

Denti-Cal Bulletin



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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS: DENTI-CAL IMPLEMENTATION PLAN

Denti-Cal is making every effort to comply with HIPAA regulations, however, some of the HIPAA transactions and code sets projects will not meet the October 16, 2003 implementation deadline. The following information describes what components Denti-Cal will and will not implement by October 16, 2003. **Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.** It is very important to review your monthly bulletins for more detailed instructions and implementation schedules related to HIPAA compliance.

Code Set Standards

HIPAA establishes standard codes for transactions. These standard codes include Current Dental Terminology version 4 (CDT-4) codes. Denti-Cal state-only or local codes currently applied within Denti-Cal will be phased out. Denti-Cal will notify providers, **submitting either paper or electronic transactions**, when it is acceptable to submit CDT-4 codes.

Denti-Cal anticipates changes for both electronic and paper billing submission requirements during the period of HIPAA implementation. These changes will continue to be communicated through regular provider bulletins. As future vehicles for communication are employed, providers will be notified.

Transaction Standards

Denti-Cal will implement the following standards as noted below and further described in subsequent paragraphs:

Transaction	Description	Standard Version	Implementation Date
* ASC X12N 837	Health Care Claims <ul style="list-style-type: none"> ▪ Dental 	004010X097A1	October 2003
ASC X12N 835	Health Care Claim Payment/Advice	004010X091A1	After October 2003
ASC X12N 270/271	Health Care Eligibility Benefit Inquiry and Response	004010X092A1	Not applicable to Denti-Cal
ASC X12N 276/277	Health Care Claim Status Inquiry and Response	004010X093A1	October 2003

Transaction	Description	Standard Version	Implementation Date
ASCX12N 278	Health Care Services Review	004010X094A1	After October 2003
ASC X12N 820	Health Care Plan Payment		Not applicable to Denti-Cal Fee-for-service (FFS)
ASC X12N 834	Health Care Plan Enrollment		Not applicable to Denti-Cal FFS
ASC X12N 997	Functional Acknowledgement		Not a HIPAA mandated standard and will not be implemented at this time

* Accredited Standards Committee (ASC X12N)

Health Care Claims

Denti-Cal will begin accepting the 837 standard transaction (including Addenda) formats for Dental (X4010X097A1) claims by October 2003. Non-standard (proprietary) electronic claim formats will be phased out.

Remittance Advice (Health Care Claim Payment/Advice) for All Claim Types

Denti-Cal will begin generating the 835 004010X091A1 standard transaction (including Addenda) format for the claims remittance advice (Explanation of Benefits information) after October 2003. Providers who elect to receive an electronic remittance advice in the 835 standard transaction format will be able to download the remittance advice from the Connect:Mailbox after October 2003. In addition to the Adjustment Reason Codes required in the standard transaction format, Denti-Cal has elected to continue to provide a supplemental file that will contain an additional level of detail not provided by the standard transaction. This supplemental file will be provided as requested.

Health Care Eligibility Benefit Inquiry and Response

As Denti-Cal FFS does not currently perform the business function defined in the federal regulation for the 270/271 standard transaction, it is deemed not applicable and will not be implemented.

Health Care Claim Status Inquiry and Response

Denti-Cal will implement the 276/277 batch standard transaction formats (004010X093A1) (Claim Inquiry Form and Claim Inquiry Response) by October 2003. Non-standard (proprietary) electronic claim status inquiry and response formats will be phased out.

Health Care Services Review (Treatment Authorization Request - TAR)

Denti-Cal will not implement the 278 standard transaction format (004010X094A1) by October 2003. Non-standard (proprietary) electronic Treatment Authorization Request formats will be phased out, upon implementation of the standard transaction.

Health Care Plan Payment

As Denti-Cal FFS does not currently perform the business function defined in the federal regulation for the 820 standard transaction, it is deemed not applicable and will not be implemented.

Health Care Plan Enrollment

As Denti-Cal FFS does not currently perform the business function defined in the federal regulation for the 834 standard transaction, it is deemed not applicable and will not be implemented.

Functional Acknowledgment

The Functional Acknowledgment 997 transaction standard is not mandated under the HIPAA legislation, and will not be implemented by October 2003. If this status changes, it will be communicated in a future provider bulletin.

Testing

Denti-Cal is not currently prepared to accept or acknowledge test transactions from its trading partners. Activation for electronic billing and testing with select providers, submitters, vendors and clearinghouses is currently scheduled for late summer for the 276/277 and 837 transactions. Denti-Cal is not currently prepared to accept or acknowledge test transactions from its trading partners.

Technical Specifications (Companion Guides)

Currently, Denti-Cal draft technical specifications are being developed and will be made available upon completion. These drafts will be finalized in the testing phase scheduled for the June through September timeframe. The technical specifications or guides will be published in their final form by October 2003.

Frequently Asked Questions

For additional information regarding HIPAA, please refer to the following websites:

- www.medi-cal.ca.gov - Medi-Cal website
- www.dhs.cahwnet.gov/hipaa/ - Department of Health Services Office of HIPAA Compliance
- aspe.hhs.gov/admsimp/ - Department of Health and Human Services

Direct emails to: DentiCal_HIPAA@delta.org. All emails will be responded to as quickly as possible.