



Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars:

Want to learn more about the Denti-Cal program? Come to one of our training seminars. Go to our website to [Reserve Your Spot](#).

Novato
Basic & EDI/D401 - Nov. 1, 2012

Novato
Advanced/D402 - Nov. 2, 2012

Bakersfield
Basic & EDI/D403 - Nov. 13, 2012

Pasadena
Workshop/D404 - Nov. 14, 2012

National City
Basic & EDI/D405 - Nov. 29, 2012

National City
Advanced/D406 - Nov. 30, 2012

Healthy Families Program Transition to the Denti-Cal Program

As a result of [AB 1494, Chapter 28, Statutes of 2012](#), over 800,000 California children will begin the transition from the Healthy Families Program (HFP) into Medi-Cal starting on January 1, 2013.

As a valued Denti-Cal provider, you have already demonstrated your commitment to promoting oral health and access to care. Through your participation in our provider survey, adding your name to the referral list, and soliciting the participation and enrollment of your fellow dentists and dental professionals, the Denti-Cal Program can reaffirm its pledge to enhance the quality of care for thousands in our community.

Please assist us in taking this brief provider survey found by clicking the “Denti-Cal & HFP Provider Survey” banner at www.Denti-Cal.ca.gov. If you have taken this survey through our call campaign or have mailed the survey back, you do not need to take the survey again.

The survey questions are designed to give our program more insight on our provider network capacity and feedback on what our program can do in order to improve provider satisfaction. With hundreds of thousands added beneficiaries into Denti-Cal, we have a vested interest in improving our services with your help.

As a Denti-Cal provider, you are also encouraged to add your name to our patient referral list found at www.Denti-Cal.ca.gov. Attached to this bulletin for your convenience is the Referral Form. Please fill it out and send it to:

Denti-Cal
Attn: Provider Enrollment
PO Box 15609
Sacramento, CA 95852-0609

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Should you have any questions, feel free to call our Telephone Service Center at (800) 423-0507.

Again, because of the tremendous expansion of Medi-Cal's beneficiary population, we are soliciting the participation of all providers willing to enroll and need your help in encouraging their participation.

Thank you for your time, patience, and support as we strive to safeguard the benefits and continuity of care for thousands of California children.

Policy Change for Procedure D9420 (Hospital or Ambulatory Surgical Center Call) and Adjudication Reason Code 013B

Denti-Cal will no longer deny procedure D9420 (Hospital or Ambulatory Surgical Center Call) if the provider's primary office is a hospital or surgicenter. This will go into effect November 1, 2012.

Additionally, please note that Adjudication Reason Code (ARC) 013B will be modified. Currently, ACR 013B reads as follows:

013B Procedures D9410 and D9420 are not payable when the treatment is performed in the provider's office or provider owned ambulatory surgical center.

On and after the November 1 implementation date, ARC 013B will read as follows:

013B Procedure D9410 is not payable when the treatment is performed in the provider's office or provider owned ambulatory surgical center.

Clarifying Procedure D9210 (Local Anesthesia Not in Conjunction with Operative or Surgical Procedures) for Therapeutic Purposes

Procedure D9210 can only be billed when using local anesthesia to establish a differential diagnosis, or when used for therapeutic reasons. No other treatment except radiographs/photographs can be performed on the same date of service.

When used to establish a differential diagnosis, providers must fully document the rationale and outcome of the diagnosis.

Procedure D9210 can also be used for therapeutic purposes. Therapeutic treatment should have as its goal the elimination or control of a disease or abnormal state. Examples might be injection to control trigeminal neuralgia or alleviate masseter muscle trismus. Providers should fully document the rationale for use as a therapeutic treatment.

Requests for procedure D9210, when used for the sole purpose of providing temporary relief of pain, will be denied.

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Centers for Medicare and Medicaid Services Final Rule - Title 42 Code of Federal Regulations: Revalidation of Enrollment

Under the provisions of the Affordable Care Act, the Centers for Medicare and Medicaid Services (CMS) published new anti-fraud regulations in the Federal Register. Effective March 25, 2011, these regulations establish new requirements for the enrollment and screening of Medicare, Medicaid, and Children's Health Insurance Program providers at the Federal and State levels.

Compliance with CMS Final Rule

The [Code of Federal Regulations, Title 42, Section 455.414](#) states:

The State Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.

As a result, Denti-Cal must:

- ◆ Revalidate the enrollment of all active providers by March 25, 2016.
- ◆ Revalidate the enrollment of all active providers on an on-going basis every five years.

Effective January 1, 2013, Denti-Cal will begin the revalidation process. All providers will be required to submit new enrollment application package in order to continue participating in the Medi-Cal Dental Program.

The revalidation of enrollment will be implemented in phases. Providers will receive written notification prior to their revalidation due date. Please *do not* submit a new enrollment application until you've received your notification letter.

Additional information will be provided in upcoming bulletins and provider seminars.