

Denti-Cal Bulletin



VOLUME 19, NUMBER 40 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2003

REMINDER: VERIFY MESSAGES RECEIVED FROM AEVS CONCERNING ELIGIBILITY

Beneficiary eligibility information is immediately available on-line to Denti-Cal providers through the Medi-Cal Automated Eligibility Verification System (AEVS) by calling (800) 456-AEVS (2387) using a touch-tone phone. Providers whose practices are outside of California (border providers) should call (800) 866-2387. **Prior to treating the patient**, it is the responsibility of the provider to verify **current** eligibility even if there is an approved Notice of Authorization (NOA) for that patient. In addition, the provider should check for eligibility limitations such as: Share of Cost, Other Coverage, Healthy Families and/or Managed Care Plan enrollment. Failure to do so may result in non-payment or denial of claims.

Occasionally, eligibility information provided by AEVS may include a telephone number for that beneficiary's medical or dental plan. Provider offices requiring clarification of the eligibility message should call that number to request specific data concerning the beneficiary's coverage, or contact the Medi-Cal medical fiscal intermediary, EDS, at (800) 451-5555.

CLARIFICATION REGARDING PROGRAM TERMINOLOGY: "GLOBAL"

Under the Medi-Cal Dental program, global is defined as "treatment performed in conjunction with another procedure which is not payable separately."

Examples include, but are not limited to:

- Vitality tests, medicated treatments, final fillings of canals, and temporary and retrograde restorations included in the fee for all endodontic procedures.
- Restorative procedures (including crowns), tooth and soft tissue preparations (e.g., cord placement, gingivectomies and crown lengthening), amalgam or acrylic build-ups, temporary restorations, calcium hydroxide, cement and sedative bases, impressions, local anesthesia, occlusal adjustments, recementation of temporary crowns and the initial cementation of the permanent crown.
- Photographs are included in the fee for the orthodontic diagnostic work-up (procedure 557).
- Filling out forms, paperwork or reports, heart monitoring, waste disposal, behavior management, and hygiene instructions are considered global to other services rendered and are not payable separately.

REMINDER: HELPFUL HINTS FOR PREPARING NARRATIVE DOCUMENTATION

Denti-Cal's evaluation of Treatment Authorization Requests and claims will be more accurate when narrative documentation is included. The following reminders and tips help office staff

prepare narrative documentation for some common Denti-Cal procedures:

- The "Comments" area (box 34) of the treatment form is the best place to write narrative documentation. If including narrative documentation on a separate piece of paper, be sure to check box 10 on the treatment form to indicate there are other attachments. It is also helpful to note in area 34 that written comments are attached.
- Repeated use of "pattern" documentation for the same procedure is not acceptable. Narrative documentation should always state the facts that pertain to the specific situation.
- When submitting a request for a procedure that involves a partial denture, always include the type of partial denture (i.e., procedure 702, 703 or 708).
- Be sure to include the arch code (u = upper, l = lower) when requesting payment for denture repairs and adjustments. Documentation is required for repairs.
- Remember the following three things when documenting procedures 020 (office visit for observation), 080 (emergency palliative) and 451 (emergency periodontal):
 1. the patient's complaint;
 2. the diagnosis, including tooth number or area of involvement;
 3. the specific treatment provided.
- Documentation for procedure 720 (denture adjustment) *must* include the arch code and the location of the adjustment, e.g., "left buccal flange," "lingual of area #9," et cetera.
- If a surgical extraction was necessary to remove a tooth but the preoperative x-rays depict a simple extraction procedure, include narrative documentation to justify procedure 202.
- Submit all x-rays taken for root canal treatments and crown requests. Sometimes additional views are taken at different angles, which may be helpful in determining the necessity of the requested procedure.
- Evaluation of laboratory processed crowns (procedures 650-663) is enhanced by documentation that includes the extent of the decay and the specific cusps involved.
- Remember that narrative documentation should be legible; printed or typewritten documentation is always preferred. Be sure to change typewriter or computer printer ribbon frequently and try to avoid strikeouts, erasures or using correction fluid when printing or typing narrative documentation on the treatment form (Box 34).
- If submitting electronically, abbreviate comments to make optimum use of allotted space.

Refer to Section 4 of the *Denti-Cal Provider Manual* for additional documentation requirements. For answers to additional questions, please call Denti-Cal toll-free at (800) 423-0507.

REMINDER: UPCOMING SEMINARS

January 8, 2004	Workshop/D935	Stockton, CA
January 9, 2004	Advanced Seminar/D936	Stockton, CA
January 16, 2004	Electronic Data Interchange (EDI)	Concord, CA
January 30, 2004	Workshop/D937	Long Beach, CA

***Check your seminar schedules (Denti-Cal Bulletins,
Volume 19, Numbers 34 and 35) for specifics!***