

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**.

Downey
Basic EDI/D359 - Feb. 2, 2012

Downey
Advanced/D360 - Feb. 3, 2012

San Diego
Basic EDI/D361 - Feb. 8, 2012

San Diego
Advanced/D362 - Feb. 9, 2012

Ontario
Ortho/D363 - Feb. 16, 2012

Culver City
Workshop/D364 - Feb. 17, 2012

Denti-Cal to Implement Current Dental Terminology (CDT) 11-12

Please note that Denti-Cal will be transitioning from the American Dental Association's Current Dental Terminology Version 4 (CDT-4) to CDT Version 11-12 (CDT 11-12), effective April 2, 2012.

On the effective date, Denti-Cal will implement a new Manual of Criteria (MOC) that will include the CDT 11-12 procedure codes. Prior to the effective date, providers must continue to use the CDT-4 codes listed in the current MOC (dated March 1, 2008).

CDT 11-12 Document Submission Requirements

Claims/TARs:

When submitting Claims/TARs, please note that:

- Claims submitted with dates of service prior to April 2, 2012 must utilize the current MOC (CDT-4).
- Claims submitted with dates of service on or after April 2, 2012 must utilize the new MOC (CDT 11-12).
- Effective April 2, 2012, TARs must be submitted utilizing the new MOC (CDT 11-12).

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Federal Rules for NPI Usage

To comply with new federal requirements, providers are reminded to immediately discontinue use of legacy (6-digit Denti-Cal) provider IDs and to use their National Provider Identifier (NPI) exclusively for paper and electronic claim submissions as well as Point of Service (POS) and Automated Eligibility Verification System (AEVS). Providers are required to use a valid NPI in secondary provider fields as well. This includes fields such as Rendering Provider, where applicable.



HIGHLIGHTS

On-Line Eligibility Access Through Medi-Cal's Web Site

Providers who wish to use the Medi-Cal Point of Service (POS) or Medi-Cal web site applications are required to have a Medi-Cal Point of Service (POS) Network/Internet Agreement on file with Medi-Cal.

Providers must include all requested information, sign and mail the completed Medi-Cal Point of Service (POS) Network/Internet Agreement, which is attached to this bulletin, to the following address:

Medi-Cal Fiscal Intermediary (ACS)
Attn: POS/Internet Help Desk
820 Stillwater Road West
Sacramento, CA 95605

Please note it will take approximately three business days to process the agreement.

Questions regarding this form or the Medi-Cal web site should be directed to the Medi-Cal POS/Internet Help Desk Help Desk at 1-800-427-1295.

Medi-Cal Dental Patient Referral Service

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Denti-Cal patients. This referral service can be 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 medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form and mail it to:

California Medi-Cal Dental Program
Attn: Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

The updated Medi-Cal Dental Patient Referral Service Form has been included with the bulletin as an attachment. To access this and other attachments, click on the paperclip icon on the lower-left portion of the Adobe Reader reading pane.

Notices of Authorization (NOAs):

Please note the following guidelines for NOAs issued prior to April 2, 2012:

- NOAs issued with procedure codes utilizing the current MOC (CDT-4) will be valid on or after the effective date of April 2, 2012. Authorized services must be rendered during the authorization period.
- If there is a change in the authorization treatment plan or additional services are required, do not add these services to the NOA. Submit a new claim or TAR for any additional services.

Significant Procedure Code Changes with CDT 11-12

Effective April 2, 2012, the following procedures will no longer be a benefit:

- Procedure D1201 – Topical Application of Fluoride (including prophylaxis) – Child
- Procedure D1205 – Topical Application of Fluoride (including prophylaxis) – Adult

Effective April 2, 2012, the following procedures will be a benefit:

- Procedure D1206 – Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
- Procedure D1352 – Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth
- Procedure D1555 – Removal of Fixed Space Maintainer
- Procedure D2712 – Crown-3/4 Resin Based Composite (Indirect)
- Procedure D4910 – Periodontal Maintenance
- Procedure D8693 – Rebonding or Recementing: and/or Repair, as required, of Fixed Retainers

New and Modified Adjudication Reason Codes (ARC)

Adjudication Reason Code 031C will be added. The new code states:

- ARC 031C** Photographs are not payable when taken for patient identification, multiple views of the same area, treatment in progress and post-operative views.

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The following Adjudication Reason Codes will be modified to read as below:

- ARC 020C** Prophy and fluoride procedures are allowable once in a six-month period.
- ARC 020D** Prophy and fluoride procedures are allowable once in a 12-month period.
- ARC 020E** Procedure will not be considered within 90 days of a previous prophy or fluoride procedure.
- ARC 054B** Alveoplasty is not a benefit in conjunction with only one extraction in the same quadrant.
- ARC 118** Anterior proximal restorations are only payable as two or three surface restorations when radiographs demonstrate that the tooth structure is involved to a point one-third the mesial-distal width of the tooth.
- ARC 221** Procedure is only a benefit in conjunction with orthodontic treatment.

Provider and Billing Intermediary Application/Agreement Form Update

The Medi-Cal Dental Provider and Billing Intermediary Application/Agreement (B-PRV-FRM-026) has been updated as a result of the Welfare & Institutions Code Section 14040 requirements. Effective March 1, 2012, the following information is now required for the updated Provider and Billing Intermediary Application/Agreement:

- Provider and Billing Intermediary Application/Agreement
- Billing Intermediary Service Contract(s)/Agreement(s)
- Biller Business License/Tax Certificate
- Provider Driver's License or State-Issued Identification Number Card
- Biller Driver's License or State-Issued Identification Number Card

Please note that the information listed above is required **only** for new Billing Intermediaries applying for enrollment in the Denti-Cal program. Billing Intermediaries already enrolled in Denti-Cal do not need to provide this information unless requested by Denti-Cal.

For more information about enrollment forms and the regulatory requirements for participation in the Denti-Cal Program, please visit our Web site at www.denti-cal.ca.gov and click on the "Providers" link, or if you have any questions, contact the Telephone Service Center at 1-800-423-0507.



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