



Denti-Cal California Medi-Cal Dental Bulletin

May 2012
Volume 28 , Number 6

This Issue:

p1 Prophylaxis, Scaling and
Root Planing Procedures

p2 Beneficiaries Residing in a
Qualifying Facility

Registering and Using the
National Provider Identifier
(NPI)

Highlight: Prior
Authorization Is Not
Required with Sedation

Highlight: Billing Providers
Must Ensure Their
Rendering Providers Are
Enrolled

p3 Reminder: Returned Mail/
Inactivity Will Deactivate
Providers

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.

San Jose
Basic & EDI/D373 - May 16 2012

SanJose
Advanced/D374 - May 17, 2012

Concord
Basic & EDI/D375 - May 18 17,
2012

Prophylaxis, Scaling and Root Planing Procedures

Photographs for Periodontal Procedures

When Oral/Facial Photographic Images (D0350) are submitted as documentation to justify the need for Scaling and Root Planing (D4341/D4342) or Periodontal Maintenance (D4910), the photographs will be denied. Photographs are only payable when submitted as documentation to justify an additional prophylaxis.

Prophylaxis

Prophylaxis (D1110/D1120) will no longer be payable the same date of service as Scaling and Root Planing (D4341/D4342) when rendered with Deep Sedation/General Anesthesia (D9220/D9221) or Intravenous Conscious Sedation (D9241/D9242). Only one prophylaxis or one scaling and root planing is allowable per date of service.

Pregnant Beneficiaries

When a Scaling and Root Planing (D4341/D4342) is requested for a pregnant beneficiary and the medical necessity is not justified based on the radiographs and/or periodontal charting, the request for scaling and root planing shall be modified to a Prophylaxis (D1110/D1120). When the date of service is at least three months past the last prophylaxis in history, one additional prophylaxis shall be allowed for a pregnant beneficiary.

Continued on pg 2

HIGHLIGHTS

Prior Authorization Is Not Required with Sedation

When sedation is required to render all dental services, prior authorization is not required. All required documentation and radiographs/photographs are necessary and shall be submitted with the claim form for payment. Prior authorization will not be waived for fixed partial dentures, removable prosthetics and implants. The following additional documentation shall be submitted:

- In order to minimize the risks associated with sedation (when both an examination and treatment can only be performed with general anesthesia or intravenous sedation in an office setting) documentation must describe a physical, behavioral, developmental or emotional condition that prohibits the patient from adequately responding to a provider's attempts to perform an examination, radiographs and treatment in the dental office.
- When dental services are provided in an acute care general hospital or a surgicenter, the provider must document the need for hospitalization, e.g., mental and/or physical limitations, age, etc.

Billing Providers Must Ensure Their Rendering Providers Are Enrolled

Billing providers MUST ensure that all their rendering providers are enrolled in the Denti-Cal program prior to treating Medi-Cal patients. Payments made to billing providers for services performed by their rendering providers who are not enrolled in the Denti-Cal program will be subject to payment recovery. Title 22 Section 51458.1(a)(6) states:

(a) The Department shall recover overpayments to providers including, but not limited to, payments determined to be:

(6) For services prescribed, ordered or rendered by persons who did not meet the standards for participation in the Medi-Cal program at the time the services were prescribed, ordered or rendered.

Instructions about enrolling in the Denti-Cal program are found in the Provider Handbook, [Section 3: Enrollment Requirements](#).

To obtain an application packet, contact Denti-Cal at (800) 423-0507 or visit the Denti-Cal Web site to download the application forms:

<http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=ApplicationForms>

Beneficiaries Residing in a Qualifying Facility

Services for residents of qualifying Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) have not changed.

When treating beneficiaries who reside in these facilities, providers are reminded of the following:

- Check the following website for qualifying SNF and ICF facilities: <http://hfcis.cdph.ca.gov/servicesAndFacilities.aspx>.
- All procedures, except for diagnostic or emergency procedures, require prior authorization when rendering treatment to facility beneficiaries, regardless of where the beneficiary is actually being treated.
- Include all of the required documentation on the claim or TAR:
 - Use place-of-service (POS) 4 or 5 only, *regardless of where the beneficiary is being treated*
 - Indicate the name, address and phone number of the facility where the beneficiary actually resides in Box 34
 - When treating residents outside of the SNF/ICF facility, you must indicate the name, address and phone number of the *actual place* where the service was performed in Box 34
- Periodontal Maintenance is a benefit only for residents of a Skilled Nursing Facility or Intermediate Care Facilities and does not require prior authorization. For dates of service 04/02/2012 and after, do not use Unspecified Periodontal Procedure, By Report (D4999), submit as Periodontal Maintenance (D4910).

Registering and Using the National Provider Identifier (NPI)

In accordance with the Code of Federal Regulations, Sections [455.410](#) and [455.440](#), all providers are required to obtain a National Provider Identifier (NPI). This requirement applies to providers who are enrolling and providers that are already enrolled in the Denti-Cal program.

Continued on pg 3

Denti-Cal continues to encourage currently enrolled providers to obtain, register with Denti-Cal, and use their National Provider Identifier (NPI). Providers who do not have an NPI are strongly encouraged to request one from the National Plan and Provider Enumeration System (NPPES) Web site: <https://nppes.cms.hhs.gov>.

Registering Your NPI

Before providers can use their NPI on Denti-Cal forms, both the billing NPI and rendering NPI must be registered with Denti-Cal. Providers can register their NPI in one of two ways:

- **Online via the Denti-Cal NPI Collection System.** To expedite NPI registration, register via the Denti-Cal NPI Collection System found on the Denti-Cal Web site. Go to <http://www.denti-cal.ca.gov> and click on the National Provider Identifier (NPI) tab, and then on the Register Your NPI link. Print the confirmation page from the website as a record of registration. After completing the registration process, please allow three (3) business days prior to submitting documents with the NPI.
- **Using the NPI Registration Form DHS 6218.** To obtain the paper NPI Registration Form DHS 6218 and instructions on how to register your NPI, visit the Denti-Cal Web site at <http://www.denti-cal.ca.gov> and click on the National Provider Identifier (NPI) tab, and then on the Register Your NPI link.

Remember to retain a copy of the letter received from Denti-Cal as a record of registration. ***Providers should not use their NPIs when submitting documents for authorization or payment until they have received a confirmation letter from Denti-Cal, which can take up to 15 business days.***

For questions about the Denti-Cal NPI Collection System or registration of the NPI, please call Denti-Cal toll-free at (800) 423-0507.

Using an NPI

Denti-Cal providers are to use their registered NPI on the following forms:

- Treatment Authorization Request/Claim (DC-202, DC-209, DC-217)
- Claim Inquiry Form (DC-003)
- Forms Reorder Request (DC-204)
- Notice of Authorization (DC-301)

Continued on pg 3

REMINDER

Returned Mail/Inactivity Will Deactivate Providers

Providers are reminded that [W&I Code Section 14043.62\(a\)](#) states in part:

The department shall deactivate, immediately and without prior notice the provider's number, including all business addresses 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.

Unregistered NPI Can Lead to Denied Claims

Claims with an unregistered NPI will be denied with Adjudication Reason Code 319A, which reads as follows:

- 319A** The submitted rendering provider NPI is not registered with Denti-Cal. Prior to requesting re-adjudication for a dated, denied procedure on a Claim Inquiry Form (CIF), the rendering provider NPI must be registered with Denti-Cal.

To avoid denials on claims due to unregistered NPI, providers must wait for confirmation of registration before using the NPI.