

Denti-Cal Bulletin



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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

National Provider Identifier (NPI) Update

Only 11 months until the NPI compliance date!

Do you have your NPI?

Denti-Cal providers, dental plans, and clearinghouses *must* begin 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 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 Centers for Medicare & Medicaid Services (CMS) Web site 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

Look for additional information regarding the NPI in next month's Denti-Cal bulletin!

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.

PAYMENT POLICIES FOR ASSISTANT SURGEONS

Assistant surgeons should bill Denti-Cal using Procedure 299 (Unlisted Surgical Service or Procedure), and may be paid 20% of the surgical fee paid to the primary surgeon (dentist or physician) provided the following is submitted with the claim:

- ✓ The operating report containing the name of the assistant surgeon;
- ✓ Proof of payment to the primary surgeon.

Surgical fees include major maxillofacial and orthognathic procedures, as well as trauma surgery, and include all associated extractions. All other procedures (anesthesia, radiographs, restorations, et

cetera) performed on the same date of service as the surgical procedure including bedside visits (Procedure 030) and hospital care (Procedure 035) are not considered in the determinations of the surgical fee and are not payable to assistant surgeons.

Assistant surgeons will be paid 20% of the primary surgeon's allowable surgery fee.

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62, which reads as follows:

The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.



Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____

Check the boxes that apply to your practice:

☐ AHK (Alameda Healthy Kids)

☐ GHPP (Genetically Handicapped Persons Program)

☐ CCS (California Children's Services)

☐ GMC (Geographic Managed Care)
Plan Name: _____

☐ DMC (Dental Managed Care)
Plan Name: _____

☐ HFP (Healthy Families Program)

☐ FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic)

Provider Name

Provider Number

Provider Signature

If there are any questions, please contact Denti-Cal at (800) 423-0507.