

# Denti-Cal Bulletin



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## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH REMINDER: USE *ONLY* DENTI-CAL-APPROVED LOCAL CODES

- ✓ *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 HIPAA code sets standards.*
- ✓ *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.*
- ✓ *Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.*

### Code Sets

**Use only Denti-Cal-approved local codes.** Denti-Cal is changing the present system to comply with HIPAA regulations, however this is not yet completed. This process involves replacing Denti-Cal three-digit, State approved four- and five-digit codes with CDT codes. Until further notice, use only the Denti-Cal Procedure Code Cross Reference Table when submitting a Denti-Cal claim or Treatment Authorization Request (TAR). Refer to Section 4 of the *Denti-Cal Provider Manual* for the current Reference Table.

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

For a denial of an invalid procedure code on a TAR, a reevaluation will need to be submitted with the valid approved local procedure code(s) for consideration. Failure to submit a TAR for reevaluation with a valid approved local procedure code will result in the TAR being denied. Make sure to include all applicable documentation and radiographs.

### Telephone Inquiry Verification

Prior to any disclosure of Protected Health Information (PHI) as defined under HIPAA, Denti-Cal must first take reasonable measures to verify the identity of the person requesting the PHI. In order to process your telephone inquiry we will request authenticating information to comply with federal and state regulations.

*The following identifying elements are required to complete a telephone inquiry:*

Provider: the provider name, billing number and address.

Provider Financial Inquiry: the above provider elements and Provider Identification Number (PIN).

Beneficiary: the above provider elements and beneficiary name, Medi-Cal Identification (ID)/Social Security Number and Date of Birth.

*Please have all necessary information readily accessible so your telephone inquiry may be expedited.*

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

#### Website

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)  
<http://hipaa.dhs.ca.gov>  
<http://aspe.hhs.gov>

#### Resources

Medi-Cal website  
Department of Health Services, Office of HIPAA Compliance  
U.S. Department of Health and Human Services

Direct emails related to HIPAA issues to [DentiCal\\_HIPAA@delta.org](mailto:DentiCal_HIPAA@delta.org). For issues related to EDI, direct emails to [Denti-Caledi@delta.org](mailto:Denti-Caledi@delta.org). All emails will be responded to as quickly as possible.