

Bulletin

August 2018
Volume 34, Number 16

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Training Seminars

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

Seminar - Livermore (D726)
Basic & EDI - August 2, 2018
12:30pm - 4:30pm

Seminar - Livermore (D727)
Advanced - August 3, 2018
8:00am - 12:00pm

Webinar (D728)
Basic & EDI - August 10, 2018
8:30am - 12:30pm

Seminar - San Bernardino (D729)
Basic & EDI - August 15, 2018
8:30am - 12:30pm

Seminar - San Bernardino (D730)
Advanced - August 16, 2018
8:00am - 12:00pm

Webinar (D731)
Basic & EDI - August 23, 2018
12:00pm - 4:00pm

Webinar (D732)
Basic & EDI - August 28, 2018
8:30am - 12:30pm

Provider Enrollment Assistance Line

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

Available every Wednesday
8am - 4pm

Revised Article Are You Sending Your Forms and Correspondence to the Correct Denti-Cal Post Office (PO) Box?

Note: This article originally appeared in Provider Bulletin Volume 33, Number 2. This is a corrected bulletin when sending forms and correspondence to Denti-Cal.

To facilitate and expedite document processing, Denti-Cal would like to remind providers to send forms and correspondence to the correct PO Box. The list below identifies the different PO Boxes and their intended use:

Send	To PO Box Address
First Level Appeals/State Hearing	PO BOX 13898 Sacramento, CA 95853-4898
Beneficiary Correspondence	PO BOX 15539 Sacramento, CA 95852-1539
Provider Correspondence/Enrollment Forms/ CIF, NOA, RTD Submissions	PO BOX 15609 Sacramento, CA 95852-0609
TAR/Claim Submissions	PO BOX 15610 Sacramento, CA 95852-0610
EDI Envelopes	PO BOX 13860 Sacramento, CA 95853-4860
Conlan Correspondence	PO BOX 526026 Sacramento, CA 95852-6026

Please note that PO BOX 13189 was a separate address for Dental Scope/State Hearing correspondence but PO Box 13189 is no longer in use. Please send **all** State Hearing correspondence to PO BOX 13898 as noted above.

For more information about mail, forms or correspondence, please contact the Telephone Service Center at (800) 423-0507 or refer to page 2-5 in the Provider Handbook.

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Sign-Up for the Denti-Cal Provider E-Mail List

Registration is quick and easy! Sign-up for the Denti-Cal Fee-For-Service Provider e-mail distribution list and receive the latest Medi-Cal Dental Program updates and announcements straight to your inbox. To subscribe to the Denti-Cal Provider e-mail list, please visit https://www.denti-cal.ca.gov/Dental_Providers/Denti-Cal/Provider_Email_List_Sign_Up/ and complete the online form. **After submitting the form, you will be sent an e-mail requesting authorization to be added to the e-mail list.** Once you have confirmed your subscription, you will begin receiving regular communications about the Medi-Cal Dental Program.

If you have questions about signing-up for the Denti-Cal Provider e-mail list, please call the Telephone Service Center at (800)-423-0507.

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.

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NEED MORE INFORMATION?

Provider Enrollment Workshops

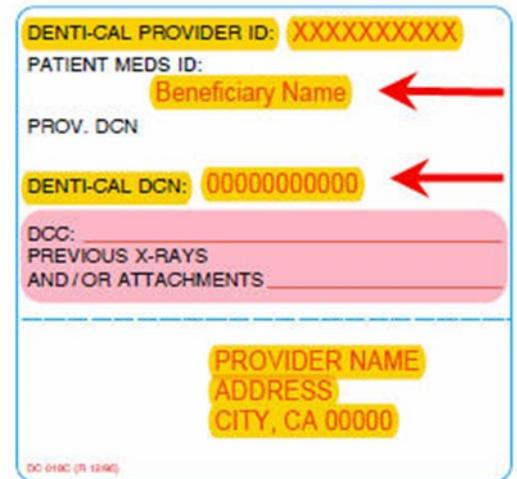


Are you a dental provider who is interested in joining the Denti-Cal program but don't know where to start? Do you have questions about the Denti-Cal enrollment process? Then please drop-in anytime during the hours scheduled below to attend one of our enrollment workshops! Registration is preferred,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

Date/Time:	Location:	County:
Thursday, August 9, 2018 8:00 AM - 4:00 PM Register Now!	DoubleTree by Hilton Hotel Los Angeles - Norwalk 13111 Sycamore Drive Los Angeles, CA 90650	Los Angeles
Wednesday, August 22, 2018 8:00 AM - 4:00 PM Register Now!	Hilton Irvine/Orange County Airport 18800 Macarthur Blvd Irvine, CA 92612	Orange

Preparing and Using Labels & Envelopes

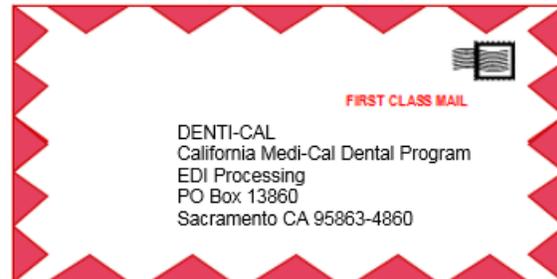
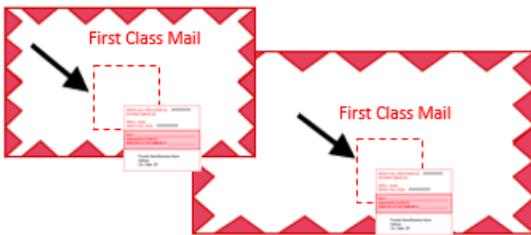
Denti-Cal would also like to advise providers to make use of the EDI labels and red-bordered x-ray envelopes when responding to x-rays/attachment requests for documents listed on the report titled “Provider/Service Office X-Ray/Attachment Request.” Many offices use partially preprinted labels that can 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 beneficiary’s first and last name should be written below “Patient MEDS ID”**. Also, **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 MEDS ID, Beneficiary Identification Card or Client Identification Number, and the Provider Document Control Number (PDCN), may be included but is not mandatory.

EDI labels should be affixed to a small or large red-bordered x-ray envelope, placed inside the outlined box:

Several EDI x-ray envelopes can be inserted into the largest pre-addressed EDI mailing envelope:



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 DentalXChange, National Electronic Attachment, Inc. National Information Services, or Tesia Clearinghouse, LLC web sites:

<p>Images that <u>CAN</u> be Transmitted:</p> <p>Documentation related to claims and TARs to be submitted <i>electronically</i>:</p> <ul style="list-style-type: none"> • Radiographs • Justification of Need for Prosthesis Forms (DC054) • Photos • Narrative documentation (surgical reports, etc.) 	<p>Images that <u>CANNOT</u> be Transmitted:</p> <ul style="list-style-type: none"> • Any documentation related to claims and TARs submitted on paper. • Claim Inquiry Forms (CIFs)* • Resubmission Turnaround Documents (RTDs) issued for paper or EDI documents • Notices of Authorization (NOAs) issued for paper or EDI documents
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*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. If supported by the vendor, providers have the option of submitting the electronic NOA electronically or submitting it by mail for payment.

For questions or information on how to enroll to submit electronically, please contact the Telephone Service Center 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](#).

Reminders for Document and Radiograph Submissions

To increase efficiency, Denti-Cal implemented new document scanning technology for documents and radiographs. The following reminders and recommendations are designed to aid providers in submitting documentation that will take full advantage of the technology and expedite processing.

Note: Denti-Cal does not return conventional or paper copies of radiographs/photographs.

Helpful Hints for Radiographs/Photographs

1. All radiographs/photographs **must include** the following on each image or page:
 - a. Beneficiary name,
 - b. Date the radiograph was taken, and
 - c. Orientation (right/left or individual tooth numbers).
2. Please do not write any required information on the backside of any images or attachments. The scanners only capture information written on the front of the attachments.
3. When submitting radiographs using plastic sleeve mounts, please ensure:
 - a. There is only **one** radiograph per sleeve.
 - b. The plastic sleeves are clean.
 - c. The label with the required information is only placed on the front side of the mount.
3. **Please mount all radiographs.**
4. When submitting claims for multiple patients in one envelope, ensure that the radiographs/photographs for the respective patient are stapled to the associated claim/TAR.
5. Use only one staple in upper right or left corner of the claim/TAR to attach radiographs or paper copies.
6. **Do not** submit original radiographs/photographs. Original radiographs/photographs are part of the patient’s clinical record and must be retained by the provider at all times.

Recommendations for Printing Radiographs/Photographs

1. Digital or paper copies of radiographs/photographs must be larger than 2 inches by 3.5 inches (about the size of a business card). Do not enlarge radiographs.
2. Use white copier paper that is 20lb or heavier to submit paper copies of radiographs/photographs. Images printed on thinner paper (i.e., less than 20lb) tend not to be of optimum quality and may lead to denials based on non-diagnostic radiographs/photographs. Do not print images directly on to the claim/TAR form.
3. Do not use glossy or photo paper.
4. Do not fold the radiographs/photographs.
5. Radiographs should not exceed four (4) pages.

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Reminders and Tips for Documents

1. Leave fields 36 (“Patient Share of Cost Amount”) and 37 (“Other Coverage Amount”) blank if there are no share of cost or other coverage amounts. If there is other coverage, mark field 13 (“Other Dental Coverage?”) and enter the amount in field 37.
2. Make sure printers have sufficient toner/ink to produce dark, legible print. Documents submitted with print that is too light and/or illegible will not be processed.
3. If it is necessary to punch holes in a document for record retention, take care not to punch through important information such as the Base Document Control Number (DCN) found at the top of a Notice of Authorization (NOA).
4. On Claim forms, complete all claim service lines (fields 26 through 33). Incomplete lines will delay claim processing and payments.
5. All printed characters need to stay within field boundaries, regardless if using a printer or filling out a document by hand.
6. Use a laser printer for best results. If handwritten documents must be submitted, use neat block letters and blue or black ink.
7. Font should be large enough to be read easily (i.e. Arial 11).
8. All Denti-Cal forms, such as claims/TARs/NOAs/Resubmission Turnaround Documents (RTDs)/Claim Inquiry Forms (CIFs), require a live signature from the provider or authorized staff member in blue or black ink. Rubber stamps or “signature on file” cannot be accepted.