

Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars:

Want to learn more about the
Denti-Cal program? Come to one
of our training seminars. Go to
our website to [Reserve Your Spot](#).

Sacramento

Advanced /D279 - July 8, 2010

Basic/D280 - July 9, 2010

Delta Day

Ontario

Basic /D281 - July 28, 2010

Advanced/D282 - July 29, 2010

Submit Claims and TARs Electronically through Electronic Data Interchange (EDI)

EDI enrollment allows providers to send Treatment Authorization Requests (TAR)s, claims and Notices of Authorization (NOA) for payment over the telephone line or through File Transfer Protocol (FTP) directly from the office or through a billing intermediary or clearinghouse to Denti-Cal. EDI-enrolled providers can also receive the Notice of Authorization (NOA) and Resubmission Turnaround Document (RTD) forms electronically. Submitting claims electronically reduces processing time for claims, makes billing and tracking documents easier, and helps maximize computer capabilities.

In conjunction with the forms mentioned above, Denti-Cal accepts digitized radiographs and attachments submitted through electronic attachment vendors National Electronic Attachment, Inc. (NEA), National Information Services (NIS), and Tesia-PCI, LLC.

Providers must apply and be approved by Denti-Cal to participate in the EDI program. Denti-Cal will send the provider a letter confirming the provider's EDI enrollment.

A provider submitting claims electronically is required to undergo certification for the Health Insurance Portability and Accountability Act (HIPAA)-compliant format. If a provider is submitting claims electronically through a contracted clearinghouse, only the clearinghouse must be certified.

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REMINDER

The Q3 2010 Provider Seminar Schedule has been posted to the Denti-Cal website. Go to the [seminar schedule page](#) to view the upcoming seminars near your area and to [reserve your spot](#).



In this case, a provider must ensure that its contracting clearinghouse has been certified through Denti-Cal, prior to submitting claims.

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, please call EDI Support at (916) 853-7373. Requests may also be sent by e-mail to denti-caledi@delta.org. Providers may also access EDI enrollment forms and How-To Guides from the Denti-Cal Web site: www.denti-cal.ca.gov/WSI/Prov.jsp?fname=EDI.

Important Reminders for Providers

Through its audit process, the Surveillance and Utilization Review (S/UR) department has found many areas to be deficient in the documentation of treatment for Medi-Cal dental beneficiaries. Lack of proper documentation may result in an unfavorable audit and possible recovery of payments. It is also important to note that all documentation placed on Treatment Authorization Requests (TARs), as well as claims, must be consistent with and supported by documentation in the record of treatment. For information on causes for recovery, see California Code of Regulations (CCR), Title 22, Section 51458.1, and the [Medi-Cal Dental Program Provider Handbook Cause for Recovery of Provider Overpayments](#).

Documentation

California Code of Regulations (CCR), Title 22, Section 51476 (a), states that each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary. Detailed documentation must be present in the patient record of treatment and must support the need for the procedure provided. Additionally, documentation must include the date services were provided, and the identification of the Medi-Cal-enrolled provider who performed the treatment as required under the Dental Practice Act, Section 1683. Lack of the above-noted documentation may result in an unfavorable audit. [See Handbook, Record Keeping Criteria](#).

Anesthetic

According to the accepted standard of dental practice the local anesthetic type and dosage, vasoconstrictor type and dosage, and number of carpules used must be recorded in the patient record of treatment. If a local anesthetic is not used for a procedure normally calling for local anesthesia, a notation should be made in the patient record of treatment noting this fact. Providers who administer general anesthesia and/or intravenous conscious sedation/ analgesia shall have valid anesthesia permits with the California Dental Board. Requests for payment for this service require that Field 33 be filled out with the rendering provider number, also known as the “treating provider” number. Lack of the proper documentation may result in denial of claim and potential audit for recovery of payments. See page 5-103 of the Manual of Criteria section in the Provider Handbook. [See Handbook, Adjunctive General Policies \(D9000-D9999\)](#)

Radiographs and Photographs

According to the accepted standard of dental practice, the fewest number of radiographs needed to provide a diagnosis shall be taken. Original radiographs must be a part of the patient’s clinical record and must be retained by the provider at all times. Radiographs must be made available for review upon the request of the Department of Health Care Services (DHCS) or the Surveillance and Utilization Review (S/UR) department. When patient records of treatment are requested, duplicates of all included radiographs and photographs must also be submitted and may not be returned. As indicated in the Manual of Criteria section in the Provider Handbook, the radiographs and photographs must be of diagnostic quality, properly mounted, and labeled with the date they were taken. In addition, the provider’s name and billing number, the patient’s name, and the right and left sides of the patient’s mouth must be clearly indicated. See Handbook, [Diagnostic General Policies \(D0100-D0999\)](#)

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Restorative Services

Dental restorative materials are limited to composite resin, glass ionomer cement, resin ionomer cement, and amalgam as described on the Dental Board of California's [Dental Materials Fact Sheet](#). Documentation in the patient record of treatment must indicate the specific treatment provided which includes the material placed. ([See Handbook, Restorative General Policies \(D2000-D2999\)](#))

Topical Fluoride Application

Documentation in the patient record of treatment must describe the specific service provided. Topical fluoride application (D1201, D1203, D1204, and D1205) is a benefit for prescription strength fluoride products designed solely for use in a dental office and delivered to the dentition under direct supervision of a dental professional. Fluoride applications do not include treatments incorporating fluoride with prophylaxis paste, topical application of fluoride to the prepared portion of a tooth prior to restoration, and applications of aqueous sodium fluoride. Prophylaxis and/or fluoride procedures (D1120, D1201, and D1203) are a benefit once in a six-month period without prior authorization under the age of 21. Prophylaxis and/or fluoride procedures (D1110, D1204, and D1205) are a benefit once in a 12-month period without prior authorization for age 21 and over for pregnancy related and SNF patients only. See Handbook, [Preventive General Policies \(D1000-D1999\)](#)

Palliative (Emergency) Services

Written documentation must include the tooth/area, condition, and specific treatment performed. A mere statement that an emergency existed is not sufficient. See Handbook, [Adjunctive Service Procedures \(D9000-D9999\)](#)

Periodontal Procedures

Documentation in the patient record of treatment shall include documentation of medical necessity, observations and clinical findings, the specific treatment rendered (area, quadrant, tooth number, and what services were provided), and medications or drugs used during treatment (type and amount of local anesthetic). See Denti-Cal Bulletin Vol. 25, Number 39, [Record of Treatment for Periodontal Procedures](#).

Billing or Rendering Provider Not Enrolled

Providers must certify that the services on the treatment form have been personally provided to the beneficiary by the provider or, under his or her direction, by another person(s) eligible under the California Medi-Cal Dental (Denti-Cal) program to provide services. Denti-Cal will not pay for services unless the provider is actively enrolled in the Denti-Cal Program at the time of treatment. Occurrences involving un-enrolled providers will result in recovery of overpayments. See Handbook, [Provider Participation in the California Medi-Cal Dental \(Denti-Cal\) Program](#).

Overpayment Recovery

California Codes of Regulations (CCR), Title 22, Section 51458.1. (a)(b) states:

The Department will recover overpayments to providers including, but not limited to, payments determined to be:

1. In excess of program payment ceilings or allowable costs.
2. For services not documented in the provider's records, or for services where the provider's documentation justifies only a lower level of payment.

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3. Based upon false or incorrect claims or cost reports from providers.
4. For services deemed to have been excessive, medically unnecessary or inappropriate.
5. For services not covered by the program.

See [Handbook, Cause for Recovery of Provider Overpayments](#).

For answers to questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507, or consult the Provider Handbook found at: www.denti-cal.ca.gov.