

Denti-Cal Bulletin



VOLUME 22, NUMBER 22

P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609

AUGUST 2006

MEDI-CAL IDENTIFICATION CARD FOR PRESUMPTIVE ELIGIBILITY

In order to receive payment for services provided to beneficiaries in Aid Code 7G, providers must submit a copy of the beneficiary's temporary Presumptive Eligibility (PE) card with their claim (see below for a sample of the card). This card is validated by the beneficiary's physician attending to her pregnancy and is valid through the last day of the month following the month in which PE is determined. This date is identified on the temporary PE card as the "First Good Thru" date. Some beneficiaries may be eligible for extended PE coverage. In such cases, the temporary PE card will have a "Second Good Thru" date, and sometimes additional "Good Thru" dates.

Providers will only be paid for claims with dates of service that are between the effective date (the date the beneficiary signs the card) and the latest "Good Thru" date. The date of service must be within the validated timeframe and, if not, providers should instruct the beneficiary to see her prenatal care provider, call her Eligibility Worker and/or a community advocate.

In most cases, beneficiaries are covered under Presumptive Eligibility for up to 4 months; however, the *physician* may obtain approval for an extension from the PE Support Unit. A call to the woman's physician can confirm that PE has been extended beyond 4 months.

Non-emergency Services: Pregnant women in Aid Code 7G are eligible to receive the following non-emergency dental services. Prior authorization is *not* required. It is only necessary to indicate "pregnant" in the Comments area (box 34) when submitting claims for procedures 010, 015, 049, 050, 062, 452, 453, 472, 473, and 474. For additional information, please see Denti-Cal Bulletin Volume 21, Number 41, released in December 2005.

Emergency Services: A *clinical emergency certification statement* is required and, when applicable, radiographs and/or other documentation to justify the procedure must be included when submitting claims for emergency procedures 020, 030, 035, 040, 080, 110, 111, 113, 114, 115, 116, 117, 118, 125, 150, 160, 200, 201, 202, 203, 204, 220, 230, 231, 232, 259, 260, 261, 262, 263, 264, 265, 266, 269, 270, 271, 273, 276, 277, 278, 279, 280, 281, 282, 290, 292, 299, 300, 301, 400, 451, 501, 502, 503, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 640, 641, 645, 646, 648, 670, 671, 672, 685, 686, 687, 690, 694, 695, 696, 716, 720, 721, 723, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 900, 901, 902, 903, 904, 905, 906, 907, 913, 915, and 916. *Simply stating "Pregnant" for these emergency procedures is insufficient and the claim will be denied.* For additional information, please see Denti-Cal Bulletin Volume 21, Number 41, released in December 2005.

MEDI-CAL IDENTIFICATION CARD PRESUMPTIVE ELIGIBILITY	
DO NOT DESTROY THIS CARD/NO DESTRUYA ESTA TARJETA	
SIGNATURE/FIRMA: <u>Jane Doe</u>	DATE/FECHA: <u>10/19/98</u>
THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY	
VALID FOR AMBULATORY PRENATAL CARE AND PHARMACY SERVICES ONLY	PROVIDER USE ONLY MEDI-CAL APPLICATION FILED: PE PROVIDER SIGNATURE: _____ PE PROVIDER TITLE: _____ SECOND GOOD THRU: MEDI-CAL ID: 12-7G-ZA34567-8-90 FIRST GOOD THRU: 11/30/98 PATIENT NAME: JANE DOE DOB (MM/DD/YY): 123170 PROVIDER STAMP HERE
PE Provider Signature: <u>John Jake, M.D.</u>	Date: <u>10/19/98</u>
PE Provider Title: <u>M.D.</u>	

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.