

Denti-Cal Bulletin



VOLUME 20, NUMBER 10 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

REMINDER: TIPS FOR SUBMITTING A CLAIM INQUIRY FORM (CIF)

Here are some important tips to remember when submitting a CIF. Please allow one month for the status of the document to appear on your Explanation of Benefits (EOB). **Use ONLY ONE CIF per claim, Notice of Authorization (NOA) or Treatment Authorization Request (TAR).**

Three Reasons for a CIF

1. To request the status of a claim payment
2. To request the status of a Treatment Authorization Request (TAR)
3. To request re-evaluation of a modified/disallowed claim

Other Inquiries

All other inquiries should be made by written correspondence or by calling Denti-Cal toll free at (800) 423-0507.

Claim Disallowances

When you are sending in a CIF for a claim disallowance or modification, do not send a new claim. Pertinent x-rays, photographs, and/or documentation are always required with your CIF. For return of x-rays and photographs, clearly write "Do Not Recycle" on the x-ray envelope.

Include a Copy of Claim or TAR

Eliminate "guesswork" by Denti-Cal and expedite the processing of your inquiry by including a copy of your original claim or TAR with your CIF. Do not send original documents.

Complete the CIF Form

Be sure to complete all areas of the CIF. For your convenience, CIFs are available from the forms supplier with your provider name and address information pre-printed on the form. Enter the Social Security number in the space reserved for the patient's Medi-Cal ID number. **Please type or print all information. Use just one CIF per claim, NOA or TAR.**

When to Use a CIF for NOAs

Only use a CIF for a NOA if the payment has been denied. When requesting a re-evaluation on a NOA for unauthorized or modified services, simply check the "RE-EVALUATION IS REQUESTED" box on the NOA and return it to Denti-Cal with appropriate x-rays and documentation in lieu of a CIF.

"Remarks" Area

The "Remarks" area on the CIF should be used for detailed explanations or narrative justification as necessary to assist Denti-Cal in processing your inquiry.

Required Signature

A signature of the provider or provider's authorized representative is always required on CIFs. Rubber stamps and Xeroxed facsimiles of signatures cannot be accepted and will cause your CIF to be denied.

REMINDER: ONLY ORIGINALS OF CLAIM INQUIRY FORMS ARE ACCEPTABLE FOR PROCESSING

The Claim Inquiry Form (CIF) has three purposes:

- ◆ to inquire about the status of a previously submitted claim or Treatment Authorization Request (TAR);
- ◆ to request reevaluation of a modified or denied claim; and
- ◆ only for a Notice of Authorization (NOA) if the payment has been denied.

Only originals of these forms will be accepted and processed by Denti-Cal.

For your convenience, CIFs may be obtained, free of charge, from the Denti-Cal forms supplier. Please mail or fax your order using the information found below:

Shamrock Companies, Inc.
410 East Grantline Road
Tracy, CA 95378
fax: (209) 832-2105



VISIT DENTI-CAL AND ELECTRONIC DATA INTERCHANGE (EDI) BOOTHS AT ANAHEIM CALIFORNIA DENTAL ASSOCIATION (CDA) SCIENTIFIC SESSION

Be sure to visit the Denti-Cal and EDI booths at the CDA Scientific Session in Anaheim, Friday, April 16, 2004 through Sunday, April 18, 2004. Representatives from Denti-Cal will be on hand in Hall B of the Anaheim Convention Center: EDI staff in booth 735 with information and answers to questions regarding electronic claims submission; Denti-Cal Provider Relations staff in booth 743; and Denti-Cal Outreach staff in booth 745.

EDI NEWS – ENROLLMENT INFORMATION

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, phone (916) 853-7373 and ask for EDI Support.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.