

This Issue:

- p1 Providing and Billing for Anesthesia Services for Denti-Cal Beneficiaries
- National Provider Identifier (NPI)
 - Medi-Cal Electronic Health
- Direct Deposit Today!
- p4 No Claim Activity for 12

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Providing and Billing for Anesthesia Services for Denti-Cal Beneficiaries

Enrollment

Billing providers MUST ensure that all their rendering dental anesthesiologists and dentists providing general anesthesia and intravenous conscious sedation/analgesia are enrolled in the Denti-Cal program prior to treating Medi-Cal patients. Payments made to billing providers for services performed by their unenrolled rendering providers will be subject to payment recovery per Title 22 Section 51458.1(a)(6).

Instructions about enrolling in the Denti-Cal program are found in the Provider Handbook, Section 3: Enrollment Requirements.

To obtain an application packet, contact Denti-Cal at (800) 423-0507 or visit the Denti-Cal Web site to download the application forms:

www.denti-cal.ca.gov/WSI/Prov.jsp?fname=ApplicationForms

Billing

When billing Denti-Cal for general anesthesia (D9220 and D9221) or intravenous conscious sedation/analgesia (D9241 and D9242) you must properly identify the dentist administering general anesthesia or intravenous conscious sedation/analgesia by providing their National Provider Identification (NPI) in field 33 as the rendering provider. This must be the rendering provider's NPI who administered the anesthesia. Instructions for filling out claim forms accurately can be found in the Provider Handbook, Section 6: Forms.

Additionally, the Medi-Cal fee is payment in FULL and no additional compensation may be demanded or collected per Welfare and Institutions Code 14019.3(d) and Title 22 Section 51002.

continued on pg 2

Permit Requirements

The dental anesthesiologist or the dentist providing anesthesia/analgesia services MUST be permitted or certified through the Dental Board of California per Business and Professions Code 1646.1 and 1647.19-.20.

If you would like to know the status of a provider's ability to provide anesthesia/analgesia services and/or would like to apply to be able to perform such procedures, please visit the Dental Board of California website at: www.dbc.ca.gov or call the Dental Board of California at 877-729-7789 (Toll Free).

Just as a reminder the definitions of general anesthesia (D9220 and D9221) and intravenous conscious sedation/analgesia (D9241 and D9242) can be located in the Provider Handbook: Section 5 of the Manual of Criteria: Adjunctive General Policies on page 5-103. You can find the handbook at www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual.

For questions on the above, or any other information, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.

Registering and Using the National Provider Identifier (NPI)

All providers are required to obtain a National Provider Identifier (NPI) prior to enrolling in the Medi-Cal program. Denti-Cal continues to encourage currently enrolled providers to obtain, register with Denti-Cal, and use their National Provider Identifier (NPI). Providers who do not have an NPI are strongly encourage to request one from the National Plan and Provider Enumeration System (NPPES) Web site: nppes.cms.hhs.gov.

Registering Your NPI

Before providers can use their NPI on Denti-Cal forms, both the billing NPI and rendering NPI must be registered with Denti-Cal. Providers can register their NPI in one of two ways:

Online via the Denti-Cal NPI Collection System. To expedite NPI registration, register via the Denti-Cal NPI Collection System found on the Denti-Cal Web site. Go to www.denti-cal.ca.gov and click on the National Provider Identifier (NPI) tab, and then on the Register Your NPI link. Print the confirmation page from the website as a record of registration. After completing the registration process, please allow three (3) business days prior to submitting documents with the NPI.

continued on pg 3

Medi-Cal Electronic Health Record Incentive Program



The EHR incentive program was established by the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery & Reinvestment Act of 2009. The program aims to transform the nation's health care system and improve the quality, safety and efficiency of patient health care by increasing the use of electronic health records. Providers and hospitals will need to use federally-certified EHR technology to participate in the Medicare and Medi-Cal EHR incentive programs.

The Medi-Cal EHR Incentive Program is administered by the California Department of Health Care Services (DHCS).

Medi-Cal Dental providers may participate in the EHR incentive program if eligibility requirements are met. For general information, please visit the DHCS Medi-Cal website at: www.medi-cal.ca.gov.

For detailed eligibility and registration information on the EHR incentive program, please visit the Centers for Medicare & Medi-Cal Services (CMS) website at: www.cms.gov/EHRIncentivePrograms.

HIGHLIGHT

For Faster Denti-Cal Payments, **Enroll in Direct Deposit Today!**



Denti-Cal encourages providers to enroll in the direct deposit program. With direct deposit. Denti-Cal automatically deposits payments into a provider's designated savings or checking account, which means:

- · No more lost or misdirected checks
- No more waiting for checks to arrive in the mail
- No more trips to the bank
- · Payments are available faster

To participate in the program, providers must complete and sign a Direct Deposit Enrollment Form. Providers can obtain a form by calling the Telephone Service Center at (800) 423-0507, or by writing to Denti-Cal at this address:

Denti-Cal Attn: Provider Enrollment Department PO Box 15609 Sacramento, CA 95852-0609

The back of the form contains instructions for completing the Direct Deposit Enrollment Form. The Direct Deposit Enrollment Form must include the following:

- The provider's original signature (in blue ink)
- A preprinted, voided check attached to the form

Providers must mail the completed form to Denti-Cal at the address shown above.

Upon receipt of the Direct Deposit Enrollment Form, Denti-Cal sends a "test" deposit to the bank. This will result in a "zero" deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in "Section 3: Enrollment Requirements" of the provider Handbook.

Using the NPI Registration Form DHS 6218. To obtain the paper NPI Registration Form DHS 6218 and instructions on how to register your NPI, visit the Denti-Cal Web site at www.denti-cal.ca.gov and click on the National Provider Identifier (NPI) tab, and then on the Register Your NPI link.

Remember to retain a copy of the letter received from Denti-Cal as a record of registration. Providers should not use their NPIs when submitting documents for authorization or payment until they have received a confirmation letter from Denti-Cal, which can take up to 15 business days.

For questions about the Denti-Cal NPI Collection System or registration of the NPI, please call Denti-Cal toll-free at (800) 423-0507.

Using an NPI

Denti-Cal providers are to use their registered NPI on the following

- Treatment Authorization Request/Claim (DC-202, DC-209, DC-217)
- Claim Inquiry Form (DC-003)
- Forms Reorder Request (DC-204)
- Notice of Authorization (DC-301)

Unregistered NPI Can Lead to Denied Claims

Claims with an unregistered NPI will be denied with Adjudication Reason Code 319A, which reads as follows:

319A The submitted rendering provider NPI is not registered with Denti-Cal. Prior to requesting re-adjudication for a dated, denied procedure on a Claim Inquiry Form (CIF), the rendering provider NPI must be registered with Denti-Cal.

To avoid denials on claims due to unregistered NPI, providers should wait for confirmation of registration before using the NPI.

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 (a) which reads as follows:

The department shall deactivate, immediately and without prior notice, the provider's number, including all business addresses 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 had any claim activity in a 12-month period, and wish to remain an active provider in the Denti-Cal Program, please click on the paperclip icon on the lower-left corner of the Adobe Acrobat Reader window to find the No Claim Activity form:



After completing the No Claim Activity form please mail it to:

Denti-Cal California Medi-Cal Dental Program PO Box 15609 Sacramento, CA 95852-0609

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package contact Denti-Cal toll-free at (800) 423-0507.

