

Denti-Cal California Medi-Cal Dental Bulletin

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Changes to the Scope of Emergency Dental Services Effective for Dates of Service On or After April 1, 2010

Beneficiaries in limited scope aid codes (see "[Section 4: Treating Beneficiaries](#)" for a complete list of aid codes) are only eligible to receive the emergency dental services listed below for dates of service on or after **April 1, 2010**. Note that while there is some overlap, these procedures are not synonymous with [Federally Required Adult Dental Services \(FRADS\)](#). For claims for emergency services, a clinical emergency certification statement and, when applicable, radiographs and/or other documentation to justify the procedure must be submitted. Providers must follow the emergency certification instructions below to document the emergency.

The following are allowable as emergency dental procedures:

D0220, D0230, D0250, D0260, D0290, D0330, D0502, D0999, D2920, D2940, D2970, D3220, D3221, D6930, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7260, D7261, D7270, D7285, D7286, D7410, D7411, D7412, D7413, D7414, D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7490, D7510, D7520, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7810, D7820, D7830, D7910, D7911, D7912, D7980, D7983, D7990, D9110, D9210, D9220, D9221, D9230, D9241, D9242, D9248, D9410, D9420, D9430, D9440, D9610, D9910, D9930

REMINDER:

Access attachments to the bulletin, such as forms, updated Handbook pages, and quarterly seminar schedules by clicking on the "Attachments" tab (Adobe Reader 7) or the paperclip icon (Adobe Reader 8 and 9) in the lower-left portion of the reading pane.



When the procedures listed above are provided for beneficiaries in limited scope aid codes, an emergency certification statement is always required. This statement must be either entered in the “Comments” area (Box 34) on the claim form or attached to the claim. It must:

- a) Describe the nature of the emergency, including clinical information pertinent to the patient’s condition; and
- b) Explain why the emergency services provided were considered immediately necessary.

The statement **must** be signed by the dentist providing the services (in the “Comments” area or on the attached statement) and **must** provide enough information to show the existence of an emergency dental condition and need for immediate treatment. **Merely stating an emergency existed or that the patient was in pain is insufficient.** When applicable, necessary documentation and/or radiographs to justify the procedure **must** be submitted with the claim.

Please note changes to the scope of emergency dental services listed above also apply to pregnant and postpartum women in limited scope aid codes.

Updated Handbook pages reflecting the changes listed above have been attached to this bulletin. To access the updated pages and other attachments, click on the “Attachments” tab (Adobe Reader 7) or the paperclip icon (Adobe Reader 8 and 9) in the lower-left portion of the reading pane.

Beneficiaries Under 21 Still Eligible for Treatment

Beneficiaries up to age 21 who have full scope aid codes are still eligible for Denti-Cal services and are not affected by the elimination of optional adult dental services. Denti-Cal reminds providers that some procedures have age and frequency limitations, and providers should review the [Manual of Criteria](#) to verify the beneficiary meets the criteria for the procedure.

Beneficiaries age 21 and older and beneficiaries under 21 who have limited scope aid codes are still eligible for limited dental services. Please see “[Section 4: Treating Beneficiaries](#)” in the Provider Handbook for more information.

Monthly Provider Handbook Updates

Beginning with this April bulletin, the Denti-Cal Provider Handbook will be updated monthly instead of quarterly. Program and policy changes announced in monthly bulletins will be incorporated monthly to ensure the Handbook contains the most current information. The updated Handbook pages will be included with the bulletin as an attachment. To access these and other attachments, click on the paperclip icon on the lower-left portion of the Adobe Reader reading pane.

COME SEE US

Visit Denti-Cal at the CDA Scientific Session in Anaheim



Be sure to visit the Denti-Cal booths at the CDA Scientific Session in Anaheim, Friday, May 14, 2010 through Sunday, May 16, 2010. Representatives from Denti-Cal will be on hand in Booth 739, Hall B, of the Anaheim Convention Center to provide information and answer questions.

HIGHLIGHT

Clarification of Procedures for Denti-Cal Beneficiaries Residing in Qualifying SNFs and ICFs



Providers are reminded that services for residents of qualifying Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF) are exempt from the July 1, 2009 elimination of adult services.

When treating beneficiaries who reside in these facilities, providers are reminded of the following:

- Check the following Web site for qualifying SNF and ICF facilities: <http://hfcis.cdph.ca.gov/servicesAndFacilities.aspx>.
- All procedures, except for diagnostic or emergency procedures, require prior authorization when rendering treatment to facility beneficiaries, regardless of where the beneficiary is actually being treated.
- Prior authorization will be waived for beneficiaries treated in a hospital or surgical center with the exception of laboratory processed crowns, fixed partial dentures, removable prosthetics and implants.
- Include all of the following required documentation on the claim or TAR:
 - Use place-of-service (POS) 4 or 5 only, regardless of where the beneficiary is being treated
 - Indicate the name, address and phone number of the facility where the beneficiary actually resides in Box 34
 - When treating residents outside of the SNF/ICF facility, you must additionally indicate the name, address and phone number of the *actual* place where the service was performed in Box 34

If a provider receives a denial on a claim for a beneficiary who resides in a qualifying licensed SNF or ICF, the provider can submit a Claim Inquiry Form (CIF) including the facility name, address, phone number, and all necessary radiographs, photographs and documentation to have the service(s) re-evaluated.

If the services were denied on a Treatment Authorization Request (TAR), the provider can submit the Notice of Authorization (NOA) and request re-evaluation. The facility name, address, phone number, and all necessary radiographs, photographs and documentation must be submitted to have the services re-evaluated.

For additional information, please visit the Denti-Cal Web site at <http://www.denti-cal.ca.gov>.

Although certain sections of the Handbook may change each month, Denti-Cal will continue to release the Handbook in its entirety containing all of the monthly updates for that quarter on the [Denti-Cal Web site](#) by the end of each month following the quarter, i.e. April, July, and October.

Medi-Cal Dental Patient Referral Service

Medi-Cal Dental Program (Denti-Cal) providers can take advantage of a free referral service for accepting Denti-Cal patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain, or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the Medi-Cal Dental Patient Referral Service Form PDF attached to this bulletin and mail it to:

California Medi-Cal Dental Program
Attn: Enrollment Department
PO Box 15609
Sacramento, CA 95852-0609

The updated Medi-Cal Dental Patient Referral Service Form has been included with the bulletin as an attachment. To access this and other attachments, click on the "Attachments" tab (Adobe Reader 7) or the paperclip icon (Adobe Reader 8 and 9) in the lower-left portion of the reading pane.

Verify Your Tax Identification Number (TIN)

The California Medi-Cal Dental 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.

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 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. If the Business Name and TIN appearing on your Denti-Cal check/EOB are correct, you do not need to notify Denti-Cal.

Updating Your Tax Identification Number

If the Business Name and/or TIN are incorrect, a [Medi-Cal Supplemental Changes - DHS 6209 \(Rev. 2/08\)](#) form may be used to make changes if the entity itself has not change. Please attach a valid, legible copy of an official document from the IRS (Form 147-C, SS-4 Confirmation Notification, 2363 or 8109C).

If your entity has changed (for example: sole proprietorship, corporation or partnership) you will be required to complete a new [Medi-Cal Provider Group Application - DHS 6203 \(Rev. 2/08\)](#) or a [Medi-Cal Provider Application - DHS 6204 \(Rev. 2/08\)](#), [Medi-Cal Disclosure Statement - DHS 6207 \(Rev. 2/08\)](#), and [Medi-Cal Provider Agreement - DHS 6208 \(Rev 2/08\)](#).

If you are incorporated, 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).

If your corporation is doing business under a fictitious name, attach a valid, legible copy of the fictitious name permit issued by the Dental Board of California.

To obtain a current application packet or package, please contact the Denti-Cal Telephone Service Center at (800) 423-0507 or visit the Denti-Cal Web site: www.denti-cal.ca.gov. Failure to submit the appropriate package and supporting documents will delay the processing of your application and will be returned as incomplete.

For additional information or questions regarding the verification of TINs, please call the Denti-Cal Telephone Service Center at (800) 423-0507.