

Denti-Cal Bulletin



VOLUME 23, NUMBER 39 PO BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 OCTOBER 2007

Changes to the Denti-Cal Program Due to Legislation Regarding Use of Social Security Numbers (SSNs)

Denti-Cal recognizes the importance of protecting the identity and health information of beneficiaries and requires providers to avoid using a beneficiary's SSN whenever possible.

Revisions to Treatment Authorization Requests (TARs) and Claims

Due to the SSN no longer being allowed for submission for payment, Field 2 (Patient Social Security Number) has been eliminated from claims and TARs. Other significant changes include combining the TAR and Claim (DC-202, DC-209, DC-217), deleting Field 25 (the tooth chart), and shifting/resizing of Fields 26 through 33.

These new combination TAR/Claim forms will be available for order on October 1, 2007. For the initial order, providers may use the attached Forms Reorder Request (DC-204). A Forms Reorder Request will be included with this order as well as any future inventory orders.

If you use practice management software, please contact your vendor to modify your system. Printing on the new forms without making changes will result in misaligned documents that will be returned to your office without being processed.

For a short time, Denti-Cal is allowing offices to order the current claims (DC-002A, DC-009A, DC-017A) and TARs (DC-002B, DC-009B, DC-017B). These will continue to be ordered using the current Forms Reorder Request (DC-004). *Effective April 1, 2008, only the combination TAR/Claim forms will be available for ordering.*

Eligibility Verification Requirements

Eligibility verification should be performed prior to rendering Denti-Cal services. Providers are required to use the Medi-Cal identification number from the beneficiary's Benefits Identification Card (BIC) or paper ID card when verifying eligibility instead of using the beneficiary's SSN. If a beneficiary is unknown to a provider, the provider must make a "good faith effort" to verify the beneficiary's identification before rendering services. It is the provider's responsibility to verify the person's eligibility and that the person is the individual to whom the card is issued.

With the removal of all references to the beneficiary's SSN, providers are required to use the Medi-Cal identification number from the beneficiary's BIC or paper ID card when verifying eligibility, billing Denti-Cal, or submitting Treatment Authorization Requests (TARs). Denti-Cal has modified the following beneficiary RTD codes to assist in claims processing:

- 02** Submit beneficiary's CIN/BIC ID
- 07** Verify beneficiary's CIN/BIC ID
- 08** CIN belongs to someone else, send copy of BIC card

Denti-Cal has also modified the following policy code to read as follows:

61 Use of beneficiary's SSN is no longer acceptable

Denti-Cal has created the following Claim Inquiry Response (CIR), to be returned to providers when a Claim Inquiry Form (CIF) containing a Social Security Number is received:

6A Use of beneficiary's SSN is no longer acceptable.

Effective September 1, 2007, BIC Information Returned in Eligibility Response

Changes are being made to the AEVS response message to return BIC information for eligible beneficiaries when the SSN is used to verify eligibility. BIC information will be returned in the eligibility response message for eligibility inquiries submitted using the telephone AEVS, the Point of Service (POS) device, and the Real-Time Internet Eligibility (RTIE) single-subscriber transaction. For a limited submission period (January 1, 2008 through January 31, 2008), BIC information will be returned at the end of the eligibility messages within the text message field of batch eligibility submissions. This will allow larger providers to update their patient records and databases with the BIC information.

All providers are required to use the Medi-Cal identification number from the beneficiary's BIC or paper ID card when verifying eligibility, billing Denti-Cal, or submitting TARs. In an emergency, or if a beneficiary does not bring a BIC to an appointment, providers may access the Medi-Cal Automated Eligibility Verification System (AEVS) and may, with the beneficiary's approval, use the beneficiary's SSN to verify eligibility.

Please remind beneficiaries to always take their BICs with them to any health care provider. Look in the "What's New" area of the Denti-Cal Web site for copies of the *Always Take Your BIC With You* notice.

Please see future Denti-Cal bulletins for more information. If there are any questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

FORMS REORDER REQUEST *To Be Used Only To Reorder Forms For Use In The* **CALIFORNIA MEDI-CAL DENTAL PROGRAM**



BILLING PROVIDER NAME	BILLING PROVIDER NUMBER
MAILING ADDRESS	TELEPHONE NUMBER ()
CITY, STATE	ZIP CODE

TO EXPEDITE YOUR ORDER,
 FAX FORMS REORDER REQUEST
 TO: (209) 832-2105

**Treatment
 Authorization
 Request
 (TAR)/Claim
 Forms
 and
 Envelopes**

DC-202
 (no carbon
 required)

(indicate qty in
 increments of 50)

DC-209
 (continuous for
 pin feed printers)

(indicate qty in
 increments of 50)

DC-217
 (single sheet
 for laser printers)

(indicate qty in
 increments of 50)

DC-206
 (envelopes for
 submitting TARs/Claims)

(indicate qty in
 increments of 50)

DC-214A
 (large X-ray
 envelopes)

(indicate qty in
 increments of 50)

DC-214B
 (small X-ray
 envelopes)

(indicate qty in
 increments of 50)

**Miscellaneous
 Inventory**

DC-003
 Claim Inquiry
 Form (CIF)

(indicate qty in
 increments of 50)

DC-007
 (envelopes to
 mail CIFs or
 correspondence)

(indicate qty in
 increments of 50)

DC-016
 HLD Index

(indicate qty in
 increments of 50)

DC-020
 Do Not Recycle
 Stickers
 (for X-rays sent
 to Denti-Cal)

(32 stickers/sheet
 indicate qty in
 increments of 50)

DC-054
 Justification
 of Need for
 Prosthesis

(indicate qty in
 increments of 50)

DC-202 is pre-imprinted with the provider's name, full address and provider number. The X-ray envelopes are pre-imprinted with the name and full address.

After completion of above, fold at fold marks, seal, apply postage and mail to address on the reverse.

NOTE: Please use address on reverse for *reordering forms only*.

FROM _____

Place postage
here. Post
Office will not
deliver without
postage.

SHAMROCK COMPANIES, INC.
DENTI-CAL FORMS REORDER
410 East Grantline Road
Tracy, CA 95376