board of California.

More information about fraud and abuse can be found on the Medi-Cal Fraud and Abuse website at <http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx>.

For questions regarding this article or other topics please call the Denti-Cal Provider Customer Service line at 800-423-0507.

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program for one (1) 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 (1) 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 for one (1) year 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 you have previously submitted a No Claim Activity form and would like to deactivate from the Medi-Cal Dental Program, please submit a letter requesting deactivation with a copy of your identification to the address above. Please note that once you are inactivated from the program, you must reapply for enrollment in the Denti-Cal Program. If you wish to not accept any more Medi-Cal patients, you may opt out of participation on the Denti-Cal referral list without terminating your enrollment status in the Denti-Cal Program. Choosing to be included or excluded from the Denti-Cal referral list is a recommended option for providers who infrequently see Medi-Cal beneficiaries and do not want to re-enroll through the Medi-Cal Dental enrollment process.

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package, please contact the Denti-Cal Provider Customer Service line at 1-800- 423-0507, or download the Denti-Cal application forms from the Denti-Cal website at <http://www.denti-cal.ca.gov>. Provider enrollment support materials are available at the following link:
http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=enrollment_tool_kit.

Sign-Up for the Denti-Cal Fee-For-Service Provider E-Mail List

The Denti-Cal Provider E-Mail List is another option to receive updates related to the Denti-Cal program. To subscribe to the Denti-Cal Provider E-Mail List, please visit http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=dc_provider_email_signup_form and complete the online form. **After submitting the form, an e-mail will be sent requesting authorization to be added to the e-mail list.** After approval has been made, providers will receive regular updates and information about the Denti-Cal program. Providers may unsubscribe from the e-mail list at any time.

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



PO Box 15609
Sacramento, CA
95852-0509
(800) 423-0507