Denti-Cal
California Medi-Cal Dental

Bulletin

July 2018
Volume 34, Number 13

This Issue:

Training Seminars

Reserve an available spot for one of our open training seminars.

Seminar - Long Beach (D720)
Basic & EDI - July 10, 2018
12:30pm - 4:30pm

Seminar - Long Beach (D721)
Advanced - July 11, 2018
8:00am - 12:00pm

Webinar (D722)
Basic & EDI - July 17, 2018
8:30am - 12:30pm

Webinar (D723)
Advanced - July 18, 2018
8:00am - 12:00pm

Seminar - San Diego (D724)
Basic & EDI - July 26, 2018
12:30pm - 4:30pm

Seminar - San Diego (D725)
Advanced - July 27, 2018
8:00am - 12:00pm

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
Go here for more information!

Available every Wednesday
8am - 4pm

Denti-Cal Payment Schedule Change

Due to the Independence Day holiday, the Denti-Cal payment schedule has been adjusted for the week of July 2, 2018. All providers will be issued their regular payment on Friday, July 6, 2018.

Please check the Denti-Cal website www.denti-cal.ca.gov for future notifications. For questions, please call the Telephone Service Center at 1-800-423-0507.

Important: Submitting a Notice of Authorization (NOA)

When submitting Notices of Authorization (NOAs), the Medi-Cal Dental Program requests that providers and their dental offices **do not** punch holes in the top of NOAs. When holes are punched in the top of a NOA, the Document Control Number (DCN) may be unreadable. Delays in processing can occur if a NOA is submitted with an altered or unreadable DCN number.

If a provider or their dental office staff needs to punch holes in a NOA, they may turn the NOA upside down and punch holes on the bottom, where a NOA does not contain important information.

For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

Point of Service (POS) VeriFone VX 520 Device to Decommission in July 2018

In July 2018, the VeriFone VX 520 Point of Service (POS) device will be decommissioned. Transactions from these devices will no longer be accepted or processed after decommission. A final notification letter will be mailed out instructing providers to return the devices.

Providers may contact the POS Help Desk at 1-800-541-5555 (option 5, followed by option 6) for information about the decommission and to learn about available alternative options.

Medi-Cal Benefit Added: Nonmedical Transportation

Pursuant to *Welfare and Institutions Code* (W&I Code) Section 14132 (ad) (1), effective for dates of service on or after July 1, 2018, non-medical transportation (NMT) is a covered Medi-Cal benefit, subject to utilization controls and permissible time and distance standards, for a beneficiary to obtain covered Medi-Cal services. The NMT benefit is eligible full-scope Medi-Cal fee-for-service beneficiaries and pregnant women during pregnancy and for 60 days postpartum, including any remaining days in the month in which the 60th postpartum day falls. NMT includes transporting recipients to and from Medi-Cal covered medical, mental health, substance abuse or dental services. Beneficiaries enrolled in a Medi-Cal managed care health plan must request NMT services through their Member Services.

W&I Code 14132 (ad)(2)(A)(i) defines NMT as including, at minimum, round trip transportation for a recipient to obtain covered Medi-Cal services by passenger car, taxicab, or any other form of public or private conveyance. NMT services are a benefit only from an enrolled NMT Provider.

NMT does not include the transportation of sick, injured, invalid, convalescent, infirm or otherwise incapacitated recipients by ambulances, litter vans or wheelchair vans licensed, operated and equipped in accordance with state and local statutes, ordinances or regulations, since these would be covered as non-emergency medical transportation (NEMT) services. For more details and information on eligibility for NMT/NEMT services, refer to the guide located [here](#).

Please visit the Denti-Cal website to assist your patients with information about their qualifying appointment(s) https://www.denti-cal.ca.gov/DC_documents/beneficiaries/DC_beneficiary_handbook.pdf.

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. When a beneficiary is eligible for Medi-Cal, he/she will receive a Beneficiary Identification Card (BIC). While the BIC serves as a permanent identification for a Medi-Cal beneficiary, possession of the card **does not** guarantee eligibility for Medi-Cal benefits. **However, a beneficiary's Social Security Number (SSN) is an allowable method to verify Medi-Cal eligibility and is especially important when providing necessary services to foster children whose foster parents may not have received the child's BIC.**

NEED MORE INFORMATION?

Provider Enrollment Workshops
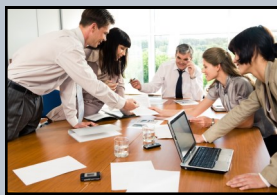
Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Friday, July 6, 2018 8:00 AM - 4:00 PM **Register Now!**	Embassy Suites 900 East Birch St Brea, CA 92821	Orange
Thursday, July 19, 2018 8:00 AM - 4:00 PM **Register Now!**	La Quinta Resort 49-499 Eisenhower Dr La Quinta, CA 92253	Riverside

Providers are reminded to always verify eligibility prior to rendering services. Providers may access the Medi-Cal Automated Eligibility Verification System or the Medi-Cal website (www.medi-cal.ca.gov), and may, with the beneficiary's approval, use the beneficiary's SSN to verify eligibility. Please note that verifying eligibility on the Internet does require providers to complete and mail the Medi-Cal Point of Service (POS) Network/Internet Agreement to the POS/Internet Help Desk. Providers can verify eligibility by calling the Medi-Cal Automated Eligibility Verification System (AEVS) at 1-800-456-AEVS (2387).

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, **current** 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 necessarily a guarantee of payment by Denti-Cal. All criteria and policies for each procedure must still be met.

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

Submit Documents Electronically through Electronic Data Interchange (EDI)

Submitting Claims and Treatment Authorization Requests (TARs) electronically using Electronic Data Interchange (EDI) makes billing and tracking documents easier, and helps maximize practice management system capabilities. EDI-enrolled providers can also receive their Notices of Authorization (NOAs), Resubmission Turnaround Documents (RTDs) and Explanation of Benefits (EOB) data electronically. More than 64% of documents received by Medi-Cal Dental Services Division are submitted electronically.

Providers can determine their own potential savings in submitting claims electronically by using the EDI savings Calculator available on the National Dental EDI Council web site (www.ndedic.org).

In conjunction with EDI documents, Denti-Cal also accepts digitized radiographs and attachments submitted through electronic attachment vendors DentalXChange, National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Providers must be enrolled to participate in the EDI program. Select the following link for an EDI Enrollment Packet: https://www.denti-cal.ca.gov/DC_documents/providers/EDI_enrollment_packet.pdf. Additional information is available in the EDI How-To Guide available on the Denti-Cal website at https://www.denti-cal.ca.gov/DC_documents/providers/Denti-Cal_EDI_How_To_Guide.pdf.

For information on how to enroll in EDI, please contact the Denti-Cal Telephone Service Center at 1-800-423-0507, or call 1-916-853-7373 and ask for EDI Support. EDI-related questions can also be emailed to denti-calEDI@delta.org.