



# Denti-Cal California Medi-Cal Dental Bulletin

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### 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.

#### Bakersfield

Basic & EDI/D335 - Aug 3, 2011

Advanced/D336 - Aug 4, 2011

#### Stockton

Workshop/D337 - Aug 5, 2011

#### Sunnyvale

Basic & EDI/D338 - Aug 23, 2011

Advanced/D339 - Aug 24, 2011

#### Santa Rosa

Workshop/D340 - Aug 25, 2011

## 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 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. In this case, a provider must ensure that its contracted clearinghouse has been certified through Denti-Cal, prior to submitting claims.

*After the target date of 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 until further notice.*

### 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

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Technical Report Type 3 (TR3) documents (previously referred to as Implementation Guides), published by Washington Publishing Company (WPC). TR3s are available now on the WPC web site ([wpc-edi.com](http://wpc-edi.com)).

To assist with the evaluation of changes required to convert to the 5010 format, Denti-Cal has developed Draft Transaction Companion Guides. These Draft Transaction Companion Guides, which should be used in conjunction with the applicable TR3, outline specific data requirements for the Denti-Cal program and are now available on the [Denti-Cal website](#).

**Please note: The Transaction Companion Guides are currently in draft form and are subject to change.**

A summary of significant changes related to the Denti-Cal program is attached for the following transactions:

- Health Care Claims (837)
- Remittance Advice (Health Care Claim Payment/Advice) for All Claim Types (835)
- Health Care Claim Status Inquiry (276)
- Health Care Claim Status Response (277)

Draft Transaction Companion Guides have been released to clearinghouses and providers who submit electronic documents directly to Denti-Cal. Availability of a finalized Denti-Cal EDI Companion Guide, that will include these Transaction Guides, will be announced in future bulletins.

## Testing

EDI trading partners must be certified as having successfully completed testing with the 5010 format before any production claim data will be accepted by Denti-Cal. As trading partners initiate testing, they will be advised of the X12 Version 5010 certification process that has been developed.

Denti-Cal will provide a test X12N 835 transaction to trading partners prior to January 2012. Additional information regarding when this test file will be made available will be provided in future bulletins.

Denti-Cal is not currently prepared to accept test transactions in the 5010 format from its trading partners. Additional information regarding testing instructions and schedules will be provided in future bulletins.

Clearinghouses and providers submitting directly are required to undergo certification for the 5010 format. 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.

## Frequently Asked Questions

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

- Medi-Cal website  
[files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa\\_m.asp](http://files.medi-cal.ca.gov/pubsdoco/hipaa/hipaa_m.asp)
- Department of Health Services Office of HIPAA Compliance  
[www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/default.aspx](http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/default.aspx)

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- Department of Health and Human Services  
[aspe.hhs.gov/admsimp/](http://aspe.hhs.gov/admsimp/)
- Washington Publishing Company  
[www.wpc-edi.com](http://www.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](mailto:denti-caledi@delta.org).

## HIPAA Transaction Standards - Version 5010

### Summary of Significant Changes Specific to Denti-Cal

#### 837 Transaction:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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:

1. Beginning with version 5010, Payer Technical Contact Information will be provided within the transaction.
2. The Place of Service Code submitted with the 837 transaction will be returned to providers in the transaction.

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**276 and 277 Transactions:**

1. 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.
2. 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](mailto:denti-caledi@delta.org).

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## Helpful Hints to Avoid Denials

Denti-Cal would like to offer the following to help offices avoid delays in payment and the denial of Claims and Treatment Authorization Requests (TARs).

- Beneficiaries 21 years and older;
  - Authorized procedures on a Notice of Authorization (NOA):
    1. Denti-Cal authorized treatment on an NOA may be allowed even though the beneficiary's 21st birthday occurs before the expiration date on the NOA. Procedures requiring prior authorization will be payable as long as the beneficiary is eligible at the time services are rendered.
    2. Orthodontic coverage is a benefit to age 21 for qualifying beneficiaries. Authorized Ortho treatment may be rendered on an eligible beneficiary through the month of their 21st birthday.
- All Denti-Cal forms: i.e. claims/TARs/NOAs/RTDs/CIFs require a live signature from the provider or authorized staff member. Rubber stamps or "signature on file" cannot be accepted.
- Use the existing NOA for a re-evaluation of a denied procedure by marking the re-evaluation box on the upper right corner and check the attachment box. Do not submit a Claim Inquiry Form (CIF).
- Bite-wing radiographs are considered arch films and are considered current for a period of 36 months.
- Anterior periapical radiographs and bite-wings are enough to establish arch integrity of the upper/lower arches.
- Do not use x-ray envelopes for periodontal charts or any other type of documentation. X-ray envelopes are to be used for radiographs and photographs only. Staple all attachments to the back of the Claim/TAR form. Do not reuse X-ray envelopes that have been returned to you by Denti-Cal.

### Billing Tips

#### Most common adjudication reason code denials:

1. Reason Code 128- Cast and prefabricated posts are benefits in endodontically treated devitalized permanent teeth only when crowns have been authorized and/or paid by the Denti-Cal program.

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Refer to Restorative General Policies (D2000- D2999) in [section 5](#) of the Provider Handbook.

2. Reason Code 113- Tooth does not meet the Manual of Criteria for a laboratory processed crown. Please re-evaluate for alternative treatment. Refer to Restorative General Policies (D2000- D2999) in [section 5](#) of the Provider Handbook.
3. Reason Code 081- Periodontal procedures cannot be justified on the basis of pocket depth, bone loss, and/or degree of deposits as evidenced by the submitted radiographs and/or charting. Refer to Periodontal General Policies (D4000- D4999) in [section 5](#) of the Provider Handbook.
4. Reason Code 048- Extraction of a tooth is not payable when pathology is not demonstrated in the radiograph, or when narrative documentation submitted does not coincide with the radiographic evidence. Refer to Oral and Maxillofacial General Policies (D7000- D7999) in [section 5](#) of the Provider Handbook.
5. Reason Code 326- Procedures being denied on this document due to invalid response to the RTD or, if applicable, failure to provide radiographs/attachments for this EDI document.