

Denti-Cal Bulletin



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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH

Highlights and News

- Implementation of Current Dental Terminology (CDT) has been postponed until early Spring 2006. CDT-4 training sessions have been postponed. Also postponed is the distribution of the Manual of Criteria (MOC) and Schedule of Maximum Allowances (SMA) related to the implementation of CDT-4 codes.
- Look for updated information in future bulletins.

Important Reminders

CDT

- CDT codes are not currently accepted by Denti-Cal and are considered invalid. Any claim service line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied.

NPI

- Covered dental providers will be required to obtain a National Provider Identifier (NPI) to use on all covered dental transactions. For more information about the NPI and/or the NPI enrollment application process, please visit the Web site for Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov/hipaa/hipaa2/regulations/identifiers/default.asp.
- Once the NPI is implemented nationally, providers will be able to utilize the NPI for all public and private payers.
- The compliance date for Denti-Cal providers, dental plans, and clearinghouses is May 23, 2007.
- Providers must continue using their existing provider numbers for all Denti-Cal transactions until notified otherwise.

DENTI-CAL TO DISCONTINUE PROCESSING OF COUNTY MEDICAL SERVICES PROGRAM (CMSP) DENTAL SERVICES

Beginning October 1, 2005, CMSP will be administered by Blue Cross Life & Health Insurance Company (Blue Cross) instead of the California Department of Health Services (DHS).

The following adjudication reason code has been modified to assist in the processing of CMSP documents:

- 386** Payment/Authorization disallowed. CMSP dental services for dates of service after September 30, 2005, are the responsibility of Doral Dental Services of California (1-800-341-8478).

The following new policy code is added to assist in the adjudicating of documents for CMSP dental services:

- 70** For CMSP dental services after 09/30/2005 contact Doral Dental (1-800-341-8478).

Additional information concerning changes to CMSP is available in Denti-Cal Bulletin Volume 21, Number 29, released in August 2005, and on the CMSP Governing Board's website at www.cmspcounties.org. If you have questions regarding upcoming changes to CMSP, please call (916) 649-2631.

\$1,800 LIMIT PER CALENDAR YEAR FOR BENEFICIARY DENTAL SERVICES

Effective January 1, 2006, the Department of Health Services will implement changes in covered benefits as set forth in Assembly Bill 131 (Chapter 80 of the 2005-2006 Session). Section 14080 is added to the Welfare and Institutions Code. Beginning January 1, 2006 through January 1, 2009, dental services to individuals 21 years of age or older will be limited to \$1,800 per beneficiary for each calendar year.

This limitation shall not apply to any of the following:

- 1) Emergency dental services.
- 2) Services that are federally mandated, including pregnancy-related services.
- 3) Dentures.
- 4) Maxillofacial and complex oral surgery.
- 5) Maxillofacial services, including dental implants and implant-retained prostheses.
- 6) Services provided in long-term care facilities.

Information regarding specific procedure codes affected by this limitation will follow in future bulletins.

IMPLEMENTATION OF NEW ADJUDICATION REASON CODES FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT--SUPPLEMENTAL SERVICES (EPSDT-SS) REQUESTS

Currently Adjudication Reason Code 219 is the only one used to disallow EPSDT-SS requests and is insufficient to explain the reason for denial of requested service(s). Therefore, Adjudication Reason Code 219 -- This case does not qualify for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) -- has been inactivated effective August 10, 2005, and the following Adjudication Reason Codes have been created to assist in processing these documents for dates of services beginning August 1, 2000:

- 400** EPSDT-Supplemental Services are not a benefit for patients 21 years and older.
- 401** The EPSDT-Supplemental Service(s) requested is primarily cosmetic in nature.
- 402** An alternate service(s) is more cost effective than the requested EPSDT-Supplemental Services(s) and is a benefit of the Medi-Cal Dental Program.
- 403** The EPSDT-Supplemental Service(s) requested is not medically necessary.

NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

“The department shall deactivate, immediately and without prior notice, the provider numbers 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. 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 treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because _____
_____.

Check the boxes that apply to your practice:

☐ AAH (Alameda Alliance Health)

☐ GHPP (Genetically Handicapped
Persons Program)

☐ CCS (California Children’s Services)

☐ GMC (Geographic Managed Care)
Plan Name: _____

☐ DMC (Dental Managed Care)
Plan Name: _____

☐ HFP (Healthy Families Program)

☐ FQHC/RHC (Federally Qualified Health
Clinic/Rural Health Clinic)

Provider Name

Provider Number

Provider Signature

If there are questions regarding any of the above, please call Dent-Cal at (800) 423-0507.