

Denti-Cal California Medi-Cal Dental Bulletin

October 2011
Volume 27, Number 10

This Issue:

p1 Clarification for Anesthesia Procedures

p2 Clarification for House/Extended Care Facility Call (D9410) and Hospital Call (D9420)

Clarification for Pregnant Beneficiaries

Health Insurance Portability and Accountability Act (HIPAA) Transaction Standards

p4 HIPAA Transaction Standards – Version 5010

Training Seminars:

Want to learn more about the Denti-Cal program? Come to one of our training seminars. Go to our website to [Reserve Your Spot](#).

Oxnard
Basic & Edi/D344 - Oct. 6, 2011

Oxnard
Advanced/D345 - Oct. 7, 2011

Fresno
Basic & EDI/D346 - Oct 12, 2011

Valencia
Basic & EDI/D347 - Oct 13, 2011

Valencia
Advanced/D348 - Oct 14, 2011

San Jose
Workshop/D349 - Oct 21, 2011

Burbank
Basic & EDI/D350 - Oct 26, 2011

Clarification for Anesthesia Procedures

Only one anesthesia procedure is payable per date of service regardless of the methods of administration or drugs used. When one or more anesthesia procedure is requested, only the most profound procedure will be allowed.

The following anesthesia procedures are listed in order from most profound to least profound:

- Procedure D9220/D9221 (Deep Sedation/General Anesthesia)
- Procedure D9241/D9242 (IV Conscious Sedation)
- Procedure D9248 (Non-IV Conscious Sedation)
- Procedure D9230 (Analgesia, Anxiolysis, Nitrous Oxide)

A new Adjudication Reason Code (ARC) 063 has been created to read as follows: “Only the most profound level of anesthesia is payable per date of service. This procedure is considered global and is included in the fee for the allowed anesthesia procedure.”

Anesthesia procedures shall not be payable when only an examination and/or radiographs/photographs are rendered for the same Date of Service (DOS) unless there is documentation that justifies the examination, radiographs, and/or photographs could not be performed without sedation.

ARC 069 has been modified to read: “Procedure is not a benefit when all additional services are denied or when there are no additional services submitted for the same date of service.”

ARC 070 has been modified to read: “Anesthesia procedures are not payable when diagnostic procedures are the only services provided and the medical necessity is not justified.”

Additionally, the anesthesia procedure must be requested with payable services for the same DOS.

For more information, please call Denti-Cal toll-free at (800) 423-0507.

Clarification for House/Extended Care Facility Call (D9410) and Hospital Call (D9420)

Denti-Cal would like to clarify when D9410 (house/extended care facility call) and Procedure D9420 (hospital call) are appropriate to submit for payment.

Procedure D9410 is payable when the provider must travel to the skilled nursing facility (SNF) or intermediate care facility (ICF), and Procedure D9420 is payable when the provider must travel to the hospital or ambulatory surgical center to treat the beneficiary. When the provider performs the dental treatment in their own office or their own ambulatory surgical center, these procedures are not payable.

A new Adjudication Reason Code (ARC) 013B has been created and reads as follows: "Procedures D9410 and D9420 are not payable when the treatment is performed in the provider's office or provider owned ambulatory surgical center."

Providers who continue to bill incorrectly may be subject to punitive action. More information can be found in the Provider Handbook, Section 8: Fraud, Abuse and Quality of Care.

For more information, please call Denti-Cal toll-free at (800) 423-0507.

Clarification for Pregnant Beneficiaries

The prior authorization requirement has been waived for periodontal procedures (D4210, D4211, D4260, D4261, D4321, D4341, D4342 and D4920) for pregnant/postpartum beneficiaries for all ages and aid codes.

The following is required for consideration:

- Periodontal procedures must be submitted on a claim form. Do not submit a Treatment Authorization Request (TAR). It will be denied.
- Current periodontal chart
- Current radiographs of all involved areas

For more information, please call Denti-Cal toll-free at (800) 423-0507.

Health Insurance Portability and Accountability Act (HIPAA) Transaction Standards

Electronic Data Interchange (EDI) Certification Process

Denti-Cal continues to move forward to comply with regulations established by the Health Insurance Portability and Accountability Act (HIPAA). The current electronic data format accepted by Denti-Cal is Version 4010A1 of the ASC X12 standards. In January 2012, Denti-Cal will accept EDI claims (ASC X12N 837) and claim status transaction sets (ASC X12N 276) in the newer Version 5010 format from certified trading partners. In addition, Denti-Cal will begin sending EDI remittance advice (ASC X12N 835) and claim status response (ASC X12N 277) transaction sets only in the newer Version 5010 format to all trading partners who currently receive those transactions.

EDI trading partners are required to undergo certification for the 5010 format before any production claim data will be accepted by Denti-Cal. However, if a provider is submitting claims electronically through its contracted clearinghouse, only the clearinghouse must be certified.

continued on pg 3

After January 2012, Denti-Cal will continue to accept electronic documents in the 4010A1 format from those who have not yet been certified for the 5010 format.

Technical Specifications (EDI Companion Guides)

All documents submitted electronically must be compliant with the applicable transaction standard. Requirement guidelines for the EDI X12 transactions are explained in the X12 Technical Report Type 3 (TR3) documents (previously referred to as Implementation Guides), published by Washington Publishing Company (WPC). TR3s are available on the WPC website (wpc-edi.com).

The final Transaction Companion Guides, to be used in conjunction with the applicable TR3, are now available on the Denti-Cal website. They include changes unrelated to the 5010 conversion that represent a change from Denti-Cal's 4010A1 processing and should be carefully reviewed.

Testing

Clearinghouses and providers submitting directly to Denti-Cal are required to undergo certification for the 5010 format before any production claim data will be accepted. Trading partners will be contacted by Denti-Cal EDI Support and advised of the X12 Version 5010 certification process by October 31, 2011.

Providers who submit claims electronically through clearinghouses will not be required to undergo certification individually. They should, however, check with their clearinghouse to verify that certification has been obtained from Denti-Cal.

Denti-Cal will provide a test X12N 835 transaction to trading partners currently receiving the 4010A1 835 transaction beginning November 14, 2011.

For additional information regarding HIPAA, please refer to the following websites:

- Medi-Cal website:
files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_m.asp
- Department of Health Services Office of HIPAA Compliance:
dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/default.aspx
- Department of Health and Human Services
aspe.hhs.gov/admsimp/
- Washington Publishing Company
wpc-edi.com

For more information, please contact Provider Services toll-free at (800) 423-0507, or (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.

HIPAA Transaction Standards – Version 5010

Summary of Significant Changes Specific to Denti-Cal

837 Transaction:

The business use of the 837 transaction does not support the submission of data corrections to documents which have not been fully adjudicated. As a result, electronic RTDs will no longer be processed when submitted with version 5010 of the 837 transaction.

The repeat of the Billing Provider Secondary Identification segment has been reduced from 5 to 1. As a result, providers with a non sub-parted NPI are encouraged to use this segment in version 5010 to identify the billing service office number to prevent payment delays.

Providers can no longer submit a note at the service line level of the transaction. If it is necessary to provide a procedure code description, one may be sent in the new Procedure Description field that has been added to the transaction with version 5010.

The space allocated to submit claim notes in version 5010 has been significantly reduced from 1600 bytes to 400 bytes. In an effort to maximize the space available for clinical remarks, Denti-Cal is requiring the Other Coverage Carrier's Name and Address as well as the Service Facility Name and Address be sent in the appropriate transaction location with Version 5010. Please note, Service Facility Phone Numbers will continue to be submitted in the notes section when required.

When all services submitted with an 837 transaction have been rendered, providers may send a date of service at the claim header level with version 5010 transactions. Be aware when a date of service is submitted at the claim header level it will apply to all service lines.

With version 5010 transactions Denti-Cal will support processing of rendering provider information submitted at the claim header level. When a rendering provider ID is submitted at the claim header level, it will be applied to all dated service lines - unless additional rendering provider information is submitted at the service line level. When information is sent at the service line level it will be used regardless of whether data has been sent at the claim header level.

Note: Failure to submit rendering provider information at either the claim header or service line level with 5010 transactions will be viewed as certification that the billing provider was also the rendering provider. When a transaction is submitted without rendering provider information, the submitted billing provider information will be applied to all service lines and the document processed accordingly.

835 Transaction:

Beginning with version 5010, Payer Technical Contact Information will be provided within the transaction.

The Place of Service Code submitted with the 837 transaction will be returned to providers in the transaction.

276 and 277 Transactions:

The Patient Control Number has been added to the 276 transaction as a possible Claim Status Tracking Number. If this data is submitted with the 276 transaction, it will be returned in the 277 transaction.

A Claim ID Number for Clearinghouses and Other Transmission Intermediaries has also been added to the 276 transaction as a possible Claim Status Tracking Number. If this data is submitted with the 276 transaction, it will be returned in the 277 transaction.

Providers are reminded the only acceptable provider ID for electronic document submission is an NPI. Failure to submit an NPI may result in document rejection.

For more detailed Summaries, call (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to denti-caledi@delta.org.



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