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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**.

No seminars in May.

If you'd like more information about upcoming seminars, visit **www.denti-cal.ca.gov** and check the current **Provider Seminar Schedule.**

Revised Aid Codes C1-C9, D1-D9 and Aid Code 76

The revised limited scope aid codes will accommodate undocumented individuals as well as those who have not yet met the Federal Deficit Reduction Act (DRA) citizenship and identity requirements. More information can be found on www.medi-cal.ca.gov > Publications > Provider Manuals > Part 1-Medi-Cal Program and Eligibility > OBRA and IRCA (obra). These revised aid codes read as follows:

Code	Benefits	SOC	Program/Description
C1	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.
C2	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged – Medically Needy, SOC.
C3	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – Medically Needy.
C4	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind – Medically Needy, SOC.
C5	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC – Medically Needy.

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Code	Benefits	SOC	Program/Description
C6	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC – Medically Needy SOC.
C7	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – Medically Needy.
C8	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled – Medically Needy, SOC.
C9	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. MI – Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
D1	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
D2	Restricted to pregnancy and emergency services	No	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Aid to the Aged – Long Term Care (LTC). Covers persons 65 years of age or older who are medically needy and in LTC status. Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
D3	Restricted to pregnancy and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Aid to the Aged – Long Term Care (LTC), SOC. Covers persons 65 years of age or older who are medically needy and in LTC status. Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
D4	Restricted to pregnancy and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Blind – Long Term Care (LTC), SOC. Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).

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Code	Benefits	SOC	Program/Description
D5	Restricted to pregnancy and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Blind – Long Term Care (LTC), SOC. Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
D6	Restricted to pregnancy and emergency services	No	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Disabled – Long Term Care (LTC). Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
D7	Restricted to pregnancy and emergency services	Yes	OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the OBRA and IRCA section in this manual. Disabled – Long Term Care (LTC), SOC. Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).
D8	Restricted to pregnancy and emergency services	No	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent.
D9	Restricted to pregnancy and emergency services	Yes	OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.

Aid Code 76 Revised

The revised Aid Code 76 provides limited scope benefits with no SOC. The revised code reads as follows:

Code	Benefits	SOC	Program/Description
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.

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Crossover Only Provider Form (MC 0804)

Pursuant to Federal Code of Regulations, Title 42 USC 1396(a)(a)(10)(E)(i), the Department of Health Care Services (DHCS) created the Crossover Only Provider Form, MC 0804. This form was created to streamline the process for authorizing Crossover Only Providers to submit claims for reimbursement of Medicare cost sharing amounts for services rendered to a dual-eligible beneficiary. These are beneficiaries who are eligible for coverage by Medicare (Medicare Part A, Part B, or both) and Medi-Cal (dual eligible).

Typically, claims for services rendered to dual-eligible beneficiaries are processed by Medicare first, and then the provider must bill Denti-Cal with the Medicare EOMB to coordinate benefits up to the Denti-Cal SMA. If the claim does not have any crossover procedures covered by Medicare, the provider can submit a request directly to Denti-Cal following all submission requirements and criteria.

Exception: If the provider is not a Medicare provider, they can submit directly to Denti-Cal. They need to indicate they are not a Medicare provider.

Effective immediately, Medicare providers wishing to obtain authorization from Medi-Cal to submit claims for reimbursement of Medicare cost sharing amounts are not required to submit a complete application package. In order to use this form the provider/applicant must be currently enrolled in Medicare, must not be enrolled in Denti-Cal and must be providing services to dual eligible beneficiaries. Crossover Only providers need to fill out MC 0804 and submit the completed form to DHCS in order to receive the authorization to bill Medi-Cal for cost sharing amounts.

Note: Providers who are already enrolled as Denti-Cal providers do not need to complete this form in order to receive payment for Crossover claims. If a Crossover Only provider later wishes to enroll as a regular Denti-Cal provider, a complete application package will be required and all program requirements must be met.

HOW TO USE THE MC 0804 FORM: As well as the information required on the current form, additional information for any provider not listed on the form must be included.

- Names, NPIs, CMS Approval Letter, TIN (EIN, ITIN verification) and professional license numbers for each rendering and non Denti-Cal enrolled provider who will be rendering services to beneficiaries must be included. This can be placed in Block 10 or attached on a separate sheet of paper.
- Ensure that all the fields in the form are completely filled out. If a field or section does not apply to you, indicate “not applicable” or “N/A”.
- A copy of your Centers for Medicare and Medicaid Services (CMS) approval letter must be submitted with your completed form. A form cannot be processed without a CMS approval letter.
- Include an original signature on the form.
- Failure to fill out a completed form and/or failure to submit a CMS approval letter can significantly delay authorization to submit claims for reimbursement.

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An MC 0804 form can be obtained by contacting the Denti-Cal Telephone Service Center at 1-800-423-0507, or by downloading the form from the Denti-Cal website (www.denti-cal.ca.gov) by clicking the "Providers" link, Application Forms. The completed form along with all required documentation should be mailed to:

Medi-Cal Dental Program (Denti-Cal)
Provider Enrollment Division
P.O. Box 15609
Sacramento, CA 95852-0609

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