Beginning December 1, 2015, Denti-Cal will no longer be returning printed diagnostic documentation (e.g., radiographs or photographs) to providers, regardless of whether providers request to have their documentation returned or when the documentation was received. Providers are reminded that, according to the accepted standard of dental practice and the Medi-Cal Dental Provider Handbook, the fewest number of radiographs needed to provide a diagnosis shall be taken. Providers are also reminded that only copies of radiographs are to be submitted because original radiographs must be a part of the patient’s clinical record and must be retained by the provider at all times. Providers are advised that patient records may be subject to audits and that it is the responsibility of the provider to maintain the patient record. Additional information regarding diagnostic documentation can be found in “Section 2 – Program Overview” in the Provider Handbook.

Denti-Cal to No Longer Provide “Do Not Recycle” Stickers

Beginning December 1, 2015, Denti-Cal will no longer provide the DC-020 “Do Not Recycle” sticker. Since radiographs will not be returned to providers beginning December 1, 2015, the DC-020 has become obsolete. An updated Forms Reorder Request form (DC-204) has been posted to the website and will be included in all orders placed on or after December 1, 2015.

Continued on pg 2.
Providers May Not Bill Beneficiaries for Covered Services

Providers may not submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any procedure that is a covered Denti-Cal benefit (other than Share of Cost). Providers may bill beneficiaries for non-covered procedures only if the beneficiary understands that the procedure is not covered by Denti-Cal and that the beneficiary will be responsible for the payment of the procedure. Providers may not bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.

On the Medi-Cal application every provider signed an agreement to not collect reimbursement from a Medi-Cal beneficiary for any service included in the Denti-Cal program's scope of benefits.

Please refer to Section 51002 of Title 22 of the California Code of Regulations, Title 42, Volume 3, of the Code of Federal Regulations Section 447.15, and Welfare & Institutions Code Section 14107.3 for statutes and regulations governing this policy. Additional billing information is found in “Section 2- Program Overview” in the “Billing and Payment Policies” section of the Provider Handbook.

For questions, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.

Submitting Digitized Radiographs and Documents with Electronic Data Interchange (EDI)

Digitized radiographs and other documentation may be submitted in conjunction with claims and Treatment Authorization Requests submitted electronically. If you wish to submit documents electronically, providers must apply and be approved to participation in the EDI program. For information on EDI enrollment, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507 or EDI Support at (916) 853-7373 (e-mail: denti-caledi@delta.org).

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NEED MORE INFORMATION?

Provider Enrollment Workshops

Are you a dental provider who is interested in joining the Denti-Cal program but don’t know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred, but not required.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, Dec. 11, 2015 8:00 AM- 4:00 PM</td>
<td>Hilton Garden Inn 10543 Sierra Ave</td>
<td>San Bernardino County</td>
</tr>
<tr>
<td>Register Now!</td>
<td>Fontana, CA 92337</td>
<td></td>
</tr>
</tbody>
</table>

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Electronic Data Interchange (EDI) Reminders and Tips

Denti-Cal would like to remind enrolled providers who submit electronically that the EDI How-To Guide, available on the Denti-Cal website, provides sample reports, examples of electronic Resubmission Turnaround Documents, Notices of Authorization and other helpful hints regarding electronic submission.

EDI Reports

EDI reports are made available to help providers track electronically submitted documents and provide important information. The following reports are made available to enrolled providers who submit electronically:

- Provider/Service Office Daily EDI Documents Received Today (report ID# CP-O-973-P)
- Provider/Service Office X-Ray/Attachment Request (CP-O-971-P)
- X-Ray/Attachment Labels (CP-O-971-P2)
- Provider/Service Office Daily EDI Documents Waiting Return Information Greater Than 7 Days (CP-O-978-P)
- Notice of Resubmission also referred to as Resubmission Turnaround Document (RTD) (CP-O-RTD-P)
- Notice of Authorization (CP-O-NOA-P)
- Provider/Service Office Document Rejections (CP-O-959-P)

A report acknowledging receipt of EDI documents titled “Provider/Service Office Daily EDI Documents Received Today” is usually made available electronically to providers within 24-48 hours following submission. The other reports listed above may be available for retrieval within the same timeframe. If an office is not receiving their reports, they should check with their electronic vendor, clearinghouse, or contact EDI Support at 916-853-7373.

Preparing and Using Labels & Envelopes

Denti-Cal would also like to advise providers to make use of the EDI labels and red-bordered x-ray envelopes when responding to x-rays/attachment requests for documents listed on the report titled “Provider/Service Office X-Ray/Attachment Request.” Many offices use partially preprinted labels that can expedite the process. These labels will arrive from the Denti-Cal supplier with the provider’s Billing National Provider Identifier (NPI) listed as the Denti-Cal Provider ID and with the provider’s name and address already imprinted. The label will look like the example shown at the right (without the Denti-Cal DCN). If this type of label is used, the Base DCN must be written onto the label next to the “Denti-Cal DCN”. The eleven-digit Denti-Cal DCN (also referred to as the Base DCN) is found on the Provider/Service Office X-Ray/Attachment Request report.

Other information, such as the beneficiary’s name, MEDS ID, Beneficiary Identification Card or Client Identification Number, and the Provider Document Control Number (PDCN) may be included but is not mandatory.

Continued on pg 4.
Digitized Images and Attachments

Denti-Cal would also like to remind providers that the following documentation related to EDI claims, and Treatment Authorization Requests (TARS) can be submitted electronically through National Electronic Attachment, Inc. National Information Services, or Tesia Clearinghouse, LLC web sites:

<table>
<thead>
<tr>
<th>Images That CAN Be Transmitted:</th>
<th>Images That CANNOT Be Transmitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Documentation related to claims and TARS to be submitted</td>
<td>• Any documentation related to claims and TARS submitted on paper.</td>
</tr>
<tr>
<td>electronically:</td>
<td>• Claim Inquiry Forms (CIFs)*</td>
</tr>
<tr>
<td>• Radiographs</td>
<td>• Resubmission Turnaround Documents (RTDs)</td>
</tr>
<tr>
<td>• Periodontal Evaluation Charts</td>
<td>• Notices of Authorization (NOAs) issued for paper or EDI documents</td>
</tr>
<tr>
<td>• Justification of Need for Prosthesis Forms (DC054)</td>
<td></td>
</tr>
<tr>
<td>• Photos</td>
<td></td>
</tr>
<tr>
<td>• Narrative documentation (surgical reports, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

*Digitized image reference numbers may be handwritten on CIFs that must be mailed.

When submitting full mouth series or panoramic radiograph, “R/L” depicts the patient’s right/left. When submitting periapical radiographs, please indicate the individual tooth number(s).

Please do not return a NOA for payment as a digitized attachment. Providers have the option, if supported by the vendor, of submitting the electronic NOA electronically or submitting it by mail for payment.

For questions or for information on how to enroll to submit electronically, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507 or EDI Support at 916-853-7373. EDI-related questions can also be e-mailed to denti-caledi@delta.org.

To enroll to submit electronically, select this link for an EDI Enrollment Packet.

Denti-Cal Offers Free Provider Assistance!

Are you new to the Denti-Cal program and aren’t sure where to begin? Do you need help completing the Denti-Cal enrollment application? Check out the free Denti-Cal provider enrollment resources available on the Denti-Cal website, our free training seminars, and help from the Denti-Cal Provider Relations team!

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**Denti-Cal Provider Enrollment Assistance**

The website offers a number of enrollment resources including video tutorials, sample applications, and frequently asked questions. Following is a brief listing of the available resources:

- **Enrollment Toolkit:** A collection of tips, hints, application forms, recorded tutorials, and more, all designed to help you successfully complete the enrollment application.

- **Enrollment Workshops:** For live, one-on-one help with your application, attend one of the enrollment workshops held around California. Check the Denti-Cal website often for new workshop dates and locations.

- **Provider Enrollment Assistance Line:** Don’t have time to attend an enrollment workshop? Register to use the Dental Provider Enrollment Assistance Line and speak to an Enrollment Specialist. The service is offered once a month to registered providers.

**Training Seminars and Workshops**

Providers can attend Denti-Cal’s free seminars and workshops held throughout California. The seminars cover the program’s policies and procedures and offer continuing education credits for participating providers. Can’t make it to a seminar near you? Then sign-up for one of our webinars! View the latest seminar and webinar schedule [here](#) on the Denti-Cal website.

**Provider Relations**

The Denti-Cal Provider Relations team provides free one-on-one support to help answer your most difficult questions. The Provider Relations team is here to help you and your office staff better understand Denti-Cal policies and procedures to easily meet program requirements. Please call the Denti-Cal Provider Customer Service line at 1-800-423-0507 to request an onsite visit from a Provider Relations representative.

For any questions regarding the enrollment application forms or process, please call the Denti-Cal Provider Customer Service line at 1-800-423-0507 or see “Section 3 - Enrollment Requirements” of the Provider Handbook.

**For Faster Denti-Cal Payments, Enroll in Electronic Funds Transfer (EFT) Today!**

Denti-Cal encourages providers to enroll in the EFT program. With EFT, Denti-Cal automatically deposits payments into a provider’s designated savings or checking account, which means:

- No more lost or misdirected checks
- No more waiting for checks to arrive in the mail
- No more trips to the bank
- Payments are available faster

To participate in the program, providers must complete and sign the attached [Electronic Funds Transfer (EFT) Enrollment Form](#). Providers can also obtain a form by calling the Provider Customer Service line at 1-800-423-0507 or by writing to Denti-Cal at this address:

**Denti-Cal**  
**Attn: Provider Enrollment Department**  
**PO Box 15609**  
**Sacramento, CA 95852-0609**

*Continued on pg 6.*
Instructions for completing the EFT form are available in the Providers Application Forms section on the Denti-Cal website at www.denti-cal.ca.gov.

The EFT form must include the following:

- The provider's original signature (in blue ink); and
- A preprinted, voided check attached to the form or a letter from the bank signed by an authorized agent confirming the provider's account information.

Providers must mail the completed form and bank account verification to Denti-Cal at the address shown above.

Upon receipt of the EFT form, Denti-Cal will send a “test” deposit to the bank. This will result in a “zero” deposit for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, providers will continue to receive Denti-Cal payment checks through the mail.

The amount of each deposit will appear on the corresponding Explanation of Benefits once direct deposit begins.

More information about direct deposit can be found in “Section 3: Enrollment Requirements” of the Provider Handbook.

For questions, please contact the Denti-Cal Provider Customer Service line at 1-800-423-0507.