



Provider Bulletin

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THIS ISSUE

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Reduce Resubmission Turnaround Documents (RTDs) and Improve Treatment Authorization Request (TAR) and Claims Processing Times

Medi-Cal Dental is currently receiving a significant volume of incomplete document submissions. This issue slows down processing times and necessitates the return of the document to the provider via a Resubmission Turnaround Document (RTD), leading to delays in TAR processing, claims processing, and payment. To avoid these delays and ensure the most prompt processing and payment of claims, it is crucial to provide all required claim fields like the correct National Provider Identifier (NPI) number, Member information, date(s) of service, and supporting documentation.

Below are a few of the most common reasons you could receive an RTD and how to respond:

- **Code 03:** “Verify Birthdate: Month/Day/Year”—On the RTD, you will need to fill out the Member birthdate in the MM/DD/YYYY format. Common errors to look out for and correct include, but are not limited to, incorrect birth year and entering the incorrect date of birth (e.g., February 05, 1970, is incorrectly entered as 05/02/1970 or 02/05/1971).

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- **Code 09:** “Verify Patient Name” —On the RTD, you will need to ensure that the Member’s name matches exactly what is in our system and the Member’s Medi-Cal ID. Common errors include, but are not limited to, misspelling names or missing patient names (e.g., Maria Martinez-Gomez is incorrectly entered as Martha Martinez or Maria Gomez Martinez).
- **Code 99:** “Submit Provider, Member, Procedure Code Information and Documentation, including X-rays and Attachments”—This error indicates the original documentation is missing one or several pieces of information for processing like radiographs, incorrect procedure documentation, or required attachments (e.g., form DC-054 Justification of Need for Prosthesis). If you receive this error code, you will need to review the document and ensure all information is correct and documentation is included in your resubmission.

NOTE: While you may receive a specific code, there may be more than one error in your claim. It is important to ensure the claim or TAR has complete and accurate information before submitting.

Once all corrections have been made, mail back the corrected RTD to Medi-Cal Dental. Please address all resubmissions to:

Medi-Cal Dental
California Medi-Cal Dental
PO Box 15609
Sacramento, CA 95852-0609

You can find details and further information regarding RTDs in [Section 6 of the Provider Handbook](#). Additionally, you can find a list of all RTD codes in [Section 7 of the Provider Handbook](#).