

Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars

Reserve your spot for one of our training seminars.

Redding
Basic & EDI/D430 - June 14, 2013

Bakersfield
Basic & EDI/D431 - June 19, 2013

Pasadena
Basic & EDI/D432 - June 27, 2013

Pasadena
Advanced/D433 - June 28, 2013

Provider Enrollment Assistance Line

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

Next available date:

Wednesday, June 19, 8 am - 4 pm.

Ninth Circuit Denies Request for Rehearing Regarding Assembly Bill 97 Payment Reductions

On May 24, 2013, the United States Court of Appeals for the Ninth Circuit denied the plaintiffs' request to rehear a December 2012 federal appellate court decision that lifted four preliminary injunctions against payment reductions for certain Medi-Cal providers. The injunctions had prevented the Department of Health Care Services (DHCS) from implementing [Assembly Bill 97 \(AB 97\)](#) payment reductions for services rendered on or after the date injunctions were issued. The four injunctions impacted AB 97 payment reductions for the following services:

Emergency and Non-Emergency Medical Transportation, Pharmacy, Durable Medical Equipment, Medical Supplies, Physician and Clinic Services for Adults, Dental Services, and Distinct Part Nursing Facilities Level B.

The injunctions remain in effect until the Ninth Circuit issues a document that formally vacates the injunctions, which is expected by May 31, 2013. DHCS will then no longer be prevented from implementing AB 97 reductions for effected services rendered on or after June 1, 2011. DHCS will provide subsequent updates on its implementation schedule for payment reductions.

Claim Inquiry Forms for Electronic Data Interchange and Paper Documents

Beginning July 1, 2013, providers will have the option of not submitting hard copies of radiographs and other documentation related to a Claim Inquiry Form (CIF) if the provider indicates digitized image reference numbers in the form's remarks box. If a provider chooses **not** to include digitized image reference numbers on a CIF, then the provider **must** send in hard copies.

Please note that only paper CIFS are accepted by Denti-Cal, and digitized images of CIFS will not be accepted.

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Until the change goes into effect, providers are still required to submit hard copy radiographs/documentation or paper printouts of digitized images relevant to the procedure in question.

More information about EDI can be found in the “Digitized Images and Electronic Data Interchange (EDI) Documents” article found in this bulletin. Additional information about CIFs is found in “[Section 6 – Forms](#)” in the Denti-Cal Provider Handbook.

Questions regarding this topic or the Denti-Cal program in general can be directed to Denti-Cal Customer Services at 1-800-423-0507.

Digitized Images and Electronic Data Interchange (EDI) Documents

In conjunction with claims and Treatment Authorization Requests (TARs) submitted electronically, Denti-Cal accepts digitized images submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA), National Information Services (NIS) and Tesia Clearinghouse, LLC.

In order to submit digitized images, providers must apply and be approved to participate in the EDI program. For more information on EDI enrollment, please contact the Denti-Cal Telephone Service Center at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: denti-caledi@delta.org).

Electronic Vendor and Document Specifications

The following documentation related to EDI claims and TARs can be submitted electronically through NEA, NIS or Tesia Clearinghouse, LLC web sites:

<i>Images That <u>CAN</u> Be Transmitted:</i>	<i>Images That <u>CANNOT</u> Be Transmitted:</i>
<ul style="list-style-type: none"> ◆ Documentation related to claims and TARS to be submitted electronically: <ul style="list-style-type: none"> • Radiographs • Periodontal Evaluation Charts • Justification of Need for Prosthesis Forms (DC054) • Photos • Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> ◆ Any documentation related to claims and TARs submitted on paper. ◆ CIFs, RTD or NOAs issued for paper or EDI documents

- ◆ NEA Users: Radiographs/photographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA’s reference number must be entered on the EDI claim or TAR using the following format: “NEA#” followed by the reference number, with no spaces. For example:

NEA#9999999

It is important to use this format and sequence. Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim.

Questions about this may be directed to NEA at (800) 782-5150 option 3. For NEA enrollment information, visit <http://www.nea-fast.com> and enter promotion code DENTICAL.

- ◆ NIS Users: Create your claim or TAR. Before transmitting a document electronically, attach your radiographs/photographs and attachments. Use your Document Center to scan images, photos, etc.

For NIS information, call (800) 734-5561, select option #1, and option #1 again.

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MEDI-CAL DENTAL PATIENT REFERRAL SERVICE

Denti-Cal providers are encouraged to 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 newly updated [Medi-Cal Dental Patient Referral Service Form](#) attached to this bulletin. Complete the form in one of the following ways:

- Access the form and complete on-line at www.denti-cal.ca.gov. The form can be completed and submitted online.
- Fax the completed form to 916-631-0672.
- Mail the completed form to:

Denti-Cal
Attn: Provider Enrollment
P.O. Box 15609
Sacramento, CA 9552

- Call the Telephone Service Center at 1-800-423-0507 and an agent will assist you in completing the form.

If you have any questions about the form or the referral service, please contact the Denti-Cal Telephone Service Center at 1-800-423-0507.

- ◆ Tesia Clearinghouse, LLC: Create your claim or TAR. Before transmitting a document electronically, include your radiographs/photographs and attachment

For Tesia Clearinghouse, LLC information, call (800) 724-7240.

Image Dates

All radiograph/photograph images submitted electronically require an "image created date." The "image created date" should reference the date the radiographs/photographs were taken in the office.

Images should not be transmitted electronically for EDI claims or TARs that have already been submitted and are waiting for radiographs and/or attachments to be mailed. Digitized images of Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs), and Notices of Authorization (NOAs) cannot be processed.

For additional information on how to submit reference numbers (also referred to as attachment control numbers), refer to the [HIPAA Transaction Standard Companion Guide \[Denti-Cal EDI \(Electronic Data Interchange\) Companion Guide\]](#).

Please note the attached Tip Sheets. For more information on sending digitized images to Denti-Cal, contact EDI Support at (916) 853-7373.

Billing Providers Must Ensure Their Rendering Providers Are Enrolled

Billing providers **MUST** ensure that all their rendering providers are enrolled in the Denti-Cal program prior to treating Medi-Cal patients. To receive payment for dental services rendered to Medi-Cal beneficiaries, prospective providers must apply and be approved by Denti-Cal to participate in the Denti-Cal Program. Payments made to billing providers for services performed by their rendering providers who are not enrolled in the Denti-Cal program will be subject to payment recovery. [Title 22 Section 51458.1\(a\)\(6\)](#) states:

(a) The Department shall recover overpayments to providers including, but not limited to, payments determined to be:

(6) For services prescribed, ordered or rendered by persons who did not meet the standards for participation in the Medi-Cal program at the time the services were prescribed, ordered or rendered.

Rendering providers are required to submit a complete [DHCS 6216 \(rev.2/08\) Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers](#). Instructions about enrolling in the Denti-Cal program are found in the Provider Handbook, "[Section 3 – Enrollment Requirements](#)".

For more information, contact Denti-Cal at 1-800-423-0507, view our [Provider Enrollment Tool Kit](#), or [register](#) for the monthly Provider Enrollment Assistance Line held on June 19, 2013.



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