

Bulletin

March 2017
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Training Seminars

[Reserve an available spot](#) for one of our open training seminars.

Arcadia

Basic & Edi/D649 - Mar. 1, 2017
Advanced/D650 - Mar. 2, 2017

San Diego

Workshop D651- Mar. 10, 2017

Webinar

Basic & Edi/D652- Mar. 15, 2017

Webinar

Basic & Edi/D653 - Mar. 31, 2017

Provider Enrollment Assistance Line

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

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

Policy Changes to Reduce Administrative Barriers

Department of Health Care Services (DHCS) identified policy changes intended to reduce administrative barriers by eliminating the need for prior authorization or simplifying the submission requirements for payment of certain procedures. These changes do not preclude the provider from maintaining documentation and radiographs in the patient records as applicable. The submission and criteria requirements for these procedures outlined in the Manual of Criteria (MOC) will not be updated until the implementation of CDT-16 occurs.

Prior Authorization/Radiographs No Longer Required for Root Canals on Beneficiaries Under Age 21

Effective March 15, 2017, the following procedure codes will no longer require prior authorization and radiographs for beneficiaries under the age of 21:

- ◆ D3310 - Endodontic therapy, anterior tooth (excluding final restoration)
- ◆ D3320 - Endodontic therapy, bicuspid tooth (excluding final restoration)
- ◆ D3330 - Endodontic therapy, molar tooth (excluding final restoration)
- ◆ D3346 - Retreatment of previous root canal therapy – anterior
- ◆ D3347 - Retreatment of previous root canal therapy – bicuspid
- ◆ D3348 - Retreatment of previous root canal therapy – molar

When the above procedures are submitted in conjunction with a restorative procedure, all criteria for the restorative procedure as outlined in the MOC still applies.

Prior authorization and radiographs are still required for the procedures listed above for beneficiaries age 21 and over.

Office Visits for Observation (D9430) No Longer Require Documentation

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Effective March 15, 2017, written documentation will no longer be required to be submitted for payment of Office Visit of Observation (Procedure D9430). The provider shall maintain the documentation of tooth/area, the chief complaint and the non-clinical treatment rendered in the patient records. Please note that this procedure is still a benefit ONLY once per date of service per provider. This procedure is not a benefit when procedures other than necessary radiographs and/or photographs are provided on the same date of service, or for visits to patients residing in a house/extended care facility.

For questions regarding this or other aspects of the Denti-Cal program, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.

Reminder: Submission of Duplicate Treatment Authorization Requests (TARs)

Denti-Cal would like to remind providers that duplicate services cannot be authorized/paid on a new claim/Treatment Authorization Request (TAR) when there is an existing authorization. If the beneficiary has recently been to another provider and an authorization for the same or similar treatment has been issued, written notification from the beneficiary stating that he/she will not be returning to the original provider is required to be attached to the new TAR.

In an effort to expedite the processing of duplicate TARs from different providers for the same beneficiaries, the duplicate TAR will be denied with Adjudication Reason Code (ARC) 300A. ARC 300A reads as follows:

300A Procedure recently authorized to a different provider. Please submit a letter from the patient if he/she wishes to remain with your office.

If the beneficiary wishes to remain with your office, submit a new TAR with the written notification from the beneficiary stating they will not be returning to the provider that originally submitted the TAR and attach it to the new TAR from your office.

For more information about ARC 300A or other aspects of the Denti-Cal program, please contact the Denti-Cal Provider Customer Service Line at 1-800-423-0507.

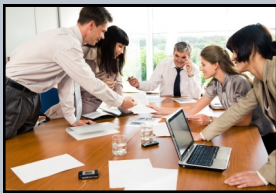
Verify Your Tax Identification Number (TIN)

The California Medi-Cal Dental Fee-For-Service Program (Denti-Cal) reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The business name and TIN must match exactly with the name and TIN on file with the IRS. If the business name and TIN do not match, the IRS requires Denti-Cal to withhold 28% of future payments. If the business name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

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:
Friday, March 24, 2017 8:00 AM - 4:00 PM Register Now!	Hilton Garden Inn Burbank Downtown 401 S San Fernando Blvd Burbank, CA 91502	Los Angeles
Tuesday, March 28, 2017 8:00 AM - 4:00 PM Register Now!	Embassy Suites by Hilton Anaheim South 11767 Harbor Blvd Garden Grove, CA 92840	Orange

Tax Identification Number

The TIN may either be a Social Security Number (SSN) or an Employer Identification Number (EIN). Denti-Cal uses the TIN to report earnings to the IRS, which the last four digits are printed on the front of the check and on the Explanation of Benefits (EOB) you receive from Denti-Cal. Please verify that the business name and TIN on the next check/EOB you receive from Denti-Cal are correct.

Updating Your Tax Identification Number

Updating your TIN is necessary only if your business type has changed (for example: sole proprietorship, corporation or partnership). You will be required to complete a new [Denti-Cal Provider Enrollment Application \(DHCS 5300\) form](#) if:

- ◆ You have incorporated your business: attach a valid, legible copy of the Articles of Incorporation showing the name of your corporation and a legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109-C).
- ◆ You are doing business under a fictitious name: attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

A copy of the Tax Identification Change Information form has been attached to this bulletin. Mail the completed form to:

Denti-Cal
Attention: Provider Enrollment Department
P.O. Box 15609
Sacramento, CA 95852-0609

To obtain the other forms mentioned above, please contact the Denti-Cal Provider Customer Service line at 800-423-0507 or visit the Denti-Cal website at www.denti-cal.ca.gov. Failure to submit the appropriate forms and supporting documents will delay the processing of your application and your application will be returned as incomplete.

Digitized Images and Electronic Data Interchange (EDI) Documents

When submitted electronically with claims and Treatment Authorization Requests (TARs), Denti-Cal accepts digitized images submitted through the following electronic attachment vendors: National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia Clearinghouse, LLC.

In order to submit digitized images, providers must apply and be approved to participate in the Electronic Data Interchange (EDI) program. For more information on EDI enrollment, 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).

Document Specifications

The following documentation related to EDI claims and TARs can be submitted electronically:

Images That CAN Be Transmitted:	Images That CANNOT Be Transmitted:
<ul style="list-style-type: none"> • Documentation related to claims and TARS to be submitted electronically: <ul style="list-style-type: none"> ○ Radiographs ○ Justification of Need for Prosthesis Forms (DC054) ○ Photos ○ Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> • Any documentation related to claims and TARS submitted on paper. • Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs), or Notices of Authorization (NOAs) issued for paper or EDI documents

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Images should not be transmitted electronically for EDI claims or TARs that have already been submitted and are waiting for radiographs and/or attachments to be mailed. Digitized images of Claim Inquiry Form (CIFs), Resubmission Turnaround Document (RTDs), and Notice of Authorization (NOAs) cannot be processed electronically.

Electronic Vendors

Denti-Cal accepts electronic submissions from the following vendors: NEA, NIS, or Tesia Clearinghouse, LLC. Specific document instructions are listed below for each vendor.

NEA

Radiographs/photographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered on the EDI claim or TAR using the following format: "NEA#" followed by the reference number, with no spaces. For example:

NEA#9999999

It is important to use this format and sequence. Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim.

Questions related to this instruction may be directed to NEA at (800) 782-5150 option 3. For NEA enrollment information, visit <http://www.nea-fast.com> and enter promotion code DCALRZ1M (expires 3/31/2017).

NIS

Create the claim or TAR. Before transmitting a document electronically, attach the radiographs/photographs and attachments. Use the Document Center to scan images, photos, etc.

For NIS information, call (800) 734-5561 and select option #1.

Tesia Clearinghouse, LLC

Create the claim or TAR. Before transmitting a document electronically, include the radiographs/photographs and attachment.

For Tesia Clearinghouse, LLC information, call (800) 724-7240.

Image Dates

All radiograph/photograph images submitted electronically require an "image created date" that references the date the radiographs/photographs were taken in the office.

Image Reference Numbers for CIFs Related to EDI and Paper Documents

Providers have the option of not submitting hard copies of radiographs and other documentation related to a CIF if the provider indicates digitized image reference numbers in the form's remarks box. If a provider chooses not to include digitized image reference numbers on a CIF, then the provider must send in hard copies.

For additional information on how to submit reference numbers, also referred to as attachment control numbers, refer to the [HIPAA Transaction Standard Companion Guide \[Denti-Cal EDI \(Electronic Data Interchange\) Companion Guide\]](#).

Please note that tips to successfully using EDI can be found as attachments to this bulletin. For more information on sending digitized images to Denti-Cal, contact EDI Support at (916) 853-7373.