

Bulletin

May 2016
Volume 32, Number 7

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Training Seminars

Reserve an available spot for one of our open training seminars.

San Marcos
Workshop/D610 - May 5, 2016

Stockton
Workshop/D611 - May 18, 2016

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
[Go here for more information!](#)

Wednesday, May 18, 8 am - 4 pm.

Reminder: Considerations When Using Third Party Billing Agents

In an effort to ensure that the Medi-Cal Dental Program (Program) is administered with the greatest integrity and safeguarded from fraud and abuse, the Department of Health Care Services reminds providers that federal and state law prohibit providers from contracting with a billing agent for compensation based on a percentage of the reimbursement amount the provider collects from the Program. ([Welfare and Institutions Code §14040.5\(b\)](#); [California Code of Regulations, Title 22, §§51000.30, 51000.50](#).)

Under federal law, [Section 447.10 of Title 42 of the Code of Federal Regulation](#) concerns the prohibition against the reassignment of provider claims, and it states:

(f) Business agents. Payment may be made to a business agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the name of the provider, if the agent's compensation for this service is—

- (1) Related to the cost of processing the billing;
- (2) Not related on a percentage or other basis to the amount that is billed or collected; and
- (3) Not dependent upon the collection of the payment.

If a provider contracts with a billing agent to submit claims for reimbursement and the billing agent's compensation is based on a percentage of the reimbursement the provider is to receive from Denti-Cal, the contract would violate federal and state law, as well as provisions of the Provider Agreement. As a result, the provider would be subject to suspension from the Program or denied enrollment, if not already participating.

Questions related to this topic or the Program can be directed to the Provider Customer Service line at 1-800-423-0507.

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Billing Providers Must Ensure Their Rendering Providers Are Enrolled and Correctly Identified in Field 33 on Claims and Notices of Authorizations (NOAs)

It is the billing provider's responsibility to ensure rendering providers are enrolled in the Denti-Cal program and are accurately identified on claims and NOAs. Failure to follow either of these stipulations could result in payment recovery.

Rendering Providers Must Be 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 unenrolled rendering providers are subject to potential payment recovery.

To receive payment for dental services rendered to Medi-Cal beneficiaries, prospective providers must apply and be approved by Denti-Cal to participate in the Denti-Cal Program. 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.

Rendering providers are required to submit a complete [DHCS 6216 \(rev.2/15\) Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers](#). Instructions about enrolling in the Denti-Cal Program are found in the Provider Handbook, [Section 3: Enrollment Requirements](#).

Rendering Providers on Claims and NOAs Must Be Correctly Identified

Whether by intent or resulting from oversight, inaccurate identification of rendering dentists on claims may give the appearance of aberrant utilization. This may increase a billing provider's likeliness of post-payment review, including audits. In some circumstances, it may also be interpreted as fraudulent claiming under the False Claims Act.

Requests for payments require the rendering dentist's National Provider Identifier (NPI) number in Field 33 for each applicable claim service line. Payment for Claims and/or NOAs received without a rendering provider number in Field 33 will be delayed, and a Resubmission Turnaround Document (RTD) will be issued requesting the information.

For more information, contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

NEED MORE INFORMATION?

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Provider Enrollment Workshops



Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Wednesday, May 4, 2016 8:00 AM - 4:00 PM Register Now!	Hampton Inn & Suites 55 Old Tully Road San Jose, CA 95111	Santa Clara County
Friday, May 20, 2016 8:00 AM - 4:00 PM Register Now!	DoubleTree by Hilton Hotel 13111 Sycamore Drive Norwalk, CA 90650	Los Angeles County

Hints, Tips, and Reminders for Document and Radiograph Submissions

To increase efficiency, Denti-Cal recently implemented new document scanning technology for documents and radiographs. The following reminders and recommendations are designed to aid providers in submitting documentation that will take full advantage of the new technology and expedite processing.

Helpful Hints for Radiographs/Photographs

1. All radiographs/photographs **must include** the following on each image or page:
 - a. Beneficiary name,
 - b. Date the radiograph was taken, and
 - c. Orientation (right/left or individual tooth numbers).
2. Please do not write any required information on the backside of any images or attachments. The scanners only capture information written on the front of the attachments.
3. When submitting radiographs using plastic sleeve mounts please ensure:
 - a. There is only **one** radiograph per sleeve.
 - b. The plastic sleeves are clean.
 - c. The label with the required information is only placed on the front side of the mount.
4. While it is highly recommended that **all** radiographs be mounted, three (3) or fewer radiographs properly identified in a coin envelope when submitted for prior authorization and/or payment is acceptable.
5. When submitting claims for multiple patients in one envelope, ensure that the radiographs/photographs for the respective patient are stapled to the associated claim/TAR.
6. Use only one staple in upper right or left corner of the claim/TAR to attach radiographs or paper copies.
7. **Do not** submit original radiographs/photographs. Original radiographs/photographs are part of the patient's clinical record and shall be retained by the provider at all times.
8. Denti-Cal does not return radiographs/photographs.

Recommendations for Printing Radiographs/Photographs

1. Digital or paper copies of radiographs/photographs must be larger than 2 inches by 3.5 inches (about the size of a business card).
2. Use white copier paper that is 20 lb or heavier to submit paper copies of radiographs/photographs. Images printed on thinner paper (i.e., less than 20 lb) tend not to be of optimum quality and may lead to denials based on non-diagnostic radiographs/photographs.
3. Do not use glossy or photo paper.
4. Do not fold the radiographs/photographs.

Reminders and Tips for Documents

1. Do not print two separate documents on one piece of paper (e.g., an EDI Notice of Authorization for one beneficiary on one side, and another EDI Notice of Authorization for a different beneficiary on the other side).
2. On claim forms, complete all claim service lines (fields 26 through 33). Incomplete lines will delay claim processing and payments.
3. All printed characters need to stay within field boundaries, regardless if using a printer or filling out a document by hand.
4. Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters and blue or black ink.
5. All Denti-Cal forms, such as claims/TARs/NOAs/Resubmission Turnaround Documents (RTDs)/Claim Inquiry Forms (CIFs) require a live signature from the provider or authorized staff member in blue or black ink. Rubber stamps or "signature on file" cannot be accepted.

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Electronic Data Interchange (EDI) Labels - Required Information

EDI labels must include the following information:

1. Billing National Provider Identifier (NPI) next to “DENTI-CAL PROVIDER ID”.
2. Beneficiary First and Last Name below “PATIENT MEDS ID”.
3. Denti-Cal Document Control Number (DCN), also referred to as the Base DCN.
4. Provider’s name and address.

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX	①
PATIENT MEDS ID: Beneficiary Name	②
PROV. DCN: DENTI-CAL DCN: XXXXXXXXXXXX	③
DCC: _____ PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____	
Provider Name/Business Name Address City, State ZIP	④

EDI labels without these four items cannot be processed and must be returned for completion. Other information may be included, but is not mandatory. The pink area is used by Denti-Cal only.

Partially preprinted labels (DC-018A) will arrive from the supplier already imprinted with the provider’s Billing NPI listed as the Denti-Cal Provider ID and the provider’s name and address. If the DC-018A label is used, only the Beneficiary’s Name and Denti-Cal DCN must be handwritten on the label as indicated above.

For more information, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: denti-caledi@delta.org).

First Tooth or First Birthday Initial Dental Checkup

No child is too young for good oral health. Undetected and untreated tooth decay can lead to infection, loss of teeth, and expensive and preventable emergency and restorative procedures at a very early age. Establishing a regular source of care and treating Denti-Cal’s youngest beneficiaries gives providers the opportunity to discuss the importance of preventive dental care with parents and allows them to detect early childhood caries and determine fluoride needs.

Seeing young children upon the eruption of their first tooth and no later than their first birthday is recommended by the American Dental Association, the American Academy of Pediatric Dentistry, and the American Academy of Pediatrics.

As providers, you have the opportunity to establish the foundation of a child’s oral health and provide a valuable service to your community. Educating parents on their child’s oral health needs is an invaluable part of their first visit to the dentist. This first visit is the perfect opportunity to demonstrate how to properly clean the child’s teeth and advise parents on the adverse effects of unhealthy dietary habits. Although the initial dental examination of a child may not involve many teeth and can be done very quickly, the early detection of early childhood caries can result in a better dental experience for our youngest beneficiaries, free from the pain and anxiety a child would face during more invasive procedures.

Parents should be advised that if they give their baby a bottle at bedtime, they should only give water and gently wipe the baby’s gums with a washcloth until the first tooth arrives. After the first tooth, they should brush baby teeth at least twice a day with an age-appropriate toothbrush using a “smear” of fluoridated toothpaste.

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If you would like assistance in referring young patients to another dentist willing to see young children, please feel free to contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

If you would like to learn more about the first tooth or first birthday recommendation, please consult the resources below.

Resources:

California Medi-Cal Dental Program: Dental Periodicity Schedule for Children

- ◆ http://www.denti-cal.ca.gov/bene/dental_periodicity_sched_for_children.pdf

American Academy of Pediatric Dentistry

- ◆ Guideline on Caries-risk Assessment and Management for Infants, Children, and Adolescents:
http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf
- ◆ Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents (chart):
http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf
http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessmentChart.pdf
- ◆ Guideline on Infant Oral Health Care:
http://www.aapd.org/media/Policies_Guidelines/G_InfantOralHealthCare.pdf

First Smiles for the Dental Team (Free!)

- ◆ The purpose of this one (1) unit course is to improve the pediatric oral health and overall health of children, birth through 5 years old, including those with special needs, by instructing dental team members on how to screen, assess and provide preventive treatment to children, and provide anticipatory guidance on oral health to young children and their families:
<http://www.cdafoundation.org/education/first-smiles>

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program (including Denti-Cal) for one (1) year shall be deactivated per [Welfare and Institutions Code Section 14043.62 \(a\)](#), which reads as follows:

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 (1) 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 had any claim activity for one (1) year and wish to remain an active provider in the Denti-Cal Program, please complete the No Claim Activity form attached to this bulletin and mail it to:

**Denti-Cal
California Medi-Cal Dental Program
PO Box 15609
Sacramento, CA 95852-0609**

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If you have previously submitted a No Claim Activity form and would like to deactivate from the Medi-Cal Dental Program, please submit a letter requesting deactivation with a copy of your identification to the address above. Please note that once you are inactivated from the program, you must reapply for enrollment in the Denti-Cal Program. If you wish to not accept any more Medi-Cal patients, you may opt out of participation on the Denti-Cal referral list without terminating your enrollment status in the Denti-Cal Program. Choosing to be included or excluded from the Denti-Cal referral list is a recommended option for providers who infrequently see Medi-Cal beneficiaries and do not want to re-enroll through the Medi-Cal Dental enrollment process.

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507, or download the Denti-Cal application forms from the Denti-Cal website at <http://www.denti-cal.ca.gov>. Provider enrollment support materials are available at the following link: http://www.denti-cal.ca.gov/WSI/Prov.jsp?fname=enrollment_tool_kit.



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