

Denti-Cal Bulletin



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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

National Provider Identifier (NPI) Update

Denti-Cal is currently assessing its present systems to comply with the HIPAA regulations for implementing the NPI. Denti-Cal providers, dental plans, and clearinghouses must begin using/accepting the NPI on all HIPAA electronic covered transactions beginning May 23, 2007.

Providers must continue utilizing their existing Denti-Cal provider numbers until further notice.

Providers may apply for an NPI by:

- ✓ Visiting the Web site at <http://nppes.cms.hhs.gov>, or
- ✓ Mailing a completed paper application to the address found at the above Web site, or
- ✓ Calling (800) 465-3203 or (800) 692-2326 (TTY).

For more general information about the NPI, please visit the Web site for the Centers for Medicare & Medicaid Services (CMS) at <http://www.cms.hhs.gov/NationalProvIdentStand>.

Current Dental Terminology (CDT)

CDT has been delayed pending the final approval of Manual of Criteria (MOC) regulations, which is a State legislative process. As a result, CDT codes are not accepted by Denti-Cal at this time. Any claim service line (CSL) submitted with a CDT procedure code, an invalid procedure code, or a blank procedure code field, will be denied.

As additional information becomes available, Denti-Cal will release it to providers.

\$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY SERVICES (DENTAL CAP)

The California Department of Health Services has implemented changes in covered benefits. Section 14080 of the Welfare and Institutions Code indicates that from January 1, 2006 through January 1, 2009, non-exempt dental services to beneficiaries 21 years of age and above will be capped at \$1,800 per beneficiary for each calendar year.

Providers are responsible to check the beneficiary cap status prior to rendering services to determine the current remaining balance. This information can be accessed by telephoning Denti-Cal toll-free at (800) 423-0507.

To help reduce the possibility that procedures performed will not be fully paid because the dental cap has been reached, providers should

- ✓ verify the beneficiary cap.

- ✓ discuss with beneficiary any other treatment recently received from another provider.
- ✓ quickly submit claims for procedures not requiring prior authorization.
- ✓ upon receipt of a Notice of Authorization (NOA), promptly perform services and submit requests for payment.

Debits toward the cap are based upon the order in which claims/NOAs are processed. Authorization does not guarantee payment. Non-exempt services will be paid in the order they are received and processed until the annual cap is reached for a calendar year.

Adjudication Reason Codes 501 and 502, created to assist in the processing of claims, read as follows:

- 501** Per documentation, service does not qualify as an emergency. Paid amount is applied towards the beneficiary services dental cap. Payment for this service reflects the maximum allowable amount as beneficiary services dental cap may have been met.
- 502** Per documentation, service qualifies as an emergency. Paid amount has not been applied towards the beneficiary services dental cap.

Two new policy codes have been created to determine whether claim service lines (CSLs) submitted as emergency services are, or are not, emergency services.

Policy Code 58 reads as follows:

- 58** Emergency services documentation is insufficient, bene cap applied.

Policy Code 59 reads as follows:

- 59** Bene cap not applied. Documentation of services qualifies as an emergency.

For additional information, please consult the four previous bulletins detailing this subject: Volume 21, Numbers 34, 35, 36, and Volume 22, Number 10.

DENTI-CAL NO LONGER PROCESSES COUNTY MEDICAL SERVICES PROGRAM (CMSP) DENTAL SERVICES

Providers are reminded that, since October 1, 2005, Doral Dental Services of California, the dental services subcontractor for Blue Cross Life & Health Insurance Company (Blue Cross), is administering CMSP.

Providers are also reminded that, effective April 1, 2006, all claims submitted for CMSP, whatever the date of service, will be denied by Denti-Cal.

The following adjudication reason code has been created for claims received after April 1, 2006:

- 387** Payment disallowed. The request for CMSP dental services was not received before April 1, 2006. Contact Doral Dental Services of California (1-800-341-8478).

The following new policy code has been created for CMSP dental services:

- 71** Payment denied. Time limitation for submitting CMSP claims has expired.

SUBMISSION REQUIREMENTS FOR SPECIALIST CONSULTATION (PROCEDURE 040)

Providers are reminded of the criteria for Procedure 040. Per the Denti-Cal Manual of Criteria, Procedure 040 is described as follows:

1. A consultation for diagnostic purposes is a benefit to dental providers who are recognized in any of the dental specialties providing:
 - a. The specialist is not the dentist providing the treatment, and
 - b. A copy of the specialist's report accompanies the claim.
2. This procedure is not a benefit for normal referrals from one practitioner to another for continued treatment by a specialist.

The specialist's report shall be a copy of the interoffice report the specialist sends to the referring dentist. It must be dated, contain the name and address of the referring dentist, and contain adequate documentation as to the specialist's clinical findings and treatment recommendations.

If the specialist's report indicates that the specialist has treated, or plans to treat the referred patient, the request for payment for Procedure 040 will be denied. When treatment is required by the specialist, Procedure 010 (Examination, Initial Episode of Treatment Only) should be billed for the initial consultation.

REMINDER: UPCOMING DENTI-CAL SEMINARS

In June 2006 these seminars are offered. If in your area, please consider attending, then phone Denti-Cal toll-free at (800) 423-0507 to make a reservation.

June 9, 2006	D050/Workshop	Morgan Hill
June 16, 2006	D051/Workshop	Fresno
June 22, 2006	D052/Basic Seminar and EDI Overview	San Bernardino
June 23, 2006	D053/Advanced Seminar	San Bernardino
June 29, 2006	D054/Workshop	Fullerton
June 30, 2006	D055/Advanced Seminar	Fullerton

If there are questions about any of the above, please call Denti-Cal toll-free at (800) 423-0507.