

Denti-Cal Bulletin



VOLUME 22, NUMBER 24

P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609

AUGUST 2006

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

National Provider Identifier (NPI) Update

*Only 9 months until the NPI compliance date!
Do you have your NPI?*

Denti-Cal providers, dental plans, and clearinghouses *must* begin submitting 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 in one of three ways:

- ✓ Visiting the Web site at <http://nppes.cms.hhs.gov>;
- ✓ Mailing a completed paper application to the address found at the above Web site;
- ✓ 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> and for frequently asked questions:

http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_alp.php?p_sid=bI-syZ8i

Current Dental Terminology (CDT)

CDT continues to be delayed pending the final approval of Manual of Criteria (MOC) regulations via the State legislative process.

CDT codes will not be 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.

VERIFY YOUR TAX IDENTIFICATION NUMBER

The California Medi-Cal Dental Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The Business Name and Tax Identification Number (TIN) must match **exactly** with the name and TIN on file with the IRS. If the Business Name and TIN **do not** match, the IRS requires Denti-Cal to withhold 31% of future payments.

Tax Identification Number

The TIN may either be a Social Security Number (SSN) or an employer identification number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. **Please verify that the Business Name and TIN on the next check/EOB you receive from Denti-Cal are correct.** If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

Updating Your Tax Identification Number

If the Business Name and/or TIN are incorrect, a Medi-Cal Supplemental Changes - DHS 6209 (Rev. 1/06) form is required to make necessary changes. Please attach a valid, legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

- ◆ If your business type has changed (for example: sole proprietorship, corporation or partnership) you will be required to complete a new Medi-Cal Provider Group Application - DHS 6203 (Rev. 1/06) or a Medi-Cal Provider Application - DHS 6204 (Rev. 1/06), Medi-Cal Disclosure Statement - DHS 6207 (Rev. 1/06), and Medi-Cal Provider Agreement - DHS 6208 (Rev 1/06).
- ◆ If you are incorporated, attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document **from** the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).

If your corporation is doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application form, please contact Denti-Cal toll-free at (800) 423-0507 or visit the Medi-Cal Web site: www.medi-cal.ca.gov. Failure to submit the appropriate form and supporting documents will delay the processing of your application and will be returned as incomplete.

OPTICAL CHARACTER RECOGNITION (OCR)/INTELLIGENT CHARACTER RECOGNITION (ICR)

With goals to improve processing time and responsiveness to provider and beneficiary inquiries, Denti-Cal implemented new claims-processing technology in June 2005.

Now that Denti-Cal has been using the OCR/ICR technology for over a year, we have become aware of provider submission patterns that are incompatible with the new processing system.

For optimum results, we ask that you follow the specifications listed below. Failure to do so could possibly result in misadjudicated documents or processing delays.

Do

- **Use a laser printer for best results.** If handwritten documents must be submitted, use neat block letters, black ink, and stay within the field boundaries.
- **Use a 10 point font.** Smaller fonts may result in potential misread by the scanners.
- **Submit notes and attachments on 8 ½” by 11” paper.** Small attachments must be taped to standard paper in order to go through the scanner.
- **Submit notes and attachments on one side of the paper only.** Double-sided attachments require copying and additional preparation for the scanners.
- **Enter quantity information in the quantity field.** OCR does not read the description of service field to pick up the quantity.
- **Complete boxes 19 and 20.** Enter the complete Billing Provider Name, Provider Number, and Service Office Number to ensure appropriate payment to the correct billing number.

Do Not

- **Do not place additional forms, attachments, documentation, periodontal charts, or DC-054 (Justification for Prosthesis) forms inside the x-ray envelope.** Once the attachment is discovered, substantial manual effort is required to associate the attachment to the original claim or Treatment Authorization Request (TAR) form. This results in an unavoidable delay in adjudication.
- **Do not use the carbon claims or TAR forms with the attached x-ray envelope. These are the DC-001A, DC-001B, DC-001C, and DC-001D.** Processing these documents is manually labor intensive. The scanners have difficulty reading the carbon print. The carbon leaves residue inside the scanners, resulting in more frequent service calls. The form itself must be trimmed to scanner size, and the envelope must be hand addressed. **Please discard these forms.**

The items listed above have been identified as outstanding submission issues that result in substantial processing delays. For a full list of specifications and helpful billing hints for OCR/ICR, please refer to Denti-Cal Bulletin Volume 21, Number 28, issued July 2005.

PREVENTION OF IDENTITY THEFT

To prevent identity theft, the California Department of Health Services (CDHS) strongly encourages all providers to avoid using a beneficiary's Social Security Number (SSN) whenever possible, including for the purposes of administrative billing and submission of Treatment Authorization Requests (TARs).

When submitting claims and TARs to Denti-Cal, providers should use the 14-character ID number from the Benefits Identification Card.

CDHS recognizes the importance of protecting the identity and the health information of beneficiaries and is currently working on system changes that will prevent the use of SSNs on Denti-Cal claims and TARs.

VISIT DENTI-CAL AND ELECTRONIC DATA INTERCHANGE (EDI) BOOTHS AT SAN FRANCISCO CALIFORNIA DENTAL ASSOCIATION (CDA) SCIENTIFIC SESSION

Be sure to visit Denti-Cal, Outreach, and Electronic Data Interchange (EDI) at the CDA Scientific Session in San Francisco, Friday, September 15, 2006 through Sunday, September 17, 2006. Look for Denti-Cal Provider Relations staff in booth 725, with Denti-Cal Outreach and representatives from Denti-Cal's EDI program in booth 727. Both booths are on the first floor of the West Exhibit Hall in the Moscone Center.

DENTI-CAL SEMINARS SCHEDULED FOR SEPTEMBER:

D066/Workshop	September 22, 2006	Temecula
D067/Workshop	September 29, 2006	Garden Grove

MEDI-CAL DENTAL PATIENT REFERRAL SERVICE

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Medi-Cal dental 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
Enrollment Department
P.O. Box 15609
Sacramento, CA 95852-0609

If there are questions regarding this information, please call Denti-Cal toll-free at (800) 423-0507.



Denti-Cal

California Medi-Cal Dental Program

Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program (Denti-Cal) offers a voluntary patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Denti-Cal patients.

Complete this form and return it to the Denti-Cal in the enclosed envelope.

If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call Denti-Cal toll-free (800) 423-0507.

Sincerely,
Provider Services
Medi-Cal Dental Program
Denti-Cal

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- ☐ Yes I would like Denti-Cal patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.
- ☐ No I do not want Denti-Cal patients referred to my office. Please do not include my name on your referral list.

Provider Name: _____ Billing Provider ID: _____ Service Office #: _____

Business Name: _____

Fictitious Name: _____

Office Address: _____

Office Telephone: () _____ Is your office wheelchair accessible? ☐ Yes ☐ No

What other languages are spoken in your office? _____

List any dental specialties or services offered in your office (i.e., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): _____

What age group of children does your office see? ☐ 5 & under ☐ 6 – 12 ☐ 13 & older

Billing Provider Signature: _____ Date: _____