

Denti-Cal Bulletin



VOLUME 23, NUMBER 2

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

JANUARY 2007

NATIONAL PROVIDER IDENTIFIER (NPI) UPDATE:

Register Your NPI with Denti-Cal NOW!

In order to prevent processing and payment delays, Denti-Cal billing and rendering providers must **register their NPI(s) with Denti-Cal using the attached NPI Registration Form (DHS 6218)**. Please follow these simple instructions when completing the NPI Registration Form:

- ◆ A separate NPI registration form is required to register each existing Denti-Cal provider number.
- ◆ Complete all required information where an asterisk (*) is displayed. *Incomplete registration forms will be returned if required information is not completed.*
- ◆ Do not complete the Medi-Care NPI Information and the Non-Physician Medical Practitioner Information sections of this form. *These sections do not apply to Denti-Cal providers.*
- ◆ The National Plan and Provider Enumeration System (NPPES) confirmation form must be attached to the registration form. *The registration form will be returned if the NPPES confirmation form is not attached.*
- ◆ Mail the completed registration form to the Denti-Cal address located at the bottom of the form.

Providers may also access the NPI Registration Form on the Denti-Cal Web site at <http://www.denti-cal.ca.gov> or request an application to be mailed by calling the Denti-Cal Telephone Service Center at (800) 423-0507.

For additional information regarding NPI, please refer to Denti-Cal Bulletin Volume 23, Number 1 (enclosed); visit the Denti-Cal Web site (<http://www.denti-cal.ca.gov>), or call the Denti-Cal Telephone Service Center at (800) 423-0507.



National Provider Identifier Registration Form

This form is being used to register your National Provider Identifier (NPI) with the California Department of Health Services Provider Enrollment Branch (PEB), Medi-Cal Dental Program (Denti-Cal), and Child Health and Disability Prevention Program (CHDP). All areas with an asterisk (*) are required. If you have any questions or need assistance with this form, please call the applicable NPI Helpdesk:

Medi-Cal -- 1-800-541-5555

Denti-Cal -- 1-800-423-0507

NOTE: A separate NPI registration form is required for each existing Provider number.

| | | | |
|--|----------------|---|--|
| This form is being submitted for: | | <input type="checkbox"/> New NPI Registration | <input type="checkbox"/> Update to previously submitted information |
| *Medi-Cal, Denti-Cal, or CHDP Provider Number | *Provider Name | | *NPI (attach a copy of the CMS/NPPES NPI confirmation letter to this form) |
| *PLEASE PROVIDE one of the following for Medi-Cal, Denti-Cal or CHDP: | | | |
| Provider Identification Number (PIN) | OR | Last 4 digits of Taxpayer Identification Number (TIN) | OR Last 4 digits of Social Security Number (SSN) |

Note: This section does NOT apply to Denti-Cal providers.

Are you replacing multiple Medi-Cal and/or CHDP provider numbers with one (1) NPI?

☐ Yes ☐ No

IF YES, Do you want the data associated with this **Medi-Cal** provider number to be assigned to your NPI?

☐ Yes ☐ No

Do you want the data associated with this **CHDP** provider number to be assigned to your NPI?

☐ Yes ☐ No

Providers who choose to replace multiple Medi-Cal and CHDP provider numbers with one NPI **must designate which Medi-Cal provider number will be the source of the various addresses, accounts and PINs that will be associated with the new NPI number.** If a primary Medi-Cal or CHDP provider number is not specified for the new NPI, then the first Medi-Cal provider number on file will be replaced with the new NPI, by default, and be used to determine which addresses, accounts and PINs will be associated with that NPI.

MEDICARE NPI INFORMATION –

Please enter your Medicare NPI for this Medi-Cal number. Enter any additional Medicare NPIs for this Medi-Cal number on the reverse side of this form.

| | |
|-----|-----|
| NPI | NPI |
|-----|-----|

NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION – Please enter the License Number and corresponding NPI for each NMP you provided in the original application to CMS/NPPES, if applicable. Enter any additional NMP License Numbers and NPI on the reverse side of this form.

| | | | |
|--------------------|---------|--------------------|---------|
| NMP License Number | NMP NPI | NMP License Number | NMP NPI |
|--------------------|---------|--------------------|---------|

Some Medi-Cal, Denti-Cal and CHDP provider agreements will need to be updated with this NPI information. A complete list of these forms is on the reverse side of this form.

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

***I authorize Medi-Cal, Denti-Cal or CHDP to update the agreements I have on file with my NPI information:**

☐ **I agree**

☐ **I do not agree** and understand that, as a result of not authorizing this update, access to any electronic service provided by the Medi-Cal program; including, but not limited to, electronic claims submission (CMC), Point of Service (POS) transactions, Eligibility Inquiries, Medi-Cal website transactions, etc., will be terminated until a new hard-copy agreement is submitted using the new NPI.

CONTACT INFORMATION FOR FOLLOW-UP – Please Print

| | |
|----------------------------------|---|
| *First name | *Last name |
| *Contact Phone Number () | *Mailing Address for confirmation of processed NPI (Street, City, State, Zip) |

I declare under penalty of perjury under the laws of the State of California that the foregoing information in this document and in the attachments are true, accurate, and complete to the best of my knowledge and belief. I declare that I have the authority to legally bind the provider.

*Print name and title of authorized representative or Provider

| | |
|---|-------|
| * Authorized representative or Provider signature | *Date |
|---|-------|

Return completed form to:

Medi-Cal/CHDP

California Department of Health Services
PRO - NPI Help Desk
Medi-Cal Fiscal Intermediary
PO Box 13811
Sacramento, CA 95853-9946

Denti-Cal

California Department of Health Services
Medi-Cal Dental Program
Provider Enrollment
PO Box 15609
Sacramento, CA 95852-0609

Agreement Update Information on reverse side.

National Provider Identifier Registration Form

AGREEMENT UPDATE INFORMATION

The following is a list of agreements that you may have submitted and are on file that will need to be updated with your NPI:

- Billing Intermediary Registration Form (Denti-Cal Form)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Physicians and Podiatrists (DHS 4514)
- California Children's Services (CCS) Program Individual Provider Application for Paneling Allied Health Care Professionals (DHS 4515)
- CHDP Telecommunications Provider and Biller Application/Agreement (DHS 4431)
- Direct Deposit Enrollment Form (Denti-Cal Form)
- EFT Enrollment Authorization
- Electronic Health Care Claim Payment/Advice Receiver Agreement (ANSI ASC X12N 835 Transaction)
- Medi-Cal Dental Telecommunications Providers and Biller Application/Agreement (Denti-Cal Form)
- Medi-Cal Eligibility Verification Enrollment Form
- Medi-Cal Telecommunications Provider and Biller Application/Agreement (DHS 6153)
- Medi-Cal Point of Service (POS) Network/Internet Agreement
- Medi-Cal Hardcopy Biller Application Agreement
- OPT OUT Enrollment Form
- OPT OUT Cancellation Form
- OPT OUT Change of Email Address Form
- Pay to Address Change Notification
- Point of Service (POS) Device Usage Agreement
- Provider Billing Intermediary Notification Form (Denti-Cal Form)
- Provider: Medi-Cal Hardcopy Biller Notification Form
- Qualified Provider Application for Presumptive Eligibility Participation and Presumptive Eligibility Qualified Provider Responsibilities and Agreement (MC 311)

NOTE: If you choose not to update your existing agreements under your Medi-Cal, Denti-Cal or CHDP provider number with the NPI you are submitting, these agreements will expire May 23, 2007.

PROVIDER TAXONOMY CODE INFORMATION – Please enter each Taxonomy Code you provided in the original application to CMS/NPPES to obtain this NPI. Please attach a separate sheet for additional taxonomy codes.

| | | |
|---------------|---------------|---------------|
| Taxonomy Code | Taxonomy Code | Taxonomy Code |
| Taxonomy Code | Taxonomy Code | Taxonomy Code |
| Taxonomy Code | Taxonomy Code | Taxonomy Code |
| Taxonomy Code | Taxonomy Code | Taxonomy Code |

ADDITIONAL MEDICARE NPI INFORMATION (Please attach a separate sheet for additional Medicare NPIs.)

| | |
|-----|-----|
| NPI | NPI |
| NPI | NPI |

ADDITIONAL NON-PHYSICIAN MEDICAL PRACTITIONER (NMP) NPI INFORMATION (Please attach a separate sheet for additional NMP NPIs.)

| | | | |
|--------------------|---------|--------------------|---------|
| NMP License Number | NMP NPI | NMP License Number | NMP NPI |
| NMP License Number | NMP NPI | NMP License Number | NMP NPI |

A separate NPI registration form is required for each existing Provider number.

For Department Use Only
 Input Date _____
 Initials _____
 QM Initials _____