

# Denti-Cal California Medi-Cal Dental Bulletin

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## Training Seminars

Reserve an [available spot](#) for one of our open training seminars.

Long Beach  
Workshop/D513 - Nov. 4, 2014

Garden Grove  
Basic & EDI/D514 - Nov. 5, 2014  
Advanced/D515 - Nov. 6, 2014

Webinar  
Basic & EDI/D516 - Nov. 14, 2014

San Diego  
Basic & EDI/D517 - Nov. 19, 2014  
Advanced/D518 - Nov. 20, 2014

## Provider Enrollment Assistance Line

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

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

## Reminder: Adjudication Reason Code (ARC) 300A

Denti-Cal would like to remind providers that duplicate services cannot be authorized/paid on a new claim/Treatment Authorization Request (TAR) when an existing authorization has been received. If the beneficiary has recently been to another provider and an authorization for the same or similar treatment has been issued, written notification from the beneficiary stating that he/she **will not** be returning to the original provider is required to be attached to the new TAR.

In an effort to expedite the processing of duplicate TARs from different providers for the same beneficiaries, the duplicate TAR will be denied with Adjudication Reason Code (ARC) 300A. ARC 300A reads as follows:

**300A** Procedure recently authorized to a different provider. Please submit a letter from the patient if he/she wishes to remain with your office.

**If the beneficiary wishes to remain with your office, submit a new TAR with the written notification from the beneficiary stating they will not be returning to the provider that originally submitted the TAR and attach it to the new TAR from your office.**

This ARC code will be used when an incoming duplicate TAR is received from a different provider within 60 days of the initial authorized date.

For more information about ARC 300A or other aspects of the Denti-Cal program, please contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

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## 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 beneficiaries. 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 the Denti-Cal Provider Customer Service Line at 1-800-423-0507, view our [Provider Enrollment Tool Kit](#), or [register](#) for the monthly [Provider Enrollment Assistance Line](#) to be held on November 19, 2014.

## Verifying Beneficiary Identification

Denti-Cal would like to remind providers that beneficiary eligibility for the Denti-Cal program is determined by a County Social Services office and reported to the State of California. A Medi-Cal Benefits Identification Card (BIC) is issued to beneficiaries who are eligible for Medi-Cal benefits. The BIC serves as a permanent identification for a Medi-Cal beneficiary; however, possession of the card does not guarantee eligibility for Medi-Cal benefits.

Providers are also reminded to always verify eligibility prior to rendering services. Providers may access the Medi-Cal Automated Eligibility Verification System, the Point of Service (POS) device, or the Medi-Cal website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)), and may, with the beneficiary's approval, use the beneficiary's Social Security Number (SSN) to verify eligibility. Please note that verifying eligibility on the Internet or the POS device does require providers to complete and mail the [Medi-Cal Point of Service \(POS\) Network/Internet Agreement to the POS/Internet Help Desk](#). Being aware that a beneficiary's SSN is an allowable method to verify Medi-Cal eligibility is especially important when providing necessary services to foster children whose foster parents may not have received the child's BIC.

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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:	Location:	County:
Wednesday, Nov. 5, 2014 8:00 AM- 4:00 PM <a href="#">Register Now!</a>	Double Tree 2001 Point West Way Sacramento, CA 95815 916-929-8855	Sacramento County
Friday, Nov. 21, 2014 8:00 AM- 4:00 PM <a href="#">Register Now!</a>	Hilton 1960 Harbor Island Dr. San Diego, CA 92101 866-715-0006	San Diego County

If the beneficiary is unknown to the provider, the provider is required to make “good faith” effort to verify the beneficiary’s identification by matching the name and signature on the Medi-Cal issued ID to that on a valid photo identification (a California driver’s license, an ID card issued by the Department of Motor Vehicles, or any other document which appears to validate and establish identity). Providers must retain a copy of this identification in the beneficiary’s records.

In accordance with “[Section 4 - Treating Beneficiaries](#)” of the Provider Handbook, no identification verification is required in certain circumstances. Identification verification is not required when:

- ◆ The beneficiary is 17 years of age or younger;
- ◆ The beneficiary is receiving emergency services;
- ◆ The beneficiary is a resident in a long-term care facility.

A Medi-Cal eligible beneficiary may receive dental services provided under the Denti-Cal program. However, limitations or restrictions of dental services may apply in certain situations to the following individuals:

- ◆ Those enrolled in a dental managed care plan;
- ◆ Those who are assigned special aid codes;
- ◆ Those with minor consent restricted service cards.

Please remember that a Medi-Cal beneficiary’s eligibility is not a guarantee that Denti-Cal will reimburse the provider for rendered procedures.

For more information on verifying beneficiary identification and Denti-Cal beneficiary eligibility, please refer to the [Provider Handbook](#) or call the Denti-Cal Provider Customer Service line at 1-800-423-0507.

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## Reminder: Do Not Submit Original Radiographs

Providers are reminded to never send original radiographs to Denti-Cal. Original radiographs are part of the beneficiary’s clinical record and must be retained by the provider at all times. Please only submit duplicate images or copies to Denti-Cal. In addition, please make sure that your duplicate images or copies are diagnostic and properly labeled. Please be sure to include the beneficiary’s name, date of radiograph, and label right/left or some indication of tooth/quadrant/area (as applicable) on the duplicate image or copy of the original radiograph.

According to the accepted standard of dental practice, the fewest number of radiographs needed to provide a diagnosis shall be taken. More information on submitting radiographs can be found in “[Section 2 – Program Overview](#)” in the Provider Handbook.



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