

# Denti-Cal Bulletin



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## *Claims Processing with Healthy Families Program*

This bulletin is a reminder to Denti-Cal Providers that any services provided to beneficiaries identified as having Aid Code 9H Healthy Families-only eligibility, will result in non-payment or denial of claims. Should a patient's eligibility list 9H only, the provider shall inform the parent/guardian/child to call the Healthy Families Program toll-free number, (866) 848-9166, for information on their enrollment.

For instance, claims submitted to the Denti-Cal program for beneficiaries with eligibility of 9H will be denied. However, if a beneficiary eligibility is listed as 9H along with a California Children's Services (CCS) Aid Code 9K or CCS-eligible Health Families Child Aid Code 9R or 9U, then the claim will be processed as usual.

Denti-Cal will use Adjudication Reason Code 330A for disallowed claim service lines, which reads as follows:

**330A** Recipient is enrolled in Healthy Families which includes dental benefits.

Denti-Cal will use Policy Code 16 for disallowed claims, which reads as follows:

**16** Recipient is a member of Healthy Families, payment denied.

Please refer to the Denti-Cal Provider Manual, Section 2, pages 2-48 through 2-86 as a guide for identifying Medi-Cal eligibility or insurance coverage.

Aid Code	Benefits	SOC	Program Description
9H	HF services only (no Medi-Cal)	N/A	Healthy Families Child. 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.

## ***Assembly Bill 1226 – Provisions Affect All Providers***

Effective for dates of service on or after January 1, 2008, Assembly Bill (AB) 1226 has two provisions that affect all providers and amend the laws the Department of Health Care Services (DHCS) uses to review provider applications for participation in the Medi-Cal program. These provisions are defined as follows:

- A provider whose application for enrollment is denied for failure to disclose fraud or abuse, or failure to remediate deficiencies after DHCS has conducted additional inspections, may not reapply for a period of three years from the date the application is denied. Three-year debarment from the Medi-Cal program would begin on the date of the denial notice.
- Applicants are allowed 60 days to resubmit their corrected application packages when DHCS returns it deficient.

## ***Procedure 113 – Intraoral Occlusal Radiograph***

Denti-Cal would like to remind providers that Procedure 113, Intraoral Occlusal Radiograph, is a specific type of film used for a specific purpose. The film size is 2¼" x 3" (57mm x 76mm) and should be used only in cases of suspected pathology of the maxilla, mandible, or for post-traumatic evaluation. The diagnostic image taken should cover a major portion of the maxilla or mandible.

Providers taking an occlusal view using film other than the 2¼" x 3" size will only be eligible to be paid for Procedure 110/111 (periapical film).

If you have any questions, please call Denti-Cal toll free at (800) 423-0507.

If you have any questions, please call the Denti-Cal Telephone Service Center at (800) 423-0507.