

Denti-Cal California Medi-Cal Dental Bulletin

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Training Seminars

Reserve an [available spot](#) for one of our open training seminars.

Webinar

Basic & EDI/D5519 - Dec. 5, 2014
Ortho/D520 - Dec. 11, 2014

Provider Enrollment Assistance Line

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

Wednesday, Dec. 17, 8 am - 4 pm.

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 (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 the EDI Support Department at 916-853-7373.

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Preparing and Using Labels

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 supplier with the provider’s 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.

DENTI-CAL PROVIDER ID: xxxxxxxxxxxx
PATIENT MEDS ID: _____
PROV. DCN: _____
DENTI-CAL DCN: 0000000000
DCC: _____
PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____
PROVIDER NAME ADDRESS CITY, CA 00000

Other information, such as the client name, Meds ID, Benefits Identification Card, or Client Identification Number, and the Provider Document Control Number (PDCN) may be included but is not mandatory.

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:

Images That <u>CAN</u> Be Transmitted:	Images That <u>CANNOT</u> Be Transmitted:
<ul style="list-style-type: none"> Documentation related to claims and TARs to be submitted <i>electronically</i>: <ul style="list-style-type: none"> Radiographs Justification of Need for Prosthesis Forms (DC054) Photos Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> Any documentation related to claims and TARs submitted on paper. Claim Inquiry Forms (CIFs)* Resubmission Turnaround Documents (RTDs) Notices of Authorization (NOAs) issued for paper or EDI documents

**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](#).

NEED MORE INFORMATION?

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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.

Date/Time:	Location:	County:
Friday, Dec. 12, 2014 8:00 AM- 4:00 PM Register Now!	Hampton Inn and Suites 327 E Fir Ave Fresno, CA 93720 559-447-5900	Fresno County

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

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)
- ◆ 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.



PO Box 15609
Sacramento, CA
95852-0509
(800) 423-0507