



HOW-TO GUIDE



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Welcome to Denti-Cal's Electronic Data Interchange Program!

This How-To Guide is designed to answer questions providers may have about submitting claims electronically. Denti-Cal's Electronic Data Interchange (EDI) program is an efficient alternative to sending paper claims. It will provide more efficient tracking of Denti-Cal claims with *faster* responses to requests for authorization and payment.

Before submitting claims electronically, providers must be enrolled as an EDI provider to avoid rejection of claims. To enroll, providers must complete the Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement (For electronic claim submission), the Provider Service Office Electronic Data Interchange Option Selection Form and Electronic Remittance Advice (ERA) Enrollment Form, and return them to the address indicated on those forms. Providers should advise their software vendor that they would like to submit Denti-Cal claims electronically, and if they are not yet enrolled in the EDI program, an Enrollment Packet should be requested from the EDI Support department. Enrollment forms are also available on the Denti-Cal Web site (www.denti-cal.ca.gov) under EDI, located on the Providers tab.

Providers may also submit digitized images of documentation to Denti-Cal. If providers choose to submit conventional radiographs and attachments through the mail, an order for EDI labels and envelopes will need to be placed using the Forms Reorder Request included in the Enrollment Packet and at the end of this How-To Guide.

For answers to questions about electronic claims processing, EDI Support can be contacted by phone at (916) 853-7373 or by e-mail to denti-caledi@delta.org. If providers have questions about a particular EDI claim, the Provider Services Department should be contacted toll-free at (800) 423-0507.

EDI Support
Denti-Cal

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GETTING STARTED

This guide was created for providers to use as a reference for electronic claims submission. EDI enrolled providers will be ready to start submitting electronic Claims and Treatment Authorization Requests (TARs) once the practice management system vendor has verified that their system is able to connect to the Denti-Cal EDI system either directly or through a clearinghouse, and Denti-Cal's EDI Support Department has confirmed enrollment in the Electronic Data Interchange (EDI) Program.



Refer to the following pages for more detailed instructions and take special note of tips marked with this symbol.

FOUR BASIC STEPS:

There are four basic steps to follow to submit claims electronically:

1. Enter claim information
2. Transmit data
3. Retrieve and review reports returned from Denti-Cal
4. Prepare and mail EDI labels - only for claims and TARs that require radiographs or attachments. (If providers submit radiographs/attachments digitally, see page 5.)

1. ENTER CLAIM INFORMATION

The software vendor will advise providers how to enter Denti-Cal claims using their computer system. All information must be entered completely and accurately. Processing criteria remains the same as for paper TAR/claim forms -- if radiographs and documentation are needed to process a paper claim, they will also be required to process an EDI claim.

If digitized images are not received with EDI claim information, documents with procedures that require radiographs and/or attachments are automatically "suspended" to wait for them to be mailed to Denti-Cal using EDI labels and envelopes. Providers may also enter a "Y" in the x-ray or attachment fields to put the document in a "suspended" status to wait for the documentation to be received by Denti-Cal.

Note to Billing Intermediaries: The registration number must be included.

2. TRANSMIT DATA

The vendor will advise providers how to transmit claim information to Denti-Cal. If a provider submits attachments digitally, the image reference number with the claim information should be transmitted as directed by the vendor.

3. RETRIEVE AND REVIEW REPORTS

The vendor will also advise providers how to retrieve any reports (and labels, if applicable) that may be available. It is important for providers to compare their list of transmitted claims to Denti-Cal's list of EDI claims received, located on report CP-O-973-P, and determine which claims require radiographs and/or attachments, noted on report CP-O-971-P. The **"Reports" section starts on page 9.**

4. *PREPARE AND MAIL RADIOGRAPHS/ATTACHMENTS WITH EDI LABELS

The CP-O-971-P report will show claims that have been put into a suspended status until Denti-Cal receives radiographs and/or required documentation. Providers who use partially preprinted labels will need to write the Base DCN (also referred to as the Denti-Cal Document Control Number) from this report onto the EDI label before mailing radiographs and/or attachments to Denti-Cal. **Refer to EDI Labels (pages 2 through 4) and CP-O-971-P report (page 11).**

* **Note:** This step is not needed if submitting radiographs and images digitally and the digitized image reference numbers are received by Denti-Cal with EDI claim data.

EDI LABELS

This section outlines how to submit conventional radiographs and attachments associated with EDI documents through the mail. EDI labels and envelopes are not needed if Denti-Cal receives digitized images. Refer to "Sending Digitized Images of Radiographs & Attachments" on page 5.

If procedures submitted electronically require radiographs and/or attachments or if a provider indicates they wish to submit documentation, the claim/TAR will be "suspended" until the documentation is received. Special self-adhesive EDI labels and EDI envelopes printed in red ink are available to facilitate mailing x-rays/attachments to process "suspended" EDI claims and TARs.

Denti-Cal issues a report (CP-O-973-P: "Provider/Service Office Daily EDI Documents Received Today" (see report on page 10) acknowledging receipt of EDI documents. Any claims or TARs requiring documentation will appear on a second report (CP-O-971-P: "Provider/Service Office X-Ray/Attachment Request" (see report on page 11) issued the same day. The Denti-Cal Document Control Number (DCN), or Base DCN, on this report **must** be indicated on an EDI label to be affixed to an EDI envelope that contains the radiographs/attachments. Once the EDI envelopes are received, patient identifying information on the labels is used to link the EDI document to the radiographs and attachments so processing can continue.

PREPARING EDI LABELS

EDI labels may be ordered in one of three styles to accommodate different types of printers; laser labels, 1-up (across) or 3-up continuous labels. Most providers use partially preprinted labels, however, providers may wish to check with their vendor to determine which type of labels will work best for their system. (See page 18, Forms Reorder Request form.)

System Generated Labels:

Some software will enable providers to automatically print patient information directly onto blank labels. Once labels are printed from this type of system, they will look like the label shown at the right.

Partially Preprinted Labels:

These labels (DC-018A in the partially preprinted format) will arrive from the supplier with the provider's Billing National Provider Identifier (NPI) listed as the Denti-Cal Provider ID, and the provider's name and address already imprinted. They will look like the label shown at the right (without the Beneficiary Name or Denti-Cal DCN).

If this type of label is used, the Base DCN must be handwritten onto the label next to "Denti-Cal DCN". The eleven-digit Denti-Cal DCN (referred to as the Base DCN) is found on the CP-O-971-P (Provider/Service Office X-Ray/Attachment Request). **Refer to page 11 of the "Reports" section.** To order this label, Item Number DC-018A, B Partially preprinted (NPI, name & address will be imprinted) should be checked.

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX PATIENT MEDS ID: 000000000 Beneficiary Name PROV. DCI. XXXXXXXXXXXXX DENTI-CAL DCN: 00000000000
DCC: _____ PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____
Provider Name/Business Name Address City, State ZIP

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX PATIENT MEDS ID: _____ Beneficiary Name ← PROV. DCI. _____ DENTI-CAL DCN: 0000000000 ←
DCC: _____ PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____
Provider Name/Business Name Address City, State ZIP

PREPARING EDI LABELS (continued):

Self-adhesive EDI labels are affixed to small or large EDI x-ray envelopes. There are three types of EDI envelopes: small x-ray envelopes, large x-ray envelopes and mailing envelopes. Mailing envelopes are used to mail several small and large x-ray envelopes to Denti-Cal.



*EDI labels are only required to submit radiographs and/or attachments when a claim is **initially** sent electronically. EDI labels are not requested if digitized images are received.*

Labels must have the following:

- 1) Billing NPI next to "Denti-Cal Provider ID"
- 2) Beneficiary first and last name below "Patient MEDS ID"
- 3) Denti-Cal DCN, also referred to as the Base DCN
- 4) Provider's name and return address

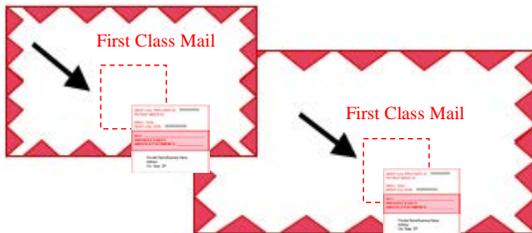
EDI labels without these three items cannot be processed and must be returned for completion. Other information may be included, but is not mandatory. The pink area is only used by Denti-Cal during processing.

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX	①
PATIENT MEDS ID: _____ Beneficiary Name	②
PROV. DCN: _____ DENTI-CAL DCN: XXXXXXXXXXXX	③
DCC: _____ PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____	
Provider Name/Business Name Address City, State ZIP	④

ATTACHING LABELS TO EDI X-RAY ENVELOPES / ATTACHMENTS FOR MAILING:

EDI labels should be affixed to a small red-bordered x-ray envelope (DC-014F) or large red-bordered x-ray envelope (DC-014E), and placed inside the outlined box:

Several EDI x-ray envelopes can be inserted into the largest pre-addressed, red-bordered EDI mailing envelope (DC-008C):



If the provider is sending an attachment only, for example, a narrative report, the removable label can be affixed directly to the documentation. If the provider is sending both a radiograph and an attachment, the attachment should be stapled to the x-ray envelope that has the label affixed to it. No more than one label should be affixed to an attachment.



EDI labels should not be used when mailing:

- Notices of Authorization (NOAs) for payment
- Resubmission Turnaround Documents (RTDs) or
- Claim Inquiry Forms (CIFs) related to EDI documents

ORDERING EDI LABELS AND ENVELOPES:

Order one type of label (usually 3-up laser - DC018A - in the partially preprinted format) and a supply of all three types of envelopes (small and large x-ray envelopes and mailing envelopes) using the Forms Reorder Request for (see page 18). Providers may either fax this form to (877) 401-7534 or mail it to:

Denti-Cal Forms Reorder
11155 International Dr., MS C25
Rancho Cordova, CA 95670

QUESTIONS ABOUT LABELS

Q. A provider has one set of radiographs and wants to send in two documents, a "first-time-in" claim and a TAR. How can they submit them both at the same time?

A. Both labels (*no more than two*) should be affixed to the "First Class Mail" side of an envelope.

NOTE: If the provider has a multi-page document that is more than two "pages" in length, some systems may generate a label per page with different Document Control Number (DCNs) for each page. In this case, the provider will place no more than two labels on one EDI envelope, affix any additional labels onto sheets of blank paper (one label per sheet), and staple them to the EDI envelope. This is not applicable for three or more separate documents, in which case a maximum of two labels may be affixed to an EDI x-ray envelope.

Q. A provider wants to submit radiographs with a label, but forgot to enter a "Y" in the x-ray field to suspend the claim. What do they do?

A. If the provider forgot to enter a "Y" in the x-ray field when a radiograph is required for a submitted procedure, the Denti-Cal system will automatically generate a label for the provider as a safety feature. However, if an attachment is required, a "Y" must be entered by the provider office to suspend the document (or generate a label if the system is designed to do so).

Q. Does the provider use EDI labels when returning an electronically received RTD or NOA?

A. No. EDI labels should not be affixed to RTDs or NOAs.

Q. A provider wants to submit documentation with a label, but forgot to enter a "Y" in the attachment field to suspend the claim. What do they do?

A. If a TAR was submitted, the provider will need to wait until Denti-Cal requests documentation by issuing an RTD. If supporting documentation is needed to process the procedure the provider submitted, Denti-Cal will request it. RTDs will appear as separate pages along with their other daily reports. If a claim was submitted, it will be denied and a CIF should be mailed with the documentation.

Q. A provider suspended the claim by entering a "Y" in the x-ray field and later realized they don't need to submit radiographs. How do they get the claim out of a suspended status to begin processing? And, what do they do with the label they have in the office?

A. An EDI label with patient-identifying information should be affixed to a blank sheet of paper. A brief explanation of the error should be handwritten beneath the label indicating that processing should be initiated, for example:

**"X-RAY INDICATED IN ERROR.
PROCESS WITHOUT X-RAY."**

If the provider does nothing, the claim will remain in a suspended status, and eventually be denied with adjudication reason code 326 ("Procedures being denied on this document due to lack of response to the RTD or if applicable, failure to provide radiographs/attachments for this EDI document") since no response was received to process the claim.

SENDING DIGITIZED IMAGES OF RADIOGRAPHS & ATTACHMENTS

In conjunction with electronically submitted documents, Denti-Cal accepts digitized images submitted through electronic attachment vendors: National Electronic Attachment, Inc. (NEA), National Information Services (NIS) and Tesia Clearinghouse, LLC.

Providers must be enrolled to submit documents electronically prior to submitting digitized images. For more information on enrollment, providers can contact the Telephone Service Center toll free at (800) 423-0507 or EDI Support at (916) 853-7373 (email: denti-caledi@delta.org).

Digitized radiographs, photographs, periodontal evaluation charts, scanned State-approved Justification of Need for Prosthesis forms (DC054), and other narrative reports may be submitted in conjunction with EDI claims and TARs through NEA, NIS or Tesia Clearinghouse, LLC Web sites.

<i>Images That <u>CAN</u> Be Transmitted:</i>	<i>Images That <u>CANNOT</u> Be Transmitted:</i>
<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 ▪ Periodontal Evaluation Charts ▪ Justification of Need of Prosthesis Forms (DC054) ▪ Photos ▪ Narrative documentation (surgical reports, etc.) 	<ul style="list-style-type: none"> ➤ Any documentation related to claims and TARs submitted on <i>paper</i>. ➤ CIFs, RTDs or NOAs related to paper or EDI documents

ELECTRONIC VENDOR AND DOCUMENT SPECIFICATIONS

NEA USERS: Radiographs/photographs and attachments must be transmitted to NEA before submitting an EDI claim or TAR. NEA's reference number must be entered on the EDI claim or TAR using the following format: "**NEA#**" followed by the reference number, with no spaces - **Example: NEA#9999999**. It is important to use this format and sequence.

Some dental practice management and electronic claims clearinghouse software have an interface with NEA that automatically enters the reference number into the notes of the claim. For additional information, providers can visit www.nea-fast.com or call (800) 782-5150 option 3.

NIS USERS: Create the claim or TAR. Before transmitting a document electronically, attach the radiographs/photographs and attachments. The Document Center should be used to scan images of Denti-Cal's Justification of Need for Prosthesis Form (DC054), perio charts, photos, etc. The date images were created should be entered in the notes for each attachment. For additional information, providers can visit www.nationalinfo.com or call (800) 734-5561, select option #1, and option #1 again.

Tesia Clearinghouse, LLC: Create the claim or TAR. Before transmitting a document electronically, include the radiographs/photographs and attachments. Each attachment must include the date the images were created. For additional information, providers can visit www.tesia.com or call (800) 724-7240.

❖ Refer to Denti-Cal Bulletin, Volume 31 Number 19 for more TIPS. ❖

RESUBMISSION TURNAROUND DOCUMENTS (RTDs) & NOTICES OF AUTHORIZATION (NOAs)

Depending on how the provider's software is set up, providers will receive RTDs and Notices of Authorization (NOAs) electronically or by mail from Denti-Cal along with other EDI reports. It is standard procedure to enroll providers to receive their EDI RTDs and NOAs electronically for documents submitted electronically. They are issued along with other EDI reports. However, providers may opt to receive RTDs and/or NOAs on paper through the mail.

RTDs: RTDs (also referred to as Notices of Resubmission) will be issued by Denti-Cal if additional information is needed to process the EDI document. **RTDs cannot be returned electronically.** Providers should retrieve EDI RTDs, print them to paper and mail them to Denti-Cal with any necessary documentation attached. **RTDs should be returned promptly.** Documents will be denied if no response to the RTD is received within 45 days. EDI labels and envelopes should **not** be used for RTDs.

NOAs: Providers should also retrieve EDI NOAs and either print them to paper for submission by mail, or if the provider's system or clearinghouse can accept them, transmit them electronically to Denti-Cal.

Samples of EDI RTDs and NOAs are shown on pages 14 and 15.



Printed RTDs and NOAs should be completed and signed in blue ink and mailed to Denti-Cal in a white mailing envelope for processing.

CLAIM INQUIRY FORMS (CIFs)

Claim Inquiry Forms cannot be submitted electronically.

A CIF can be mailed only after a document is processed to request a change or reevaluation, or to request the status of a claim or TAR.

A CIF CANNOT BE USED as an attachment or documentation for an *unprocessed* EDI document. An EDI attachment cannot be a CIF. If a provider needs to send documentation to process a claim that has been transmitted electronically, a plain sheet of paper or standard Denti-Cal form should be used rather than a CIF. (EDI attachments should only be submitted if requested by Denti-Cal or if the provider has indicated a "Y" in the X-ray or attachment field.)



*Providers have the option of not submitting hard copies of radiographs and other documentation related to a Claim Inquiry Form (CIF) if the provider indicates digitized image reference numbers in the form's remarks box. If a provider chooses **not** to include digitized image reference numbers on a CIF, then the provider **must** send in hard copies.*

Please note that only paper CIFs are accepted by Denti-Cal, and digitized images of CIFs will not be accepted.



An EDI label or an EDI red-bordered envelope must not be used when submitting an RTD, NOA or CIF related to an EDI document.

GENERAL INFORMATION **(Questions & Answers)**

Q. When can the provider transmit documents and retrieve reports & labels?

- A.** Providers can transmit and retrieve reports, labels and Explanation of Benefits (EOBs) data twenty-four hours each day Monday through Saturday, from twelve noon through twelve midnight on Sunday. Documents received by 6:00 p.m. PST Monday through Saturday (holidays excluded) are entered into that evening's processing. Providers submitting through a clearinghouse will usually have access to their reports within 24-48 hours. Providers submitting directly to Denti-Cal by 6:00 p.m. PST will have access to their reports the following working day.

Q. The printer jammed and the provider didn't get all of their reports or labels. How do they request them again?

- A.** If the provider submits directly to Denti-Cal, they should contact the EDI Support Department at (916) 853-7373. The system can be reset so the provider will be able to re-request reports or labels for up to ten working days after they were originally available. If the provider uses the services of a clearinghouse, they should contact their electronic vendor or clearinghouse.

Q. Signatures?

- A.** A claim or TAR that has been submitted electronically cannot be signed. Paper RTDs and NOAs still must be signed in blue ink before they are mailed to Denti-Cal for further processing.

PROCESSING TIPS

1. **NPIs FOR BILLING AND RENDERING PROVIDERS ARE REQUIRED.**
2. **DOCUMENTATION SHOULD BE SENT ONLY IF IT IS REQUIRED** to meet the criteria set forth in the Medi-Cal Dental Program Provider Handbook. Unnecessary attachments require additional handling and needlessly delay processing.
3. **IF SUBMITTING MORE THAN ONE DOCUMENT** on a given day for the same patient and they both require x-rays/attachments, providers should ensure they affix the correct label, with the appropriate Denti-Cal Base DCN, to the related documentation.
4. **PROVIDERS CAN SUBMIT EDI NOAs ELECTRONICALLY FOR PAYMENT** if their software supports this feature. The original DCN and Provider DCN must be returned electronically. NOAs received through the mail must be responded to by mail.
5. **RTDs must always be returned by mail.**
6. **PROVIDERS CAN IDENTIFY EDI CLAIMS ON THEIR EOBs** using the following tip: All EDI Document Control Numbers (Base DCNs) have a "6", "8" or "9" as the seventh digit (example: 1600918XXXX). Note that the first five digits of a Base DCN indicate the Julian date that Denti-Cal initially received the document. (Using the same Base DCN 1600918XXXX, 16 = 2016 and 009 = the ninth day of the year, or January 9).
7. **IF A PROVIDER CHANGES CLEARINGHOUSES**, they should contact EDI Support. A revised Option Selection Form may be needed to modify EDI enrollment to prevent rejection of documents. This form can be found on the Denti-Cal Web site (www.denti-cal.ca.gov) under EDI located on the Providers tab. Certification testing may also be required.
8. **ONCE A PROVIDER RECEIVES AN EDI NOA**, the *entire* treatment plan should be submitted for payment after all services have been completed using the Notice of Authorization (NOA) transmitted electronically by Denti-Cal.
9. **SERVICES THAT MAY HAVE BEEN DENIED** on an EDI claim should not be retransmitted electronically. Instead, they should be submitted for reevaluation through the mail using a CIF. Services denied on an EDI NOA may be submitted for reevaluation by checking the section marked "Request for Reevaluation" and mailing it to Denti-Cal.
10. **IF A PROVIDER REQUESTS THAT AN EDI-GENERATED RTD OR NOA BE RE-ISSUED**, providers should submit only one copy of the RTD or NOA to Denti-Cal to avoid duplicate submission.
11. **EVC (ELIGIBILITY VERIFICATION CONFIRMATION) NUMBERS** may be entered in the Comments section of an EDI document. Providers should check with their vendor for information on placement. If submitting documentation digitally, the image reference number must precede all other information entered in the Comments section. (Refer to "Sending Digitized Images of Radiographs & Attachments" on page 5.)

REPORTS

EDI reports are made available to help providers track their electronically submitted documents. The reports may also include NOAs and RTDs. If the provider is not receiving their reports, they should check with their electronic vendor or clearinghouse (if applicable), or contact the EDI Support Department.

The following reports are available through Denti-Cal either directly or, if applicable, through a clearinghouse, depending on how the provider's system is set up.

CP-O- <u>973</u> -P	Provider/Service Office Daily EDI Documents Received Today
CP-O- <u>971</u> -P	Provider/Service Office X-Ray/Attachment Request
CP-O- <u>971</u> -P2	X-Ray/Attachment Labels
CP-O- <u>978</u> -P	Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days
CP-O- <u>RTD</u> -P	Notice of Resubmission (Resubmission Turnaround Document)
CP-O- <u>NOA</u> -P	Notice of Authorization
CP-O- <u>959</u> -P	Provider/Service Office Document Rejections

Explanation of Benefits (EOB) data may also be electronically applied directly to the provider's Accounts Receivable system, which may require modification by the provider's practice management system vendor. If the provider receives EDI EOBs, the provider will continue to receive paper EOBs through the mail.



The provider will want to review their reports on a daily basis to:

- *confirm Denti-Cal's receipt of the EDI documents*
- *receive NOAs and RTDs*
- *pinpoint any documents that may require follow-up.*

If the provider is not receiving reports, they should contact the EDI Support Department.



If the provider submits through a clearinghouse, the clearinghouse may provide a separate report to confirm receipt of the claims, which should match reports issued by Denti-Cal.

CP-O-973-P: Provider/Service Office Daily EDI Documents Received Today

This report lists all EDI documents received from a provider service office on the report date. This report serves as a cross-reference between Denti-Cal's Base Document Control Number (DCN) and the Provider Document Control Number (PDCN) which is the number that may be assigned by the provider's system. The report is a confirmation of EDI documents received by Denti-Cal, and if the provider's system is capable of responding to them electronically, NOAs are also received by Denti-Cal.

REPORT ID:	CP-O-973-P	DENTI-CAL	RUN ON:	07/01/13
PERIOD ENDING:	07/01/13	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB973BS DAILY EDI DOCUMENTS RECEIVED TODAY			

PROV/SVC OR NPI	PROVIDER DCN	BASE DCN	RECIPIENT LAST	NAME FIRST	SSN/CIN/ OR MEDS
0000000000	000000000000000000	000000000000	LAST	FIRST	0000000000
MEDI CAL NBR:	0000000000000000	DOC TYPE: C	SUBMITTED FEE:	100.00	
0000000000	000000000000000000	000000000000	LAST	FIRST	0000000000
MEDI CAL NBR:	0000000000000000	DOC TYPE: T	SUBMITTED FEE:	300.00	
TOTAL PROV/SVC OFC DOCUMENTS :			2		

NOTE: "**DOC TYPE**" (Document Type) is "**C**" for claims or "**T**" for TARs.

CP-O-971-P Provider/Service Office X-Ray/Attachment Request

This report identifies documents submitted electronically that require radiographs and/or attachments. By providing both the Denti-Cal Base Document Control Number (DCN) and the Provider Document Control Number (PDCN) assigned to each document, the report enables the provider to easily identify the documents associated with radiographs and/or attachments to be mailed. Documents submitted with digitized images should not appear on this report.

The area labeled "SYS IND" (SYS^Ystem generated INDicator) will reflect three asterisks next to claims that have had a label generated automatically by Denti-Cal. The provider did not enter a "Y" in the x-ray or attachment field when entering the document, but the Denti-Cal system recognized that the submitted procedures require radiographs/attachments.

REPORT ID:	CP-O-971-P	DENTI-CAL	RUN ON:	07/01/13
PERIOD ENDING:	07/01/13	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB971BS	X-RAY/ATTACHMENT REQUEST		

PROV/SVC OR NPI	BASE DCN	PROV DCN	RECIPIENT LAST	NAME FIRST	SSN/CIN/ OR MEDS
0000000000	0000000000	0000000000	LAST	FIRST	000000000
MEDI CAL NBR: 000000000		SYS IND: ***	DOC TYPE: C	SUBMIT AMOUNT: 1500.00	
0000000000	0000000000	0000000000	LAST	FIRST	000000000
MEDI CAL NBR: 000000000		SYS IND: ***	DOC TYPE: C	SUBMIT AMOUNT: 285.00	
0000000000	0000000000	0000000	LAST	FIRST	000000000
MEDI CAL NBR: 000000000		SYS IND:	DOC TYPE: T	SUBMIT AMOUNT: 300.00	

** TOTAL X-RAY/ATTACHMENT REQUESTS FOR PROV/SVC OFC.: 3

If a provider uses partially preprinted labels, they should handwrite the **BENEFICIARY'S FIRST AND LAST NAME** below "PATIENT MEDS ID" and "**BASE DCN**" from the report shown above onto the EDI label, next to "DENTI-CAL DCN." (The Base DCN and the Denti-Cal DCN are the same number.)

The pink shaded area of the label is for Denti-Cal use only. When processing is completed, the portion above the perforation is removed and the lower section is used as a mailing label to return the provider's radiographs if they have indicated they want them returned to the office.

DENTI-CAL PROVIDER ID: XXXXXXXXXXXX
 PATIENT MEDS ID: _____
Beneficiary Name ←
 PROV. DCN: _____
 DENTI-CAL DCN: 0000000000 ←

DCC: _____
 PREVIOUS X-RAYS AND/OR ATTACHMENTS: _____

Provider Name/Business Name
Address
City, State ZIP

If these same suspended documents are not matched to the required radiographs or attachments within seven days, they will appear on another report as a reference for the provider (see CP-O-978-P: "Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days" on page 13).

CP-O-971-P2: X-Ray/Attachment Labels

This report is the EDI label format used by offices whose systems enable them to print all patient-identifying information directly onto blank labels. Some clearinghouses also provide this report to offices that use partially preprinted labels to help identify documents that require EDI labels.

If all patient information can be printed directly onto blank labels, EDI labels should be affixed to x-ray envelopes before mailing. Each label includes a perforated section with the provider name and address, and is used to return the radiographs to the provider.

REPORT ID:	CP-O-971-P2	X-RAY/ATTACHMENT LABELS	FOR: 07/01/13
PERIOD ENDING:	07/01/13		
XXXXXXXXXX 000000000 LAST, FIRST 000000 000000000000	XXXXXXXXXX 000000000 LAST, FIRST 00000 000000000000	XXXXXXXXXX 000000000 LAST, FIRST 000 000000000000	
PROVIDER NAME ADDRESS CITY, CA 00000	PROVIDER NAME ADDRESS CITY, CA 00000	PROVIDER NAME ADDRESS CITY, CA 00000	

Refer to "**EDI Labels**" starting on page 2.



Patient information that has been printed onto plain white paper in lieu of standard EDI labels cannot be accepted.

CP-O-978-P: Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days

The CP-O-978-P report lists all EDI documents that have been awaiting radiographs and/or attachments or responses to RTDs for more than seven days. This report is sent as a follow-up to the original request (report CP-O-971-P shown on page 11) for reference purposes. The report is a cumulative report showing the number of days that a claim or TAR remains in a suspended status until Denti-Cal receives the required information.

REPORT ID:	CP-O-978-P	DENTI-CAL	RUN ON:	07/01/13
PERIOD ENDING:	07/01/13	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB978BS DAILY EDI DOCUMENTS WAITING RETURN INFORMATION > 7 DAYS			

PROV/SVC OR NPI	ISSUE DATE	DAYS SNCE OR	SSN/CIN/ MEDS	MEDI-CAL NUMBER	RECIPIENT LAST	NAME FIRST	TYPE OF REQUEST
0000000000	06/10/13	22	0000000000	0000-0000000000	LAST	FIRST	XRAY/ATTCH
PROV DCN: 000000000000-0000 BASE DCN: 000000000000					DOC TYPE: T	SUB AMT: 380.00	
0000000000	06/10/13	22	0000000000	0000-0000000000	LAST	FIRST	X/RAY/ATTCH
PROV DCN: 000000000000-0000 BASE DCN: 000000000000					DOC TYPE: C	SUB AMT: 162.00	
0000000000	06/24/13	08	0000000000	0000-0000000000	LAST	FIRST/	ADDIT DOC
PROV DCN: 000000000000-0000 BASE DCN: 000000000000					DOC TYPE: T	SUB AMT: 990.00	
TOTAL PROV/SVC OFC DOCUMENTS :					3		

IMPORTANT: In the “Type of Request” column

XRAY/ATTCH” indicates EDI documents that have been “suspended” until Denti-Cal receives radiographs and/or attachments. (Note: An EDI label is required for each document and must include the Base DCN.)

“ADDIT DOC” indicates that Denti-Cal has issued an RTD to the provider requesting specific information before processing can be completed. (Note: EDI labels should not be affixed to RTDs.)



It is important to review this report each day to track the EDI documents. If the radiograph, attachment or response to an RTD is not received within 45 days, the document will be denied and will no longer appear on the report. A denied claim will generate an Explanation of Benefits (EOB) and a denied TAR will generate a Notice of Authorization (NOA) with adjudication reason code 326 ("Procedures being denied on this document due to lack of response to RTD or, if applicable, failure to provide radiographs/attachments for this EDI document").



The provider may have recently mailed radiographs or an RTD for a document that continues to appear on this report. This usually means that the attachments are in transit and have not yet been linked to the suspended document. Before submitting a second set of films or requesting a duplicate RTD, providers can check with the Provider Services Telephone Service Center at (800) 423-0507 to determine if Denti-Cal has received the documentation.

CP-O-RTD-P: Notice of Resubmission (Resubmission Turnaround Document)

This is a Resubmission Turnaround Document (RTD). Providers will receive this electronic report in lieu of a hard copy (paper) RTD unless they opt to receive the report on paper through the mail. Electronic RTDs consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. Once printed, the electronic RTDs should be completed like the current paper RTD form, signed and returned to Denti-Cal for processing.

(CP-O-RTD-P) NOTICE OF RESUBMISSION		06/11/13 20:48:50 PAGE 01 OF 01	
BUSINESS NAME AND ADDRESS		RTD ISSUE DATE: 06-11-13	
SERVICE OFFICE/ FICTITIOUS NAME	0000000000	RTD DUE DATE: 07-26-13	
PROVIDER NAME			
ADDRESS		DOCUMENT TYPE: CLAIM	
		BEGINNING DOS: 05-14-13	
CITY	CA 00000-0000	PROVIDER DCN : 0000000000000000	
----- PATIENT INFORMATION -----			
		AMOUNT	
LAST NAME	FIRST NAME	MEDICAL ID NBR	DENTAL REC
LAST	FIRST	000000000	
		BILLED	DCN
		423.00	00000000000 0
CLAIM			
INFORMATION	FIELD	CLAIM SUBMITTED	PROCEDURE
BLOCK	NO.	LINE INFORMATION	CODE
TOOTH-SURFACE	27	11	D1351
ERROR CD: 48 DESC: INDICATE TOOTH SURFACE(S)			
CORRECT INFORMATION: _____			
X _____			
SIGNATURE		DATE	
NOTE: PLEASE CORRECT THE CLAIM/TAR/NOA AND RESUBMIT A COPY OF THIS FORM THRU THE MAIL. MAIL ANY REQUIRED X-RAYS / ATTACHMENTS IN THE APPROPRIATELY COLORED ENVELOPE, WRITING IN THE DOCUMENT CONTROL NUMBER (DCN). PLEASE INCLUDE THE DENTI-CAL ASSIGNED DCN ON ANY OTHER COMMUNICATIONS WITH DENTI-CAL.			



If radiographs or documentation are required, they should be sent with the RTD. They should not be sent with an EDI label.

CP-O-NOA-P: Notice of Authorization

This is a Notice of Authorization (NOA). Providers will receive this electronic report in lieu of a hard copy (paper) NOA unless they opt to receive the report on paper through the mail. Electronic NOAs consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. **Once printed, the electronic NOAs should be completed like the current hard copy NOA form, signed and returned to Denti-Cal for processing. Do not submit a new claim to receive payment for services that have been authorized.**

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(CP-O-NOA-P)          NOTICE OF AUTHORIZATION    06/11/13 22:35:54  PAGE 01 OF 01
DCN: 00000000000 0  AUTHORIZATION PERIOD FROM 04/29/13 TO 12/08/13

                                RE-EVALUATION IS REQUESTED _ (X FOR YES)

PATIENT NAME(LAST, FIRST, MI)          SEX  BIRTHDATE  MEDI-CAL-ID NO
LAST          FIRST                    X    00/00/00   000000000
                                PATIENT DENTAL RECORD NO. :
                                PROVIDER DOC CONTROL NUMBER: 00000000000000000000
X-RAYS ATTACHED _ (X FOR YES) HOW MANY? _ ACCIDENT / INJURY _ (X FOR YES)
OTHER ATTACHMENTS _ (X FOR YES)           EMPLOYMENT RELATED _ (X FOR YES)
OTHER DENTAL COVERAGE _ (X FOR YES)       CHDP                _ (X FOR YES)

BUSINESS NAME AND ADDRESS      00000000000
PROVIDER NAME                   BIC ISSUE DATE: _____

ADDRESS
CITY          CA 00000-0000          EVC #: _____

TO SURF  LN DESCRIPTION-OF-SVC  DATE-PER  QTY  PROC  FEE  ALLOW  ADJ-C  PROVID
15       01 ROOT CANAL-MOLAR    _____ 01  D3330 330.00 330.00 _____

DATE PROSTHESIS ORDERED : _____ TOTAL FEE CHARGED           330.00
PROSTHESIS LINE ITEM   : _ _ _ _ _ TOTAL ALLOWANCE           330.00
                                PATIENT SHARE-OF-COST AMT. _____
                                OTHER COVERAGE AMT. _____
COMMENTS:                   DATE BILLED _____
PAYMENT REQUEST MUST HAVE RENDERING PROV ID
** PLEASE NOTE: THIS BENEFICIARY MAY ONLY BE ELIGIBLE
UNDER A PHP, MCP, GMC, HMO OR DMC WHICH INCLUDES DENTAL.
PLEASE VERIFY ELIGIBILITY PRIOR TO RENDERING SERVICES.

                                X _____
                                SIGNATURE           DATE

NOTE: PLEASE REFER TO THIS NBR (00000000000) ON ALL YOUR COMMUNICATIONS, WITH
DENTI-CAL, INCLUDING ELECTRONIC TRANSACTIONS CONCERNING THIS DOCUMENT.
    
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If radiographs or documentation are required, they should be sent with the NOA. They should not be sent with an EDI label, unless the provider is able to respond to NOAs electronically.

CP-O-959-P Provider/Service Office Document Rejections

Identifies rejected EDI transactions and determines whether correction and resubmission are required.

REPORT ID:	CP-O-959-P	DENTI-CAL	RUN ON:	09/06/13
PERIOD ENDING:	09/06/13	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB969BS	... DOCUMENT REJECTIONS		

PROV/SVC OR NPI	PROVIDER DCN	RECIPIENT LAST	NAME FIRST	D T	SSN/CIN OR MEDS	BASE DCN	RSN CD
0000000000	0000000000	LAST	FIRST	C			I
0000000000	0000000000	LAST	FIRST	C			I

PROVIDER/SERVICE OFC TOTALS

A - INVALID PROV/SVC OFC	:	0
B - INVALID C/H	:	0
C - INVALID PROV/CH	:	0
D - BATCH REJECTED	:	0
E - RECORD COUNTS MISMATCH	:	0
F - INVALID PROVIDER NAME	:	0
G - DUPLICATE DOCUMENTS	:	0
H - SECOND NOA ISSUED	:	0
I - INVALID RETURN DCN	:	2
J - SUB/PROV/SITE MISMATCH	:	0
K - CLM OVR 90 LINES - 4010:	:	0
L - USE CIN OR BIC-NOT SSN	:	0
M - FILE VERSION NOT AUTH	:	0
N - PDCN REQUIRED	:	0
P - CLM OVR 50 LINES - 5010:	:	0
TOTAL REJECTIONS	:	2

DESCRIPTION OF REJECTION CODES - See "RSN CD" (Reason Code)

A	INVALID PROV/SVC OFC:	Invalid provider number was entered or provider is not enrolled to submit electronically to Denti-Cal.
B	INVALID C/H:	The four-digit clearinghouse number entered is invalid. Verify correct number with vendor and/or clearinghouse.
C	INVALID PROV/CH:	Provider/clearinghouse information entered is invalid. Verify correct provider/clearinghouse ID number with vendor.
D	BATCH REJECTED:	Entire batch of claims rejected due to file information received. EDI Support Group to contact provider and/or vendor.
E	RECORD COUNT MISMATCH:	Record count is invalid. EDI Support Group to contact provider and/or vendor.
F	INVALID PROVIDER NAME:	Provider name does not match enrollment information. EDI Support to contact provider and/or vendor.
G	DUPLICATE DOCUMENTS:	Claim was already submitted today.
H	SECOND NOA ISSUED:	EDI Support to contact provider and/or vendor.
I	INVALID RETURN DCN:	Claim was previously sent electronically on a different day than the date of this report and/or the Provider Document Control Number (PDCN) has been used previously.
J	SUB/PROV/SITE MISMATCH:	Enrollment information and data being sent do not match. Verify submitter, provider and site ID numbers are correct and that enrollment information provided to Denti-Cal is correct.
K	CLM OVR 90 LINES - 4010:	Claim submitted exceeds the maximum number of 90 claim lines. Split claim into two claims and resubmit electronically.
L	USE CIN OR BIC-NOT SSN:	SSN cannot be submitted on a document. Resubmit with beneficiary's CIN or BIC.
M	FILE VERSION NOT AUTH:	Inbound EDI transactions received in a format that is not authorized.
N	PDCN REQUIRED:	The transaction has been submitted without a PDCN.
P	CLM OVR 50 LINES - 5010:	Claim submitted exceeds the maximum number of 50 claim lines. Split claim into two claims and resubmit electronically.

MAILING ADDRESSES & CONTACT INFORMATION:

TO MAIL:	SEND TO:	NOTES:
EDI RADIOGRAPHS and/or ATTACHMENTS	Denti-Cal California Medi-Cal Dental Program EDI Processing P.O. Box 13860 Sacramento, CA 95853-4860	Use EDI labels affixed to red-bordered envelopes when requested on EDI report CP-O-971-P.
RETURNING PAPER NOAs TO RECEIVE PAYMENT	Denti-Cal California Medi-Cal Dental Program P.O. Box 15609 Sacramento, CA 95852-0609	Use white mailing envelopes without EDI labels/ red bordered envelopes. Please do not submit a new claim for payment.
RETURNING PAPER RTDs	Denti-Cal California Medi-Cal Dental Program P.O. Box 15609 Sacramento, CA 95852-0609	Use white mailing envelopes without EDI labels/ red bordered envelopes.
EDI ENROLLMENT MATERIALS & MAIL TO EDI SUPPORT DEPT.	Denti-Cal California Medi-Cal Dental Program EDI Support (MS C210) 11155 International Drive Rancho Cordova, CA 95670	or send E-mail inquiries to: denti-caledi@delta.org
FORMS REORDER REQUEST FORMS	Denti-Cal Forms Reorder 11155 International Drive (MS C25) Rancho Cordova, CA 95670	or FAX to: (877) 401-7534

DIGITIZED IMAGING VENDORS:

For information about transmitting digitized radiographs and/or attachments contact:

- National Electronic Attachment (NEA)
Call (800) 782-5150, www.nea-fast.com
- National Information Services (NIS)
Call (800) 734-5561, www.nationalinfo.com
- Tesia Clearinghouse, LLC
Call (800) 724-7240, www.tesia.com

NEED HELP?



For questions about EDI, providers should call (916) 853-7373 and ask for EDI Support, or send an email to denti-caledi@delta.org.



For questions about a particular EDI claim, providers should contact the Denti-Cal Telephone Service Center at (800) 423-0507.

FORMS REORDER REQUEST

To Be Used Only To Reorder Forms For Use In The CALIFORNIA MEDI-CAL DENTAL PROGRAM

BILLING PROVIDER NAME		NPI/BILLING NUMBER	
<input type="text"/>		<input type="text"/>	
MAILING ADDRESS		TELEPHONE NUMBER	
<input type="text"/>		<input type="text"/>	
CITY	STATE	ZIP CODE	
<input type="text"/>	CA	<input type="text"/>	

FAX FORMS REORDER REQUEST TO: (877) 401-7534

OR MAIL TO:
 Denti-Cal Forms Reorder
 11155 International Dr.
 MS C210
 Rancho Cordova, CA 95670

TREATMENT AUTHORIZATION REQUEST (TAR)/CLAIM FORMS and Envelopes	DC-202 (no carbon required)	DC-209 (continuous pin-fed form)	DC-217 (for laser printers)
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DC-206 (for TAR/Claims)	DC-214A (large X-ray envelopes)	DC-214B (small X-ray envelopes)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Miscellaneous Inventory	DC-003 Claim Inquiry Form (CIF)	DC-007 (CIFs and Correspondence envelopes)	DC-016 HLD Index	DC-054 Justification of Need for Prosthesis
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDI Supplies

EDI X-Ray Envelopes (Order a supply of all three envelopes)	DC-014E (large X-ray envelopes for EDI)	DC-014F (small X-ray envelopes for EDI)	DC-006C (large mailing envelopes for multiple X-ray envelopes)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Item Number	Description	Select Quantity
EDI Labels (Order <u>one</u> type)	<input checked="" type="radio"/> DC-018A	3-up laser (12 labels per sheet). Select label type: <input checked="" type="radio"/> A. Blank labels <input type="radio"/> B. Partially preprinted (name & address will be imprinted)*	<input type="radio"/> 50 sheets <input type="radio"/> 100 sheets
	<input checked="" type="radio"/> DC-018B	1-up continuous labels (4 labels per sheet)	<input type="radio"/> 500 sheets <input type="radio"/> 1000 sheets
	<input checked="" type="radio"/> DC-018C	3-up continuous labels (12 labels per sheet)	<input type="radio"/> 250 sheets <input type="radio"/> 500 sheets