

Denti-Cal California Medi-Cal Dental Bulletin

September 2013
Volume 29 , Number 16

This Issue:

p1 New Aid Codes 3F and K1
New Aid Codes for the
Affordable Care Act

p3 No Claim Activity

Training Seminars

Reserve your spot for one of our
training seminars.

El Centro
Basic & EDI/D443 - Sept. 12, 2013

San Bernardino
Basic & EDI/D444 - Sept. 19, 2013

San Bernardino - CLOSED
Advanced/D445 - Sept. 20, 2013

Webinar - CLOSED
Basic & EDI/D446 - Sept. 24, 2013

Fresno
Basic & EDI/D447 - Sept. 26, 2013

Provider Enrollment Assistance Line

Speak with an Enrollment
Specialist. [Go here for more
information!](#)

Next available date:

Wednesday, September 25,
8 am - 4 pm.

New Aid Codes 3F and K1

Aid codes 3F and K1 have been created as part of the CalWORKS Safety Net and Drug/Fleeing Felon Families. These two new aid codes are effective retroactively for dates of services on or after April 1, 2013.

The description for these new codes is as follows:

Aid Code	Benefits	SOC	Program/Description
3F	Full-Scope	No	Two Parent Safety Net & Drug/Fleeing Felon Family
K1	Full-Scope	No	Single Parent Safety Net & Drug/Fleeing Felon Family

New Aid Codes for the Affordable Care Act

The [Patient Protection and Affordable Care Act \(PPACA\) of 2010](#) as amended by the Health Care and Education Reconciliation Act of 2010 [collectively referred to as the Affordable Care Act (ACA)] makes numerous changes to the Medi-Cal program effective January 1, 2014.

In response to these changes, a number of aid codes have been created that will go into effect on **January 1, 2014**. Below is a description of the new aid codes:

Aid Code	Benefits	SOC	Program/Description
M1	Full-Scope	No	Pregnant Women 126-200 FPL Limited Scope Undoc
M2	Preg/Emerg	No	Adult 19 to 65 at or below 138% FPL Citiz/Lawful
M3	Full-Scope	No	Undoc Adult 19 to 65 at or below 138% FPL Restrict
M4	Preg/Emerg	No	Parents/Caretaker Relative Citizens 125% FPL
M5	Full-Scope	No	Parents/Caretaker Relative Undoc 125% FPL
M6	Preg/Emerg	No	Expansion Child 6-19 yrs 101-133% FPL Citizens

Continued on pg 2.

Aid Code	Benefits	SOC	Program/Description
M7	Full-Scope	No	Expansion Child 6-19 yrs 101-133% FPL Undoc
M8	Preg/Emerg	No	Pregnant Women 0%-125% FPL: Citizen/Lawful
M8	Preg/Emerg	No	Pregnant Women 0%-125% FPL: Undocumented
M0	Preg/Emerg	No	Pregnant Women 126%-200% FPL Limited Citiz/Lawful
P1	Full-Scope	N	Children's Hospital Presumptive Eligibility
P2	Full-Scope	N	Parent-Caretaker Hospital Presumptive Eligibility
P3	Full-Scope	N	Adult Hospital Presumptive Eligibility
P4	Preg/Emerg	N	Pregnancy Hospital Presumptive Eligibility
P5	Full-Scope	N	ACA Child 6-19 Yrs 0-133% FPL Citizen
P6	Preg/Emerg	N	ACA Child 6-19 Yrs 0-133% FPL Undocumented
P7	Full-Scope	N	ACA Child 1-6 Yrs 0-133% FPL Citizen
P8	Preg/Emerg	N	ACA Child 1-6 Yrs 0-133% FPL Undocumented
P9	Full-Scope	N	ACA Infants 0-1 Yrs 0-200% FPL Citizen
P0	Preg/Emerg	N	ACA Infants 0-1 Yrs 0-200% FPL Undocumented
T1	Full-Scope	N	Medi-Cal TLIC Infant Undoc 201-250% FPL
T2	Full-Scope	N	Medi-Cal TLIC Ages 6-19 Citizen 151-250% FPL Prem
T3	Full-Scope	N	Medi-Cal TLIC Ages 6-19 Citizen 134-150% FPL
T4	Full-Scope	N	Medi-Cal TLIC Ages 1-6 Citizen 151-250% FPL Prem
T5	Full-Scope	N	Medi-Cal TLIC Ages 1-6 Citizen 134-150% FPL
T6	Preg/Emerg	N	Medi-Cal TLIC Infant Citizen 201-250% FPL
T7	Preg/Emerg	N	Medi-Cal TLIC Ages 6-19 Undoc 151-250% FPL Prem
T8	Preg/Emerg	N	Medi-Cal TLIC Ages 6-19 Undoc 134-150% FPL
T9	Preg/Emerg	N	Medi-Cal TLIC Ages 1-6 Undoc 151-250% FPL Prem
T0	Preg/Emerg	N	Medi-Cal TLIC Ages 1-6 Undoc 134-150% FPL Prem

The following table lists the new, **non-dental** aid codes. These codes also have an effective date of **January 1, 2014**:

Aid Code	Benefits	SOC	Program/Description
X1	Non-Dental	N	Covered CA-Subsidized Coverage (250-400 FPL)
X2	Non-Dental	N	Covered California-Subsidized Cov 100-150 FPL)
X3	Non-Dental	N	Covered CA-Subsidized Coverage 151-200 FPL)
X4	Non-Dental	N	Covered CA-Subsidized Coverage 201-250 FPL)
X5	Non-Dental	N	Covered CA-Cost Sharing Waiver (100-300 FPL)
X6	Non-Dental	N	Covered CA-AI/AN CSR Only No Income Test
X7	Non-Dental	N	Covered CA-Unsubsidized Coverage (Above 400 FPL)
X8	Non-Dental	N	Covered CA-Lawful Present/MC ineligible <100% FPL
X9	Non-Dental	N	Covered CA-Narrow Bridge Program 200% FPL

For questions regarding these new aid codes or any other aid codes, please contact the Customer Service line at 1-800-423-0507.

Continued on pg 3.

No Claim Activity

Providers who have not submitted a claim for reimbursement from the Medi-Cal program for one year shall be deactivated per Welfare and Institutions Code Section 14043.62 (a), which reads as follows:

The department shall deactivate, immediately and without prior notice, the provider's number, including all business addresses used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

If you have not had any claim activity in a 12-month period, and wish to remain an active provider in the Denti-Cal Program, please complete the No Claim Activity form attached to this bulletin and mail it to:

Denti-Cal
California Medi-Cal Dental Program
PO Box 15609
Sacramento, CA 95852-0609

If your provider number is deactivated, you must reapply for enrollment in the Denti-Cal Program. To request an enrollment package contact Denti-Cal toll-free at (800) 423-0507, or download the Denti-Cal application forms from the Denti-Cal website at www.denti-cal.ca.gov.