Denti-Cal
California Medi-Cal Dental

Bulletin

This Issue:

Training Seminars

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

Webinar
Basic & Edi/D644 - Feb. 3, 2017

Valencia
Basic & Edi/D645 - Feb. 9, 2017
Advanced/D646 - Feb. 10, 2017

Concord
Basic & Edi/D647 - Feb. 15, 2017
Advanced/D648 - Feb. 16, 2017

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist.
Go here for more information!

Wednesday, Feb. 15, 8 am - 4 pm.

Are Your Forms and Correspondence Going to the Correct Denti-Cal Post Office (PO) Box?

To facilitate and expedite document processing, Denti-Cal would like to remind providers to send forms and correspondence to the correct PO Box. The list below identifies the different PO Boxes and their intended use:

PO Box Address	Used For...
PO BOX 13898 Sacramento, CA 95853-4898	First Level Appeals/Fair Hearing
PO BOX 15539 Sacramento, CA 95852-1539	Beneficiary Correspondence
PO BOX 15609 Sacramento, CA 95852-0609	Provider Correspondence
PO BOX 15610 Sacramento, CA 95852-0610	TAR/Claim/CIF/NOA/RTD Submissions
PO BOX 13860 Sacramento, CA 95853-4860	EDI Processing
PO BOX 526026 Sacramento, CA 95852-6026	Conlan Correspondence

Please note that PO BOX 13189 was formerly used for Dental Scope/Fair Hearing correspondence. All Fair Hearing correspondence should only be sent to PO BOX 13898 as illustrated above.

For more information regarding where to send forms or correspondence, please contact the Denti-Cal Customer Service line at (800) 423-0507 and refer to Provider Handbook.

Upcoding

Providers are reminded that upcoding, billing the Medi-Cal program for more expensive services than are actually provided, is considered a fraudulent activity. Examples of upcoding include, but are not limited to:

♦ Billing for surfaces on a restoration that were not provided, e.g. an MOB amalgam when only an MO amalgam was performed.

♦ Billing for more complex procedures than were actually provided, e.g. a surgical extraction when a simple extraction was performed.

If it is discovered that a provider is billing for services more costly than those actually performed, Denti-Cal, may place the provider on Prior Authorization and/or Special Claims Review, may recover any overpayments, and/or may refer the provider to the Attorney General's Office and/or the Dental Board of California.

More information about fraud and abuse can be found on the Medi-Cal Fraud and Abuse website at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.

As a reminder, "Section 2 - Program Overview" of the Provider Handbook contains information on provider participation and compliance in the Denti-Cal Program. Failure to comply with Denti-Cal program requirements will result in corrective action. Additional information is also found in "Section 8 - Fraud, Abuse and Quality of Care".

For questions regarding this article or other topics please call the Denti-Cal Provider Customer Service line at 800-423-0507.

Reminders for Submitting Documents

To expedite Treatment Authorization Request (TAR)/Claim processing and payment, providers are reminded of the following guidelines for radiograph/photograph and form submissions:

Radiographs/Photographs

♦ All radiographs **must be mounted**.

♦ Radiographs/photographs must include the beneficiary's name, date the radiograph/photograph was taken, and orientation (right/left or individual tooth numbers).

♦ **Do not** write any required information on the backside of any images or attachments.

♦ Use one radiograph/photograph per sleeve. Make sure the sleeve is clean and properly labeled on the front side of the mount.

♦ Digital or paper copies of radiographs/photographs must be larger than 2 inches by 3.5 inches (about the size of a business card).

♦ **Do not** tape bitewings or radiographs/photographs to white sheets of paper in lieu of mounts.

♦ Use only one staple in upper right or left corner of the Treatment Authorization Request (TAR) /Claim to attach radiographs/photographs or paper copies.

NEED MORE INFORMATION?

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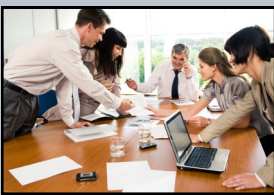
Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred,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

Date/Time:	Location:	County:
Thursday, February 15, 2017 8:00 AM - 4:00 PM Register Now!	Holiday Inn Express & Suites Bishop 636 N Main St Bishop, CA 93514	Inyo County
Friday, February 22, 2017 8:00 AM - 4:00 PM Register Now!	Hilton 1970 Diamond Blvd Concord, CA 94520	Contra Costa County

- **Do not** print photographs on TAR/Claim forms.

- When submitting claims for multiple patients in one envelope, ensure that the radiographs/photographs for the respective patient are stapled to the associated TAR/Claim.

- **Do not** glue radiographs/photographs or post-it notes to Denti-Cal forms or attachments.

- **Do not** submit original radiographs/photographs (note: Denti-Cal does not return radiographs/photographs).

Forms

- When punching holes in a form that will be sent to Denti-Cal (e.g., a Notice of Authorization (NOA)), make sure not to punch through important information such as document control numbers.

- Fields 26 through 33 **must** be completed for each claim service line.

- Leave fields 36 ("Patient Share of Cost Amount") and 37 ("Other Coverage Amount") **blank** if there are no share of cost or other coverage amounts. If there is other coverage, then mark field 13 ("Other Dental Coverage?") and enter the amount in field 37.

- All printed characters need to stay within field boundaries.

- All Denti-Cal forms require a live signature from the provider or authorized staff member in blue or black ink.

- When printing a NOA or Resubmission Turnaround Document for Electronic Data Interchange (EDI) submission, print the documents at full size.

Recommendations

1. Use white copier paper that is 20lb or heavier to submit paper copies of radiographs/photographs. Images printed on thinner paper (i.e., less than 20lb) tend not to be of optimum quality and may lead to denials based on non-diagnostic radiographs/photographs.

2. Do not use glossy or photo paper.

3. Do not fold the radiographs/photographs.

Go Digital!

Providers are encouraged to go digital and apply for enrollment in the Denti-Cal EDI program. Through the EDI program providers can submit radiographs/photographs, Justification of Need for Prosthesis forms, and narrative documentation electronically thereby saving time and money. More information on EDI is found in the EDI section of the Denti-Cal website at http://www.denti-cal.ca.gov.

For answers to questions or for more information on document submission requirements or the EDI program, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program, which also includes the Denti-Cal program, for one (1) year shall be deactivated pursuant to 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**

If you have previously submitted a No Claim Activity form and would like to deactivate from the Denti-Cal Program, please submit a letter requesting deactivation, along 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 Denti-Cal patients, you may opt out of participation on the Denti-Cal referral list without terminating your enrollment status in the Denti-Cal Program.

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 (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.

Medi-Cal Dental Patient Referral Service

Denti-Cal providers are encouraged to join, at no-cost, the Denti-Cal Provider Referral List. The Denti-Cal Program, in coordination with Insure Kids Now, provides Denti-Cal beneficiaries with a new way to search for dentists in their local area and throughout the State. This referral list serves as an excellent resource for enrolled Denti-Cal providers to advertise, as well as build, maintain, or increase their patient base while making available the highest level of dental service for the State's medically needy.

We especially thank those providers who have elected to participate on the Referral List. If you are a provider who is already on the Referral List, or believe you should be, please take a moment to check the applicable County Referral Lists to ensure your information is accurate.

If you are a provider that is interested in joining the Referral List, need to update the information currently on file, or wish to be removed from the Referral List, please fill out and print the newly updated Medi-Cal Dental Patient Referral Service Form attached to this bulletin. Please return the completed form in one of the following ways:

> **Mail**   California Medi-Cal Dental Program
>   Attn: Enrollment Department
>   PO Box 15609
>   Sacramento, CA 95852-0609
>
> **E-mail:**   Denti-CalEnrollmentDept@delta.org
>
> **Fax:**   916-631-1191
>
> **Phone:**   (800)-423-0507

If you have any questions about the form or the referral service, please contact the Denti-Cal Provider Customer Service Line at (800)-423-0507.