

# Bulletin

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### Training Seminars

Reserve an [available spot](#) for one of our open training seminars.

#### Fullerton

Basic & EDI/D606 - Apr. 13, 2016  
Advanced/D607 - Apr. 14, 2016

#### Webinar

Basic & EDI/D608 - Apr. 20, 2016

#### San Jose

Workshop/D609 - Apr. 29, 2016

### Provider Enrollment Assistance Line

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

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

## Emergency Provider Announcement

In the February 2016 bulletin publication, an article titled “Increased Frequency Limitations for Certain Preventive Services for Beneficiaries Residing in Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)” was released prematurely. This article was available to the public from February 2, 2016 through February 24, 2016. Upon the discovery of the aforementioned article’s premature publication, the article was removed from the February bulletin. The Department of Health Care Services (DHCS), Medi-Cal Dental Services Division (MDSD) recognizes that providers had access to this information and may have been operating under the premise and guidance of the article.

DHCS acknowledges the situation and notifies the provider population that a finalized version of the “Increased Frequency Limitations for Certain Preventive Services for Beneficiaries Residing in Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)” article is under review and will be available publicly on the Denti-Cal website shortly.

Questions related to this topic or the Medi-Cal Dental Program can be directed to the Provider Customer Service line at (800) 423-0507.

## Radiograph Submission Reminders

To increase efficiency, Denti-Cal recently implemented new document scanning technology for radiographs. The following reminders and recommendations are designed to aid providers in submitting radiographs that will take full advantage of the new technology and expedite document processing.

### Reminders and Helpful Hints

1. All radiographs/photographs **must include** the following on each image or page:
  - a. Beneficiary name,
  - b. Date the radiograph was taken, and
  - c. Orientation (right/left or individual tooth numbers).

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2. Please do not write any required information on the backside of any images or attachments. The scanners only capture information written on the front of the attachments.
3. Do not print two separate documents on one piece of paper (e.g., an EDI Notice of Authorization for one beneficiary on one side, and another EDI Notice of Authorization for a different beneficiary on the other side).
4. Digital or paper copies of radiographs/photographs must be larger than 2 inches by 3.5 inches (about the size of a business card).
5. When submitting claims for multiple patients in one envelope, ensure that the radiographs/photographs for the respective patient are stapled to the associated claim/TAR.
6. Use only one staple in upper right or left corner of the claim/TAR to attach radiographs or paper copies.
7. When submitting radiographs using plastic sleeve mounts please ensure:
  - a. There is only **one** radiograph per sleeve.
  - b. The plastic sleeves are clean.
  - c. The label with the required information is only placed on the front side of the mount.
8. **Do not** submit original radiographs/photographs. Original radiographs/photographs are part of the patient's clinical record and shall be retained by the provider at all times.
9. Denti-Cal does not return radiographs/photographs.

### *Recommendations*

1. While it is highly recommended that **all** radiographs be mounted, three (3) or fewer radiographs properly identified in a coin envelope when submitted for prior authorization and/or payment is acceptable.
2. Use white copier paper that is 20lb or heavier to submit paper copies of radiographs/photographs. Images printed on thinner paper (i.e., less than 20 lb) tend not to be of optimum quality and may lead to denials based on non-diagnostic radiographs/photographs.
3. Do not use glossy or photo paper
4. Do not fold the radiographs/photographs.

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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:
Thursday, Apr. 7, 2016 8:00 AM - 4:00 PM <a href="#">Register Now!</a>	DoubleTree by Hilton Hotel 7 Hutton Centre Drive Santa Ana, CA 92707	Orange County
Wednesday, Apr. 20, 2016 8:00 AM - 4:00 PM <a href="#">Register Now!</a>	DoubleTree by Hilton Hotel 222 North Vineyard Avenue Ontario, CA 91764	San Bernardino County

## Electronic Data Interchange (EDI) Labels - Required Information

EDI labels must include the following information:

1. Billing National Provider Identifier (NPI) next to “DENTI-CAL PROVIDER ID”
2. Beneficiary First and Last Name below “PATIENT MEDS ID”
3. Denti-Cal Document Control Number (DCN), also referred to as the Base DCN
4. Provider's name and address

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX	①
PATIENT MEDS ID: Beneficiary Name	②
PROV. DCN: DENTI-CAL DCN: XXXXXXXXXXXX	③
DCC: _____ PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____	
Provider Name/Business Name Address City, State ZIP	④

EDI labels without these four items cannot be processed and must be returned for completion. Other information may be included, but is not mandatory. The pink area is used by Denti-Cal only.

Partially preprinted labels (DC-018A) will arrive from the supplier already imprinted with the provider's Billing NPI listed as the Denti-Cal Provider ID and the provider's name and address. If the DC-018A label is used, only the Beneficiary's Name and Denti-Cal DCN must be handwritten on the label as indicated above.

For more information, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: [denti-caledi@delta.org](mailto:denti-caledi@delta.org)).

## Annual Denti-Cal Patient Referral List Refresh

Providers who were added to the Denti-Cal Patient referral list prior to December 1, 2015 and who wish to remain on the list will be **required** to submit a new [Medi-Cal Dental Patient Referral Service Form](#). Upon receipt of a notification, providers will have 35 business days to complete and submit the form. Providers who do not submit the form will be removed from the referral list.

There are several options for completing and returning the form:

- ◆ Electronically submit the completed [Medi-Cal Dental Patient Referral Service Form](#) and click the “Submit by Email” option
- ◆ Mail the form to Denti-Cal in the postage paid envelope provided
- ◆ Fax the form to the Denti-Cal Provider Services fax number at (916) 631-1191
- ◆ Call the Provider Customer Service Line at (800) 423-0507, to have a representative assist you with completing the form

This referral service is an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's Medi-Cal beneficiaries. Thank you for your continued support and participation as we strive to improve oral health for thousands of California Medi-Cal beneficiaries.

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## Deactivation of Personal Identification Number (PIN)

Denti-Cal assigns a 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).

The PIN is used to access the:

- ◆ Medi-Cal Automated Eligibility Verification System (AEVS) either by telephone, Point of Service Device, or online
- ◆ 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, include 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 (800) 423-0507.

## Provider Enrollment Resources

Need help completing the Denti-Cal enrollment application? Then check out the Denti-Cal provider enrollment resources available on the [Denti-Cal website](#)! A number of resources, including video tutorials, Enrollment FAQs, sample applications, and more are available to help successfully guide you through completing the enrollment application forms. Below is a brief listing of the available resources:

- ◆ [Enrollment Toolkit](#): A collection of tips, hints, application forms, and more all designed to help complete the enrollment application.
- ◆ [Enrollment Workshops](#): For live, one-on-one help with your application, attend one of the enrollment workshops being held around California. Check the Denti-Cal website often for new workshop dates and locations.
- ◆ [Provider Enrollment Assistance Line](#): Don't have time to attend an enrollment workshop? Then register to use the Dental Provider Enrollment Assistance Line. Offered once a month, registered providers can call Denti-Cal and talk to an Enrollment Specialist.

For any questions regarding the enrollment application forms or process, please call the Denti-Cal Provider Customer Service line at (800) 423-0507 or see "[Section 3 - Enrollment Requirements](#)" of the Provider Handbook.



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