

# Denti-Cal Bulletin



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

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## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) National Provider Identifier (NPI) Update

**NOW is the time to act!**

***Providers who do not apply for an NPI with NPPES by January 31, 2007  
put themselves at serious risk of possible claim processing and payment delays.***

### ***The NPI is NOT Just a Number***

The NPI is a 10-digit number used to identify you to your health care partners. It will replace all provider numbers *including* your Denti-Cal billing and rendering provider numbers currently in use.

There are two entity types recognized by the National Provider Identifier Enumerator:

- ◆ Entity Type 1: Individual health care providers, including dentists and hygienists, and non-incorporated sole proprietors
- ◆ Entity Type 2: Health care providers who are organizations, including dental practices, and/or individual, incorporated dental practices.

### ***Who Will Need an NPI?***

Effective May 23, 2007, Denti-Cal providers must obtain, register, and use an NPI if they:

- ◆ Submit claims electronically and verify eligibility via the Point of Service (POS) Device or the Internet
- ◆ Submit paper claims and verify eligibility via the Point of Service (POS) Device or the Internet
- ◆ Are enrolling for the first time in the Denti-Cal Program
- ◆ Are rendering providers who work for a billing provider who submits claims electronically

***Note: Enrolled providers must continue to use their current Denti-Cal provider number until May 23, 2007.***

### ***The NPI Requires a Transition Period***

While the NPI might be perceived as a simple new identifier which is easy to obtain and use, the reality is that the process to make it all work is much more complex. Planning and transitioning to the new NPI involves several internal and external steps, all of which directly affect the processing and payment of claims to providers.

Providers, health plans, and clearinghouses need time to successfully implement all internal and external process steps. These steps include assessing the impact of NPI in all internal systems, making system changes to accommodate the NPI, obtaining and collecting NPIs, creating NPI-to-legacy ID crosswalks, testing NPIs in transactions, phasing out old proprietary identifiers on electronic transactions and some paper transactions, and fully using the NPI as the *only* provider identifier from inception and into the future.

### ***Providers Must Obtain Their NPIs Early Enough To Make This Transition Work and Avoid Processing Delays!***

Providers must apply and obtain their NPI well in advance of the compliance date. Providers who do not complete this step by *January 31, 2007* put themselves at serious risk of not being able to complete the NPI transition with all their health plans and clearinghouses and, ultimately, be exposed to possible claim processing and payment delays.

#### **To Apply For and Obtain an NPI:**

**Online – visit the official CMS Enumeration site: <https://NPES.cms.hhs.gov>**

**Phone – the National Provider Identifier Enumerator Call Center (800) 465-3203  
or (800) 692-2326 (TTY)**

**By Mail – write to NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059**

### ***NPI Applies to More Than Just Claims and Claim Payment Transactions***

Effective May 23, 2007, the NPI will be required for use in *all* applicable HIPAA transactions:

- 1) health care claims
- 2) claim payment/remittance advice
- 3) coordination of benefits
- 4) eligibility inquiry/response
- 5) claim status inquiry/response
- 6) referrals
- 7) enrollment

### ***Subpart***

The Federal Register, 45 CFR, Part 162, NPI Final Rule, refers to separate physical locations as “subparts” of an organizational health care provider. Providers who receive one NPI rather than subpart, may experience delays in the return of payments, Explanation of Benefits (EOBs), Resubmission Turnaround Documents (RTDs), and Notice of Authorizations (NOAs). Therefore, Denti-Cal encourages qualifying providers to subpart. Please contact the National Provider Identifier Enumerator for more information regarding the subpart process.

## ***Electronic Claims Submission***

In conjunction with the deadline to accept an NPI, providers who submit claims electronically will need to use the 4010A1 version of the 837 claim transaction by May 23, 2007. Denti-Cal can assist clearinghouses and practice management vendors in converting to the new claim format. For more information on conversion to the 4010A1 format, please call your software vendor, clearinghouse, or Denti-Cal Telephone Service Center at (800) 423-0507, or (916) 853-7373 and ask for EDI Support. Requests may also be sent by e-mail to: denti-caledi@delta.org.

## ***Please Always Remember:***

- ◆ *The NPI is yours:* It doesn't belong to a health plan or your employer. It is assigned to you for life.
- ◆ *The NPI is unique:* It serves to identify you uniquely across the country with one single ID, regardless of your type of practice or your location.
- ◆ *The NPI will become the only identifier:* With HIPAA transactions, it alone will be the permitted identifier.
- ◆ *You must share your NPI:* Other entities will need to know your NPI in order to conduct business with you. Providers must register their NPI(s) with Denti-Cal.
- ◆ *You must use your NPI with all health plans:* Medi-Cal, Medicare, Medicaid, and all private health plans are required by HIPAA to receive/submit the NPI as the *only* provider identifier in electronic transactions.
- ◆ *You must take care of your NPI:* Changes to any of the required information furnished during the NPI application process will need to be reported to the NPI Enumerator within 30 days of the change.

## ***NPI Registration***

For information on how to register your NPI with Denti-Cal, please refer to Denti-Cal Bulletin Volume 23, Number 2 (enclosed), visit the Denti-Cal Web site (<http://www.denti-cal.ca.gov>), or call Denti-Cal's Telephone Service Center at (800) 423-0507.

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

### ***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.

### ***Rendering Provider Number is Now Required in Field 33 on Claims/Notices of Authorization (NOAs)***

Effective January 2007, a rendering provider number is required in Field 33 on all claims and NOAs for any procedure codes other than the following: 045, 046, 049, 050, 061, 062, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 125, 160, 955, 956, and 957. If a rendering provider number is not indicated on the claim/NOA (for all procedure codes other than those listed above), the claim/NOA will be denied. Further information regarding procedure codes and descriptions are found in Section 4 of the *Denti-Cal Provider Manual*.

### ***New Adjudication Reason Code and Policy Code for Inactivation of Service Office***

Payments shall not be made to billing provider service offices that have notified Denti-Cal they have discontinued practicing at a specific service office location. Once Denti-Cal has been notified of inactivation, all payments will be forwarded to the newly-reported pay-to office address (if any). In addition, a notification letter of inactivation will be sent to the provider.

Providers must report service office inactivation by using the Medi-Cal Supplemental Changes Form (DHS 6209, Rev. 1/06) or by sending a formal letter of notification accompanied by a photo ID and live signature of the licensed provider requesting the change.

Denti-Cal has created the following **adjudication reason code** to further clarify service office inactivation:

- 320B** The billing provider has discontinued practicing at this office location for these dates of service.

Denti-Cal has created the following **policy code** to further clarify service office inactivation:

- 60** Bill prov has discontinued practicing at this office location for these DOS.

#### ***Denti-Cal Seminars Scheduled for January***

D082/Basic Seminar and EDI Overview	January 11, 2007	Roseville
D083/Advanced Seminar	January 12, 2007	Roseville
D084/Basic Seminar	January 18, 2007	Carlsbad
D085/Advanced Seminar	January 19, 2007	Carlsbad

*Please refer to Denti-Cal Bulletin Volume 22, Number 33 for additional details.*

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:

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Medi-Cal Dental Program, please complete the bottom portion of this form and mail to: Medi-Cal Dental Program, P.O. Box 15609, Sacramento, CA 95852-0609. 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.



Check the boxes that apply to your practice:

- If your office has relocated, a new enrollment package must be submitted. Please check the box indicating your type of practice and Denti-Cal will send the necessary forms for completion:

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