

# Denti-Cal Bulletin



VOLUME 21, NUMBER 39 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2005

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH

### *Highlights and News*

- Implementation of Current Dental Terminology (CDT) is being delayed pending the final filing of regulations and the implementation of the \$1,800 cap on dental services. As a result, CDT-4 training sessions and the distribution of the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) related to the implementation of CDT-4 codes are also postponed.
- Look for updated information in future bulletins.

### *Important Reminders*

#### *CDT*

- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied.

#### *NPI*

- Eligible providers will be required to obtain a National Provider Identifier (NPI) to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for Centers for Medicare and Medicaid Services (CMS) at [www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp](http://www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp).
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

## **PAPER COPIES AND PRINTS OF DIGITIZED RADIOGRAPHS**

Denti-Cal continues to receive numerous paper copies and prints of digitized radiographs that do not properly identify the beneficiary, the date the radiograph was originally taken, or the teeth/area in question. *This leads to processing delays as well as denial of treatment.*

Providers are reminded that submitted paper copies and digitized prints of radiographs must conform to the following specifications:

- They must be properly dated with the mm/dd/yy the radiograph was originally taken. This date must be clearly discernable from other dates appearing on the same copy such as the date the copy was made or printed, or dates of previously stored digitized images.
- They must be properly labeled with both the beneficiary's name and the provider's name.
- Copies or digitized prints of full mouth series radiographs and panoramic films must be labeled "right" and "left." Copies of individual films or groups of films less than a full mouth series, should have the individual tooth numbers clearly identified.
- They must be of diagnostic quality. Many of the copies/prints Denti-Cal receives have poor image quality as a result of poor density, contrast, sharpness, or resolution, and are, therefore, non-diagnostic. The image size should be the size of a standard radiographic film or larger. By reducing the image to be smaller than the size of a standard radiographic film, the diagnostic quality is compromised.

*Providers should review copies/prints before submitting to Denti-Cal to ensure the images are of diagnostic quality.*

## **ELECTRONIC DATA INTERCHANGE (EDI) NEWS - ENROLLMENT INFORMATION**

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or for other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, please call (916) 853-7373 and ask for EDI Support.

## **REMINDER: UPCOMING DENTI-CAL SEMINARS**

In January 2006, these seminars are offered. If in your area, please consider attending, then phone Denti-Cal toll-free at (800) 423-0507 to make a reservation:

January 12, 2006	D030/Basic Seminar	Burbank
January 13, 2006	D031/Advanced Seminar	Burbank
January 27, 2006	D032/Workshop	Fairfield

Check Denti-Cal Bulletin Volume 21, Number 38 for specifics about these and other seminars.

**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)
- CCS (California Children’s Services)
- DMC (Dental Managed Care)  
Plan Name: \_\_\_\_\_
- FQHC/RHC (Federally Qualified Health  
Clinic/Rural Health Clinic)
- GHPP (Genetically Handicapped  
Persons Program)
- GMC (Geographic Managed Care)  
Plan Name: \_\_\_\_\_
- HFP (Healthy Families Program)

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Provider Signature

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