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Denti-Cal
California Medi-Cal Dental
Bulletin

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Training Seminars

Reserve an available spot for one of our open training seminars.

Emeryville
Basic & EDI/D497 - Aug. 6, 2014
Advanced/D498 - Aug. 7, 2014

San Jose
Advanced/D499 - Aug. 14, 2014

Webinar
Basic & EDI/D500 - Aug. 15, 2014

Buena Park
Advanced/D501 - Aug 20, 2014

Provider Enrollment Assistance Line

Speak with an Enrollment Specialist. Go here for more information!

Wednesday, Aug. 20, 8 am - 4 pm.

New Aid Codes: E2, E4-E7, H0, H6-H9, 4E, L1, N0, N9, R7-R9, 7S, 7U, 7W

On July 15, 2014, a number of new aid codes went into effect. The tables below outline these new aid codes and their descriptions.

Aid Codes E2, E4, and E5

Pursuant to Section 2101(f) of the Affordable Care Act (ACA), children who lose Medi-Cal eligibility under the new Modified Adjusted Gross Income (MAGI) method must be enrolled into a separate Children's Health Insurance Program (CHIP) program, implemented through CHIP regulations at 42 CFR §457.310. This requirement became effective on January 1, 2014, to ensure a smooth transition and continuity for children when new income counting rules take effect.

Aid Code	Benefits	SOC	Program/Description
E2	Full Scope	No	ACA 2101 (f) Citizen/Lawful Age 0-19 No Premium
E4	Preg/Emerg	No	ACA 2101 (f) Undocumented Age 0-19 No Premium
E5	Full Scope	No	ACA 2101 (f) Citizen/Lawful Age 1-19 With Premium

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Reminder: Current Dental Terminology (CDT)-13 and Procedure Code D0274

Denti-Cal would like to remind providers that under Current Dental Terminology (CDT-13), procedure code D0274 (Bitewings- Four Radiographic Images) is not a benefit for patients under the age of 10. For criteria information related to this and other CDT-13 procedure codes, please refer to the Manual of Criteria and Schedule of Maximum Allowances.

For questions, please contact the Denti-Cal Provider Customer Service Line at (800) 423-0507.

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Aid Codes H0, H6, H7, H8, H9, and 4E

The ACA gives qualified hospitals the option to make presumptive eligibility determinations based on preliminary information for certain groups. To support this change, the following aid codes were created:

1. **Aid Code H0**: Hospital Presumptive Eligibility for Children age 6-9 (FPL above 108 percent and up to and including 266 percent).
2. **Aid Code H6**: Hospital Presumptive Eligibility for infants age 0-1 (FPL above 208 percent up to and including 266 percent).
3. **Aid Code H7**: Hospital Presumptive Eligibility for Children age 1-6 (FPL at or below 142 percent).
4. **Aid Code H8**: Hospital Presumptive Eligibility for Children age6-19 (FPL at or below 108 percent).
5. **Aid Code H9**: Hospital Presumptive Eligibility for Children age 1-6 (FPL above 142 percent and up to and including 266 percent).
6. **Aid Code 4E**: Hospital Presumptive Eligibility for Former Foster Care Children up to age 26 (No income screening).

Aid Code	Benefits	SOC	Program/Description
H0	Full Scope	No	Hospital PE 6-19 above 108% up to 266% FPL
H6	Full Scope	No	Hospital PE Infants 0-1 over 208% up to 266% FPL
H7	Full Scope	No	Hospital PE Child 1-6, at or below 142% FPL
H8	Full Scope	No	Hospital PE Child 6-19, at or below 108% FPL
H9	Full Scope	No	Hospital PE Child 1-6 above 142-266% FPL
4E	Full Scope	No	Hospital PE Former Foster Care Up to age 26

Aid Codes L1, N0, and N9

The Low Income Health Project (LIHP) was implemented pursuant to California's "Bridge to Reform" Section 1115 Medicaid Demonstration waiver. For aid codes N0 and N9, services are limited to covered inpatient hospital services provided off the grounds of the correctional facility. To support this change, the following aid codes were created:

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NEED MORE INFORMATION?

Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

Date/Time:	Location:	County:
Thursday, Aug. 7, 2014 8:00 AM- 4:00 PM Register Now!	Hampton Inn and Suites 4921 Sisk Road Salida, CA 95368 209-543-3650	Stanislaus County
Thursday, Aug. 21, 2014 8:00 AM- 4:00 PM Register Now!	Hilton 777 W Convention Way Anaheim, CA 92802 714-750-4321	Orange County

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1. **Aid Code L1**: LIHP/MCE transition to Medi-Cal. Medi-Cal coverage effective January 1, 2014, for adults aged 19-64 years of age enrolled in the LIHP/MCE program prior to January 1, 2014. Income is at or below 138 percent of the federal poverty level. Medi-Cal benefits continue until a redetermination is completed for ongoing eligibility.

2. **Aid Code N0:** Medi-Cal coverage effective January 1, 2014, for adult inmates in county jail aged 19 through 64 years of age enrolled in the LIHP/MCE program on December 31, 2013. Services are limited to covered inpatient hospital services provided off the grounds of the correctional facility. Income is at or below 138 percent of the federal poverty level. Medi-Cal benefits continue until a redetermination is completed for ongoing eligibility.

3. **Aid Code N9**: Medi-Cal coverage effective January 1, 2014 for adult inmates in State prison aged 19 through 64 years of age enrolled in LHIP/MCE program on December 31, 2013. Services are limited to covered inpatient hospital services provided off the grounds of the correctional facility. Income is at or below 138 percent of the federal poverty level. Medi-Cal benefits continue until a redetermination is completed for ongoing eligibility.

Aid Code	Benefits	SOC	Program/Description
L1	Full Scope	No	LIHP/MCE transition to Medi-Cal Age 19-64, at or below 138% FPL
N0	Non-Dental	No	County Inmate LIHP/MCE transition to Medi-Cal
N9	Non-Dental	No	State Inmate LIHP/MCE transition to Medi-Cal

Aid Codes E6 and E7

Effective January 1, 2014, AIM-linked infants in families with income 213 percent up to, and including 266 percent Federal Poverty Level transitioned from HFP to the Medi-Cal Optional Targeted Low-Income Program (OTLICP), AIM-linked infants were identified by aid code 5C because DHCS did not develop an aid code to separately identify this population. They are identified under code E6.

A second group of AIM-linked infants with income above 250 percent up to and including 300 percent FPL began the transition on November 1, 2013. During this period, AIM-linked infants transitioned into aid codes 5C and 5D from aid code 0C. To distinguish this group of infants from the Medi-Cal eligible infants and AIM-linked infants in the OTLICP, they are identified under aid code E7. To support this change, the following aid codes were created:

1. **Aid Code E6**: AIM-linked infants in the OTLIP with income at 213 percent up to and including 266 percent FPL effective January 1, 2013.

2. **Aide Code E7**: Children who are born to women enrolled in AIM. The duration of coverage is to the month of the child's second birthday. Coverage for those individuals is for ages 0-2 with income over 250 percent FPL up to 300 percent FPL.

Aid Code	Benefits	SOC	Program/Description
E6	Full Scope	No	AIM Infants>213% FPL up to and including 266% FPL
E7	Full Scope	No	AIM-Linked Infant>250% to and incl 300% w premium

Aid Codes R7, R8, and R9

Senate Bill 1041 (Section 39, Chapter 10.1 commencing with Welfare and Institutions Code section 15525) established the Work Incentive Nutritional Supplement (WINS) program. This bill provides working families who are already receiving CalFresh, but not receiving California Work Opportunity and Responsibility to Kids (CalWORKs) cash assistance, with a $10 supplemental food assistance benefit if there are working sufficient hours in paid employment to meet Temporary Assistance for Needy Families (TANF) work requirements. To support this change, the three new aid codes were created:

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1. **Aide Code R7**: Work Incentive Nutritional Supplement (WINS) for non-two Parent/caretaker relative households receiving transitional CalFresh benefits.

2. **Aide Code R8**: Work Incentive Nutritional Supplement (WINS) for two Parent/caretaker relative households receiving transitional CalFresh benefits.

3. **Aide Code R9**: Work Incentive Nutritional Supplement (WINS) for non-two parent or two parent/caretaker relative households receiving Transitional California Food Assistance Program (TCFAP) benefits.

Aid Code	Benefits	SOC	Program/Description
R7	Non-Dental	No	WINS-TCF-Non-2-Parent
R8	Non-Dental	No	Work Incentive Nutritional Supplement-TCF2 Parent
R9	Non-Dental	No	Work Incentive Nutritional Supplement-TCFAP

Aid Codes 7S, 7U, and 7W

As CalFresh eligible adults have met income and resource requirements for Medi-Cal eligibility via CalFresh enrollment, the Centers for Medicare and Medicaid Services finds that the vast majority of these households are likely to be eligible for Medi-Cal under Modified Adjusted Gross Income (MAGI) rules. To support this change, the following aid codes were created:

1. **Aid Code 7S**: Medi-Cal coverage effective April 1, 2014 for parents aged 19 through 64 years of age, not blind or disabled, without Medi-Cal or LIHP, enrolled in the CalFresh program in January 2013. Income is at or below 138 percent of the federal poverty level. Express Lane coverage continues for twelve month by which time a MAGI determination for ongoing eligibility must be completed by the county.

2. **Aid Code 7U**: This aid code facilitates the enrollment of eligible CalFresh beneficiaries to Medi-Cal as of February 1, 2014. It is for adults aged 19-64 years of age, not blind or disabled, without Medi-Cal or LIHP, enrolled in the CalFresh program in January 2013. Income is at or below 130 percent of the federal poverty level. Express Lane coverage continues for twelve months by which time MAGI determination for ongoing eligibility must be completed by county.

3. **Aid Code 7W**: Medi-Cal coverage effective February 7, 2014 for children under age 19, not blind or disabled, without Medi-Cal, enrolled in the CalFresh program in January 2013. Income is at or below 130 percent of the federal poverty level. Medi-Cal benefits begin when the child's parent returns an affirmation, similar to the Accelerated Enrollment process. Express Lane coverage continues for twelve months by which time a MAGI determination for ongoing eligibility must be completed by the county.

Aid Code	Benefits	SOC	Program/Description
7S	Full Scope	No	Cal Fresh Express Lane for Parents Age 19-64, at or below 138% FPL
7U	Full Scope	No	Cal Fresh Express Lane for Adults Age 19-64, at or below 130% FPL
7W	Full Scope	No	Cal Fresh Express Lane Enrollment for Children Age 0-19, at or below 130% FPL

For questions regarding these new aid codes or any other aid codes, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.

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Need a Referral to a Denti-Cal Provider? Contact Beneficiary Services!

Denti-Cal beneficiaries needing a dental referral may contact Denti-Cal's Beneficiary Customer Service toll-free line for referral assistance by calling (800) 322-6384, from 8:00 a.m. to 5:00 p.m., Monday through Friday (excluding holidays).

The Denti-Cal Provider Referral List is also available on the Denti-Cal website by selecting "Find a Medi-Cal Dentist" under the "Most Popular Links" section. Denti-Cal beneficiaries can either use the InsureKidsNow.gov search engine or the Dental Referral List, located directly below the InsureKidsNow.gov search engine, when searching for a Denti-Cal provider. The Dental Referral List allows beneficiaries to select the appropriate county to view a list of dentists who may be accepting new Denti-Cal patients.

For hearing impaired beneficiaries, call (800) 735-2922 for Teletext Typewriter (TTY) assistance and have the operator call the Denti-Cal Toll-Free Beneficiary Customer Service Line at (800) 322-6384.

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