

# Bulletin

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## Training Seminars

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

### Pasadena

Basic & EDI/D630 - Oct. 6, 2016  
Advanced/D631 - Oct. 7, 2016

### Webinar

Basic & EDI/D632 - Oct. 14, 2016

### San Diego

Workshop/D633 - Oct. 20, 2016

### Fresno

Basic & EDI/D634 - Oct. 26, 2016  
Advanced/D635 - Oct. 27, 2016

## Provider Enrollment Assistance Line

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

Wednesday, Oct. 19, 8 am - 4 pm.

## Modification of the Adjudication Criteria for D0120, D0145, D0150

Effective October 6, 2016, clarification to the adjudication criteria for procedures D0120 (periodic oral evaluation – established patient), D0145 (oral evaluation for a patient under three years of age and counseling with primary caregiver), and D0150 (comprehensive oral evaluation – new or established patient) will go into effect. The following outlines the clarifications to these procedures.

### *D0120: Periodic Oral Evaluation – Established Patient*

Clarification to the adjudication of procedure code D0120 include the following:

- ◆ Procedure D0120 will be allowable once every 6 months for beneficiaries age three through 20.
- ◆ Procedure D0120 will be allowable once every 12 months for beneficiaries age 21 and over, when billed by the same provider.

Please note: Procedure D0120 will continue to be allowable once every six months for beneficiaries under age 21 when billed by the same provider. Procedure D0120 will continue to be payable only after procedure D0150 has been billed by the same provider.

### *D0145: Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver*

Clarification to the adjudication of procedure code D0145 include the following:

- ◆ Procedure D0145 is a separately payable benefit for beneficiaries under three (3) years of age.
- ◆ Procedure D0145 will be a benefit once every three months for beneficiaries under three years of age.
- ◆ Procedure D0145 will have a maximum fee allowance of \$20.00.

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## *D0150: Comprehensive Oral Evaluation – New or Established Patient*

Clarification to the adjudication of procedure code D0150 include the following:

- ◆ Procedure D0150 is allowable for beneficiaries age three (3) and older.
- ◆ Procedure D0150 is allowable every 36 months after the last comprehensive oral evaluation (D0150) or the last periodic oral evaluation (D0120) per beneficiary per provider.
- ◆ Procedure D0150 is allowable more frequently for established patients who have had significant change in health conditions or other unusual circumstances.

Please note: Procedure D0150 will continue to be allowable once per beneficiary per provider for the initial evaluation.

Providers are required to abide by the updated requirements outlined in this bulletin. The submission and criteria requirements outlined in the Manual of Criteria (MOC) will be updated with the above clarifications when the implementation of CDT 16 occurs.

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

## **Reminder: 2016 is last year to start Medicaid Electronic Health Record (EHR) Incentive Program**

The Medicaid Electronic Health Record (EHR) Incentive Program provides funding to Medicaid (Medi-Cal/Denti-Cal in California) professionals and hospitals to adopt, implement, upgrade and make meaningful use of certified EHR technology. Eligible professionals, which includes dentists, should be aware that 2016 is the last year to sign up for the program.

Since the program began in 2011 more than 20,000 Medi-Cal professionals have qualified for the program, receiving more than \$500 million in incentive payments.

Professionals can individually receive up to \$63,750 in incentive payments over 6 years, with the largest payment of \$21,250 in the first year for signing a contract or other binding agreement to acquire certified EHR technology. The EHR does not have to be installed in the first year to receive this payment, and the payment does not have to be returned if the professional does not subsequently demonstrate meaningful use of the EHR. Professionals who subsequently demonstrate meaningful use of the EHR receive \$8,500 yearly for up to 5 years.

The program is open to eligible professionals who can demonstrate that 30 percent or more of their or their group's encounters or panel patients during a 90-day period in the previous calendar year can be attributed to Medi-Cal patients. Many professionals do not need to supply encounter or patient information because the California Department of Health Care Services (DHCS) is able to "prequalify" them using state databases.

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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:**

Thursday, October 20, 2016  
8:00 AM - 4:00 PM

[Register Now!](#)

#### **Location:**

Hilton Garden Inn Irvine East/  
Lake Forest  
27082 Towne Centre Drive  
Foothill Ranch CA 92610

#### **County:**

Orange County

## Deadline to Start the Program

This year—2016—is the last year to start the program. Those who have not received at least one incentive payment for 2016 or an earlier year won't be able to receive any EHR incentive program payments after the 2016 program year.

DHCS urges all professionals who have not yet participated, but who may be eligible, to submit an application as soon as possible. New applications are being accepted now and the final deadline for new applications is March 31, 2017. As part of this application, professionals must submit proof of a contract or other binding agreement for certified EHR technology, signed before or on the date of application.

The website for submitting an application, the State Level Registry, can be accessed at <http://medi-cal.ehr.ca.gov>. There you will also find detailed information about the program and how professionals can obtain assistance with the program and certified electronic health records.

## Are You Receiving Your Electronic Data Interchange (EDI) Reports?

One of the many advantages to submitting documents electronically to Denti-Cal is the ability for providers to receive reports within 24-48 hours of submission to easily verify that Denti-Cal has received their Electronic Data Interchange (EDI) documents and determine whether follow-up may be required. These reports may include Notices of Authorization (NOAs) and Resubmission Turnaround Documents (RTDs).

It is important to check daily for EDI reports to:

- ◆ Verify that EDI documents have been received.
- ◆ Receive a list of EDI documents that require radiographs and/or other attachments.
- ◆ Receive NOAs and RTDs faster for documents submitted electronically.
- ◆ Track suspended EDI documents.
- ◆ Identify EDI documents that may have been rejected and determine why.

If you are not receiving your EDI reports, please contact your electronic vendor or clearinghouse.

The following is a list of EDI reports:

Report	Description
CP-O-973-P	Provider/Service Office Daily EDI Documents Received Today
CP-O-971-P	Provider/Service Office X-Ray/Attachment Request
CP-O-971-P2	X-Ray/Attachment Labels
CP-O-NOA-P	Notice of Authorization
CP-O-RTD-P	Notice of Resubmission (Resubmission Turnaround document)
CP-O-978-P	Provider/Service Office Daily EDI Documents Waiting Return Information > 7Days
CP-O-959-P	Provider/Service Office Document Rejections

For more detailed information, please refer to the Denti-Cal EDI How-To Guide: [www.denti-cal.ca.gov/provsrvcs/edi/Denti-Cal\\_EDI\\_How\\_To\\_Guide.pdf](http://www.denti-cal.ca.gov/provsrvcs/edi/Denti-Cal_EDI_How_To_Guide.pdf).

For more information or to request an EDI Enrollment Packet, please call 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)).

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## Important Reminders Regarding Intraoral-Occlusal Radiographic Images

Denti-Cal would like to remind providers that the intraoral-occlusal radiographic image (D0240) is a specific type of film used for a specific purpose. The film size is 2 ¼" x 3" (57mm x 76mm), and should be used only in cases of suspected pathology of the maxilla, mandible, or for post traumatic evaluation. The diagnostic image taken should cover a major portion of the maxilla or mandible.

If any radiographic image size other than 2 ¼" x 3" size is used for an intraoral-occlusal radiographic image (D0240), it should be billed as an intraoral-periapical first radiographic image (D0220) or intraoral-periapical each additional radiographic image (D0230) as applicable.

As of December 1, 2015, Denti-Cal does not return printed diagnostic documentation (e.g. radiographs or photographs) to providers.

If you have any questions, please contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

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## Denti-Cal to Discontinue Providing X-Ray Envelopes

Beginning January 1, 2017, Denti-Cal will no longer provide DC-214A and DC-214B X-Ray envelopes. Instead of using X-Ray envelopes, providers should attach radiographs/photographs directly to the TAR/Claim form. Please note that all radiographs/photographs should include the beneficiary's name, date the radiograph/photograph was taken, and orientation (right/left or individual tooth numbers). Providers are also reminded not to send in original radiographs/photographs as they are part of the patient's clinical record to be retained by the provider at all times.

More information about radiograph/photograph submissions can be found in [Bulletin v.32, #10](#) and [Bulletin v.32, #13](#), the [Provider Handbook](#), or by contacting the Denti-Cal Provider Customer Service line at (800) 423-0507.