

Provider Bulletin

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THIS ISSUE

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NOA Resubmission Instructions from Former Electronic Data Interchange (EDI) Change Healthcare (CHC)

Medi-Cal Dental would like to provide information to assist providers on the resubmission of Notice of Authorizations (NOAs) and/or claims that were impacted by the electronic data interchange (EDI) <u>outage for the Change Healthcare (CHC)</u> <u>clearinghouse</u> in February 2024. Any NOAs and/or claims that were rejected per the CHC outage must be resubmitted by **June 30, 2025** for processing. After this date no exception will be made for NOAs and/or claims effected by this outage. NOAs and/or claims will still be subject to the member eligibility, and criteria. Please refer to the <u>Provider Handbook, Section 2 -</u> <u>Program Overview</u> for additional information. Please include an explanation with the resubmission of NOAs and/or claims.

How can providers determine if there are any outstanding NOAs and/or claims?

You can reference the **CP-O-973-P - Provider/Service Office Daily EDI Documents Received Today**. This report lists all accepted EDI documents received on the date displayed as "Period Ending:" prior to the daily cutoff time. It serves as a cross-reference between the Medi-Cal Dental Document Control

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Number (DCN) and the Provider Document Control Number (PDCN). The report provides confirmation of received claims, Treatment Authorization Requests (TARs), Notice of Authorizations (NOAs) and Adjustments.

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

How can providers resubmit rejected NOAs and claims for processing?

You can resubmit NOAs and/or claims by paper submission to the following address:

Medi-Cal Dental P.O. Box 15610 Sacramento, CA 95852-0610

If you have changed clearinghouse partners, you can contact your clearinghouse partner to determine if they have the capability to adjust the Provider Document Control Number (PDCN) to match the original PDCN from the NOA submission.

The following information **must** apply or be included:

The original Treatment Authorization Request (TAR) must have been submitted electronically.

- The PDCNs must match the original NOA and/or claim submission.
- The DCN assigned by Medi-Cal Dental must be included.
- All information on the original submission must match.
- The date of service (DOS) and the rendering Provider ID must be indicated on the NOA and/or claim.
- The Provider must include an explanation with the resubmission of NOAs and/or claims.

NOTE: If the request was originally submitted by paper, the NOAs must be returned by mail regardless of your EDI enrollment status. If your clearinghouse partner does not allow you to change/correct the PDCN, the NOA and/or claim must be returned by mail.

Will this delay or effect payment?

A completed NOA and/or claim is required to be submitted to Medi-Cal Dental when

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member treatment is complete. See <u>Section 2</u> of the Provider Handbook for more information on this process, which includes time limitations on billing for services. If the NOAs and/or claims are being resubmitted beyond normal submission timeframes and provider would like to request for an exemption, please include an explanation with the resubmission of NOAs and/or claims.

Note: Authorization does not guarantee payment. Payment is subject to the normal submission timeframe, member eligibility at the time service is rendered, and criteria.

Additional Resources for Reference:

EDI How-To Guide

Provider Bulletin Volume 40 Number 11: Update: Change Healthcare Outage

Provider Bulletin Volume 40 Number 22: Notice: Potential NOA payment Impacts For Henry Schein One Consumers Using DentalXChange Service

For questions and support, please contact the Medi-Cal Dental Telephone Service Center at (800) 423-0507 from 8:00 a.m. to 5:00 p.m. Monday through Friday. EDI-related questions can also be emailed to Medi-CalDentalEDI@gainwelltechnologies.com.