



Denti-Cal

California Medi-Cal Dental Program

December 2016

Dear Denti-Cal Provider:

Enclosed is the most recent update of the Medi-Cal Dental Program Provider Handbook (Handbook). The pages reflect changes made to the Denti-Cal program during the month of December 2016. These changes are indicated with a vertical line next to the text.

The following list indicates the pages that have been updated for the Fourth quarter Handbook release. Previously released bulletins can be found on the "Denti-Cal Provider Bulletins" page of the Denti-Cal Web site:

<http://www.denti-cal.ca.gov/>.

<u>Remove These Pages</u>	<u>Insert These Pages</u>
Letter to Doctor	
Entire Section	Entire Section
How To Use This Handbook	
Entire Section	Entire Section
Table of Contents	
Section 4 - Treating Beneficiaries	
Pages 4-25 and 4-26	Pages 4-25 and 4-26
Pages 4-37 through 4-44	Pages 4-37 through 4-44
Section 12 - Denti-Cal Bulletin Index	
Entire Section	Entire Section

Thank you for your continual support of the Medi-Cal Dental Program. If you have any questions, please call (800) 423-0507.

Sincerely,

DENTI-CAL

CALIFORNIA MEDI-CAL DENTAL PROGRAM



Denti-Cal

California Medi-Cal Dental Program

December 2016

Dear Doctor:

We are pleased to provide you with the Medi-Cal Dental Program Provider Handbook (“Handbook”).

The purpose of this Handbook is to give dental care professionals and their staff a concise explanation of billing instructions and procedures under the California Medi-Cal Dental (Denti-Cal) Program. It is designed to assist you in your continued participation in the Denti-Cal Program.

We trust you will find the Handbook useful and that it will be maintained as a working document. Please do not hesitate to visit the Denti-Cal Web site at <http://www.denti-cal.ca.gov/> or call upon Denti-Cal for further assistance.

Sincerely,

Alani Jackson, MPA
Division Chief
Medi-Cal Dental Services Division
Department of Health Care Services

Joe Ruiz, Vice President
State Government Programs, Denti-Cal
California Medi-Cal Dental Program
Delta Dental of California

How to Use This Handbook

This Handbook is your primary reference for information about the Denti-Cal Program, as well as submission and processing of all necessary documents. The Handbook contains detailed instructions for completing Denti-Cal claims, Treatment Authorization Requests, Resubmission Turnaround Documents, Claim Inquiry Forms and other billing forms for dental services, and should be consulted before seeking other sources of information.

The Handbook is organized into 13 major sections:

- Section 1 - Introduction
- Section 2 - Program Overview
- Section 3 - Enrollment Requirements
- Section 4 - Treating Beneficiaries
- Section 5 - Manual of Criteria and Schedule of Maximum Allowances
- Section 6 - Forms
- Section 7 - Codes
- Section 8 - Fraud, Abuse and Quality of Care
- Section 9 - Special Programs
- Section 10 - CDT 13 Tables
- Section 11 - Glossary
- Section 12 - Denti-Cal Bulletin Index
- Section 13 - Index

The Table of Contents provides an overview of all major sections and subsections in the Handbook.

Bulletin information released from December 2015 through December 2016 has been incorporated into the Handbook. Please refer to the Denti-Cal Bulletin Index for the page where the information may be found.

State Hearing

According to California Code of Regulations (CCR), Title 22, Section 50951:

Applicants or beneficiaries shall have the right to a State hearing if dissatisfied with any action or inaction of the county department, the Department of Health Services or any person or organization acting in behalf of the county or [t]he Department relating to Medi-Cal eligibility or benefits....

Authorization of Services Through the State Hearing Process

Services can be authorized through the State Hearing process in two ways:

1. A conditional withdrawal; or
2. A granted decision.

Conditional Withdrawal

A conditional withdrawal can be offered to the beneficiary upon receipt of additional information from either the beneficiary or the dentist. If the beneficiary agrees to the conditions of the withdrawal, a pink authorization letter is mailed to him/her. The beneficiary may then take the authorization to the Denti-Cal provider of his/her choice. In order to be paid for services provided, the treating provider is responsible to:

1. Be an enrolled Denti-Cal provider.
2. Verify the patient's eligibility.
3. Provide ONLY the service(s) authorized within the 180 days of the date on the letter.
4. Submit a claim for payment within 60 calendar days from the date of the last completed service provided within the authorization period. The claim must include the original pink authorization letter bearing the original signature. Mail the claim for payment to:

Denti-Cal
California Medi-Cal Program
Attn: State Hearings
PO Box 13898
Sacramento, CA 95853

Granted Decision

If an administrative law judge determines a denied service should be authorized, the judge will issue a GRANTED DECISION. Through the action, the beneficiary is authorized to take the decision to the Denti-Cal provider of his/her choice to receive services. In order to be paid for services provided, the treating provider is responsible to:

1. Be an enrolled Denti-Cal provider.
2. Verify the patient's eligibility.
3. Provide ONLY the service(s) authorized in the "ORDER" section of the decision within 180 calendar days of the signed order.
4. Submit a claim for payment within 60 calendar days from the date of the last completed service performed within the authorization period. The claim must include the Granted Decision and should be mailed to the following address:

Denti-Cal
California Medi-Cal Program
Attn: State Hearings
PO Box 13898
Sacramento, CA 95853

Contacting Denti-Cal to Postpone or Withdraw a State Hearing

The Department of Social Services (DSS) has implemented a phone number for providers and beneficiaries wishing to postpone or withdraw a State Hearing. The toll free phone number is (855) 266-1157. This number may also be used to make a general inquiry about a State Hearing that has already been filed.

To make an oral request to file a State Hearing, providers and beneficiaries should continue to call DSS toll free at (800) 952-5253.

Aid Codes

The following aid codes identify the types of services for which different Medi-Cal/CMSP/CCS/GHPP beneficiaries are eligible.

More information about OBRA and IRCA aid codes can be found on www.medi-cal.ca.gov > Publications > Provider Manuals > Part 1-Medi-Cal Program and Eligibility > OBRA and IRCA (obra).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

- IE** Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.
- RR** Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

Aid Code	Benefits	SOC	Program/Description
0A	Full Scope	No	Refugee Cash Assistance (FF). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
0C	HF services only (no Medi-Cal)	No	Access for Infants and Mothers (AIM) - Infants enrolled in Healthy Families (HF). Infants from a family with an income of 200 to 300 percent of the federal poverty level, born to a mother enrolled in AIM. The infant's enrollment in the HF program is based on their mother's participation in AIM.
0E	Full Scope	No	Medi-Cal Access Prog Preg Women >213% through 322%
0F	Full Scope	No	Five Month transitional food stamp program. This aid code is for households who are terminating their participation in the CalWORKs program without the need to re-establish food stamp eligibility.
0G	Full Scope	No	MCAP Pregnant Woman >213% = <322% FPL FFS
0M	Full Scope	No	Accelerated Enrollment (AE) of temporary, full scope, no Share of Cost (SOC) Medi-Cal only for females 65 years of age and younger, who are diagnosed with breast and/or cervical cancer, found in need of treatment, and who have no creditable health insurance coverage. Eligibility is limited to two months because the individual did not enroll for on-going Medi-Cal.
0N	Full Scope	No	AE of temporary, Full Scope, no SOC Medi-Cal coverage only for females 65 years of age and younger, who are diagnosed with breast and/or cervical cancer, found in need of treatment, and who have no creditable health insurance coverage. No time limit.

Aid Code	Benefits	SOC	Program/Description
47	Full Scope	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1 year old and continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – Covers aliens who do not have lawful permanent resident, PRUCOL, or amnesty status (including undocumented aliens), but who are otherwise eligible for Medi-Cal. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.
49	Full Scope	No	Covers NMD, age 18 but under age 21, under AB 12 on whose behalf financial assistance is provided for federal foster care placement.
5A	None		EA Seriously Emotionally Disturbed
5C	Full Scope	No	HFP to Medi-Cal Transitional PE-No Premium
5D	Full Scope	No	HFP to Medi-Cal Transitional PE-Premium Payment
5E	Full Scope	No	HF to Medi-Cal PE-No SOC
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers pregnant alien women who do not have lawful permanent resident, PRUCOL or amnesty status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.
5J	Restricted Services	No	Beneficiaries, whose linkage has to be redetermined under Senate Bill 87 (SB 87) requirements, are receiving restricted services due to unsatisfactory immigration status, with no SOC, and whose potential new linkage is disability.
5K	Full Scope	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5R	Restricted Services	Yes	Beneficiaries, whose linkage has to be re-determined under SB 87 requirements, are receiving restricted services with a SOC, and whose potential new linkage is disability.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5V	Full Scope	No	TVCAP MEDI-CAL RULES NO SOC, Emergency Services
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

Aid Code	Benefits	SOC	Program/Description
5X	Full Scope	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of Full Scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional Full Scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC. (State-only program.)
50	Restricted to CMSP emergency services only	Y/N	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
51	Full Scope	Yes	IRCA ALIENS - FULL SCOPE BENEFITS
52	Limited Scope	Yes	IRCA ALIENS - EMERGENCY BENEFITS
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B and meet all other eligibility requirements of medically indigent, with or without SOC.
54	Full Scope	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
56	Full Scope	Y	IRCA AG WKRS - FULL SCOPE BENEFITS
57	Limited Scope	Yes	IRCA AG WKRS - EMERGENCY BENEFITS
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers aliens who do not have lawful permanent resident, PRUCOL or amnesty status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.
59	Full Scope	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full Scope	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full Scope	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6D	Full Scope	Y/N	Disabled – In-Home Support Services (IHSS). Covers disabled individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.

Aid Code	Benefits	SOC	Program/Description
6E	Full Scope	No	Craig v Bonta Continued Eligibility for the Disabled. Aid code 6E covers former SSI beneficiaries who are disabled (with the exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their Medi-Cal eligibility. Provides fee-for-service full scope Medi-Cal without a share of cost and with federal financial participation.
6F	None	Yes	PERSONAL CARE SERVICES PROGRAM
6G	Full Scope	No	250 Percent Program Working Disabled. Provides Full Scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full Scope	No	Federal Poverty Level – Disabled (FPL-Disabled) Provides Full Scope (no Share of Cost) Medi-Cal to qualified disabled individuals/couples.
6J	Full Scope	No	Senate Bill (SB) 87 Pending Disability Program. Provides Full Scope, no Share of Cost benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and the client claims disability. Medi-Cal coverage continues uninterrupted during the determination period.
6K	None		CAPI – Non-Qualified Aliens
6M	None		CAPI – Sponsored Aliens
6N	Full Scope	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full Scope	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full Scope	Yes	Senate Bill (SB) 87 Pending Disability Program. Provides Full Scope, Share of Cost benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and the client claims disability. Medi-Cal coverage continues uninterrupted during the determination period.
6S	Full Scope	No	State Only – This aid code supplants those that were in Aid Code 65 prior to 8/24/05 - Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind, or disabled medically needy, and have the costs of IHSS deducted from their monthly income.
6T	None		CAPI – Limited Term Qualified Aliens

Aid Code	Benefits	SOC	Program/Description
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full Scope	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6W	Full Scope	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6X	Full Scope	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
6Y	Full Scope	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
60	Full Scope	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
61	None	No	AID TO THE DISABLED - SPECIAL CIRCUMSTANCES
62	None	No	DISABLED - LONG TERM CARE
63	Full Scope	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full Scope	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full Scope	Y/N	Katrina – covers eligible evacuees of Hurricane Katrina
66	Full Scope	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v Rank lawsuit. No age limit for this aid code.
67	Full Scope	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See Aid Code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.
68	Full Scope	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See Aid Codes 18 and 65 for definition of eligibility for IHSS).
7A	Full Scope	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.

Aid Code	Benefits	SOC	Program/Description
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/ Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
7E	Full Scope	No	100% New Entrant Non-Immigrant
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.
7J	Full Scope	No	Continuous Eligibility for Children (CEC) Program. Provides Full Scope benefits to children up to 19 years of age who would otherwise move to a SOC (Share of Cost).
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) Program. Provides emergency and pregnancy-related benefits (no SOC) to children up to 19 years of age who would otherwise move to a SOC.
7L	Full Scope	No	ELE 19 through 64 <= 128% FPL - Disabled No Medicare
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
7S	Full Scope	No	Cal Fresh Express Lane for Parents Age 19-64, at or below 138% FPL.

Aid Code	Benefits	SOC	Program/Description
7T	Full Scope	No	Free National School Lunch Program (NSLP) Express Enrollment. Children determined by their school, designated as an express enrollment entity, as eligible for express enrollment.
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.
7X	Full Scope	No	Two months of Healthy Families Program (HFP) Bridge. Provides two calendar months of health care benefits with no SOC to Medi-Cal parents, caretaker relatives, legal guardians, and children who appear to qualify for the Healthy Family Program.
7Y	Full Scope	No	HF to Medi-Cal Bridge (HFP) provides two additional calendar months of HF to adults and children who at the annual review are ineligible for HF and appear to qualify for Medi-Cal.
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full Scope	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
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.
79	Full Scope	No	Asset Waiver Program (Infant). Provides full Medi Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before first birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8A	None	No	QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)

Aid Code	Benefits	SOC	Program/Description
8C	None	No	SPECIFIED LOW INCOME MEDI-CAL BENEFICIARY (SLMB)
8D	None	No	QUALIFYING INDIVIDUAL - 1 PROGRAM (QI-1)
8E	Full Scope	No	Children under the age of 19, apparently eligible for any no-cost Medi-Cal program, will receive immediate, temporary, fee-for-service, Full Scope, no-cost Medi-Cal benefits.
8F	CMSP services only (companion aid code)	Y/N	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
8G	Full Scope	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only). No Medi-Cal	N/A	Family PACT (also known as SOFP – State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8K	None	No	QUALIFYING INDIVIDUAL - 2 PROGRAM (QI-2)
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8P	Full Scope	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides Full Scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level.
8R	Full Scope	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/ PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides Full Scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
8U	Full Scope	No	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides Full Scope no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.

Aid Code	Benefits	SOC	Program/Description
8V	Full Scope	Yes	Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides Full Scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.
8W	Full Scope	No	Child Health Disability Program (CHDP) Gateway Medi-Cal – Aid Code 8W provides for the pre-enrollment of children into the Medi-Cal program which will provide temporary, no share of cost (SOC), Full Scope Denti-Cal benefits. Federal Financial Participation (FFP) for these benefits is available through Title XIX of the Social Security Act.
8X	Full Scope	No	CHDP Gateway Healthy Families – Aid Code 8X provides pre-enrollment of children into the Medi-Cal program. Provides temporary, Full Scope Denti-Cal benefits with no SOC until eligibility for the Healthy Families program can be determined. Federal Financial Participation (FFP) for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP Only	No	CHDP – Aid Code 8Y provides eligibility to the CHDP ONLY program for children who are known to MEDS as not having satisfactory immigration status. There is no Federal Financial Participation for these benefits. This aid code is state funded only.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.
81	Full Scope	Y/N	MI-Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full Scope	No	MI-Person (FFP). 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.
83	Full Scope	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
85	CMSP services only (no Medi-Cal)	Yes	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
86	Full Scope	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full Scope	Yes	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.

Aid Code	Benefits	SOC	Program/Description
88	CMSP services only (no Medi-Cal)	No	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
89	CMSP services only (no Medi-Cal)	Yes	CMSP is administered by Doral Dental Services of California: (800) 341-8478.
9A	BCEDP only	No	The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic and case management services. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).
9C	None	No	EXPANDED ACCESS TO PRIMARY CARE
9D	No Dental	No	CCS Only Child Enrolled in a Health Care Plan
9G	None		General Assistance/General Relief (County Only tracking)
9H	HF services only (no Medi-Cal)	N/A	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 250 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children.
9J	GHPP	No	Genetically Handicapped Person's Program (GHPP)-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	California Children's Services (CCS)-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services.
9T	Full Scope	No	HF adults linked by a child who is eligible for no Share of Cost Medi-Cal or HF.
9U	CCS	NO	CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e. diagnosis, treatment, therapy and case management). The child's county of residence has county cost sharing for the child's CCS services.
9X	None	No	COUNTY ONLY - FOSTER CARE
94	CHDP		CHDP

Aid 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. Aid to the Aged - Medically Needy.
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.
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.

Section 12 - Bulletin Index

The following pages index the bulletins released December 2015 through December 2016, including the volume and number of the bulletin. This index indicates on which page(s) of the Provider Handbook the bulletin information has been incorporated.

Consider retaining in this section any bulletins which will help you more effectively provide services to beneficiaries while remaining in compliance with the regulations set forth by the California Medi-Cal Dental Program.

Previously released bulletins can be found on the “Denti-Cal Provider Bulletins” page of the Denti-Cal Web site: <http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=BulletinsMain>.

Table of Contents

Aid Codes	12-3
Forms	12-3
General Program Information	12-3

Denti-Cal Bulletin Index December 2015 – December 2016

Bulletin #	Aid Codes	Page
Vol. 32, #3	New Aid Codes – 2P, 2R, 2S, 2T, 2U	4-30
Vol. 32, #13	New Aid Codes 0E, 2C, 4U, 7L, 9D, and J1-J8	4-26, 4-29, 4-35, 4-41, 4-45, 4-50
Vol. 32, #18	New Aid Codes 0G and 5v	4-26, 4-35
Bulletin #	Forms	Page
Vol. 31, #22	Denti-Cal to No Longer Provide "Do Not Recycle" Stickers	6-4, 6-35
Bulletin #	General Program Information	Page
Vol. 31, #22	Effective December 1, 2015, Denti-Cal will No Longer Return Radiographs or Photographs to Providers	2-17, 6-4, 6-35

