

Denti-Cal Bulletin



VOLUME 19, NUMBER 18 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2003

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

This information is supplemental to the HIPAA updates provided in your March bulletin.

- ✓ *Providers **must** continue to follow existing billing instructions until otherwise notified through future bulletin updates.*
- ✓ *Current Dental Terminology (CDT) codes are not currently being accepted by Denti-Cal and are considered invalid until such time as Department of Health Services adopts this coding standard.*
- ✓ *Effective August 1, 2003, any Claim Service Line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.*

Code Sets

Use only Denti-Cal-approved local codes. Denti-Cal is changing the present system to comply with HIPAA regulations and this is not yet completed. This process involves replacing Denti-Cal three-digit, State approved four- and five-digit codes with the CDT codes only. Until further notice, use only the Denti-Cal Procedure Code Cross Reference Table and the Denti-Cal Schedule of Maximum Allowances (SMA) when submitting a Denti-Cal claim or Treatment Authorization Request (TAR).

For a denial of procedures of a dated CSL, a Claim Inquiry Form (CIF) will need to be submitted with valid procedure codes for payment consideration. Failure to submit a CIF with a valid procedure code will result in the CIF being denied. Make sure to include all applicable documentation and radiographs.

For a denial of procedures on a TAR, a reevaluation will need to be submitted with the valid procedure codes for consideration. Failure to submit a TAR for reevaluation with a valid procedure code will result in the TAR being denied. Make sure to include all applicable documentation and radiographs.

Release of Beneficiary Information

Denti-Cal is frequently required to request information from its providers in a variety of circumstances, such as:

- ✓ When a duplicate TAR is received. Denti-Cal will then need to call the provider's office to determine if authorized services have been performed.
- ✓ When Denti-Cal is using its authority to conduct provider compliance audits.
- ✓ When Denti-Cal is resolving beneficiary treatment history conflicts.

The circumstances identified above are included in the HIPAA Privacy Rule (CFR Section 164.506(c)(4)) under treatment, payment and healthcare operations (TPO) and are specifically allowed without an authorization from the beneficiary. The rule states that “A covered entity may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information being requested, the protected health information pertains to such relationship....”

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