

# Denti-Cal Bulletin



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## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRANSACTIONS AND CODE SETS UPDATES**

### **Standard Codes for Transactions**

Denti-Cal is moving forward with the changes to comply with the Health Insurance Portability and Accountability Act (HIPAA). To accomplish this, Denti-Cal is adopting Current Dental Terminology Version 4 (CDT-4) standard procedure codes for both paper and electronic transactions. Denti-Cal is targeting October 1, 2005 for implementation of CDT-4 codes, with additional specifics provided in future bulletins as implementation draws near. With the change to CDT-4 codes there will also be changes to the current Denti-Cal manual of criteria. The criteria and program changes will be addressed in future provider training seminars, workshops, bulletins, Denti-Cal Provider Manual updates, and websites. Ongoing detailed instructions and implementation schedules related to the HIPAA transactions and code sets acceptance will be noted in forthcoming bulletins. *It is very important to review and retain all monthly bulletins to keep informed of future implementation details.*

### **Electronic Data Interchange (EDI) Claim Format, Companion Guide and Certification Process**

Denti-Cal is now able to accept the newer Version 4010 format for claims (ASC X12N 837), claim status (ASC X12N 276), and claim status response transaction sets (ASC X12N 277) from certified trading partners. EDI trading partners must be certified for the 4010 format before any claim data will be accepted by Denti-Cal. While Denti-Cal will eventually drop the current claim data format (ASC X12 Version 3030), it will continue to be accepted until further notice.

***This is in reference to data format only, not data content. Current Dental Terminology (CDT) codes cannot be accepted by Denti-Cal and will continue to be invalid until such time as Denti-Cal implements this coding standard.***

The Denti-Cal EDI Companion Guide has been finalized and provided to clearinghouses and providers who submit electronic claims directly to Denti-Cal. Several have initiated or are nearing completion of testing, at which time they are being advised of the X12 Version 4010 certification process that has been developed. Clearinghouses and providers submitting directly are required to undergo certification for the 4010 format. Providers who submit claims electronically through clearinghouses will not be required to undergo certification individually. They should, however, check with their clearinghouse to verify that certification has been obtained from Denti-Cal.

If you would like a copy of the Denti-Cal EDI Companion Guide, contact Provider Services toll free at (800) 423-0507 or call (916) 853-7373 and ask for EDI Support. Requests may also be sent by email to [denti-caledi@delta.org](mailto:denti-caledi@delta.org).

## **What Should Providers Be Doing?**

- ✓ *Preparing to submit claims using CDT-4 codes effective October 1, 2005.*
- ✓ *Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.*
- ✓ *CDT codes are not currently accepted by Denti-Cal and are considered invalid.*
- ✓ *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 should review all monthly bulletins for updates on future CDT-4 implementation details.*

## **Frequently Asked Questions**

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

- [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) (Medi-Cal website)
- [www.dhs.cahwnet.gov/hipaa](http://www.dhs.cahwnet.gov/hipaa) (Department of Health Services, Office of HIPAA Compliance)
- <http://aspe.hhs.gov/admsimp/index.shtml> (Department of Health and Human Services)

Direct emails to: [DentiCal\\_HIPAA@delta.org](mailto:DentiCal_HIPAA@delta.org). All emails will be responded to as quickly as possible.