Updated 2/18/2015

CRIHB OPTIONS PROGRAM
Frequently Asked Questions (FAQs)

FAQ #1: Patients with Medi-Cal and Medicare coverage

Question: If an eligible client meets all eligibility criteria for the CRIHB Options program and has both Medicare & Medi-Cal – can they bill for chiropractic or podiatry services that do not meet the Medicare coverage criteria?

Answer: No. If Medicare covers chiropractic and/or podiatry services but the visit doesn't meet the Medicare requirements, CRIHB Options would not cover. Medi-Cal guidelines for chiropractic and podiatry services are the same as those for Medicare, so the services would not have been billable to Medi-Cal before the elimination of the optional benefits. Therefore, CRIHB Options would not pay for the service. However, if Medicare does not cover a service at all (e.g. dental services), and the service was one of the eliminated Optional Benefits that has not been restored, then CRIHB Options can be billed for these services.

FAQ #2: Patients with Medi-Cal and private insurance coverage

Question: Does a patient qualify for CRIHB Options if they have private insurance and Medi-Cal coverage?

Answer: It depends. If the patient has private dental insurance and Medi-Cal coverage, the service does not qualify for CRIHB Options. If the patient has private medical coverage that does not cover dental services, and Medi-Cal has not restored that dental service, the service qualifies for CRIHB Options. If the child age 21-26 is on one parent's private medical insurance but also has Medi-Cal, client could qualify for dental coverage.

FAQ #3: Share of Cost patients

Question: Are individuals with a Medi-Cal Share of Cost (SOC) eligible for the CRIHB Options program?

Answer: Individuals with a SOC are not Medi-Cal beneficiaries until they have met their SOC each month. Therefore, services provided to these individuals would not be eligible for CRIHB Options payment until the SOC had been met for the month. Keep a copy of the Medi-Cal printout showing the SOC has been met for that date of service.

FAQ #4: Patients with family Share of Cost

Question: If a client has Medi-Cal with an EVC# but states they can also apply medical expenses to a family share of cost (see below), is this client eligible for CRIHB Options?

Eligibility Message:
SUBSCRIBER LAST NAME: EVC #:XXXXXXXXXX. CNTY CODE: XX. 1ST SPECIAL AID CODE: XX. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. SUBSCRIBER CAN ALSO CHOOSE TO APPLY MEDICAL EXPENSES TOWARDS FAMILY SOC/SPEND DOWN. REMAINING SOC/SPEND DOWN $ 250.58.

Answer: CRIHB Options can pay for covered services provided to the eligible client if the client has full scope Medi-Cal (the aid code will help you determine this) and you do not apply the visit to the family share of cost.

FAQ #5: Medi-Cal patients who are pregnant

Question: Are individuals with pregnancy-related Medi-Cal coverage eligible for the CRIHB Options program?

Answer: A person with pregnancy-related Medi-Cal is covered during her pregnancy and generally for 6 weeks after delivery. If the service provided might affect the pregnancy, is not covered by Medi-Cal during the pregnancy, and is one of the eliminated Optional Benefits that have not been restored by Medi-Cal then CRIHB Options can be billed for services provided to eligible patients.

FAQ #6: Eligibility of Non-Native pregnant patients

Question: Is a non-Indian individual who are pregnant with an Indian child eligible for the CRIHB Options program? If so, what tribal code is used and how do we document this?

Answer: According to the IHS Eligibility Criteria that is located in the Provider Toolkit, a Non-Indian woman pregnant with an eligible Indian's child qualifies for CRIHB Options through post partum period, which is generally 6 weeks after delivery. However, CRIHB Options covered services are limited to pregnancy-related services. For the non-Indian individual, use the tribal code 970 (Non-Indian member of an Indian household). If the couple is legally married, we would accept documentation on the clinic's patient registration form that indicates marriage. If the patient completes the patient registration form indicating she is married to the father and the father's record has documentation that he is an Indian beneficiary as defined by IHS, this documentation would suffice. If the couple is not legally married, the father will need to provide written documentation that he is the father of the child and the clinic needs to maintain this documentation.

FAQ #7: Eligibility of pregnant patients, age 21 and over, for Dental services

Question: D0120 Periodic Oral Evaluation is not covered by CRIHB Options during pregnancy since Medi-Cal covers this procedure. Per the Denti-Cal/Medi-Cal guidelines, D0120 is not a covered benefit for pregnant patients age 21 and over. Will we be able to bill CRIHB Options for this procedure for our 21 and older patients?

Answer: No. If the woman has full scope Medi-Cal and is over 21 years of age, it is a covered service through Medi-Cal and is not covered by CRIHB Options. If the woman has only pregnancy-related Medi-Cal coverage and is under 21, the service is covered by Medi-Cal and is not a covered service through CRIHB Options. Pregnancy-related services were not subject to the previous Medi-Cal optional benefit reductions. If the woman has only pregnancy-related Medi-Cal coverage and is over 21, Medi-Cal limits dental services to only those that might complicate pregnancy. The code, D0120, is used for a periodic oral evaluation, which is not a condition that might affect pregnancy, so would not be a covered service under CRIHB Options.