

# HOW-TO GUIDE

EDI

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## **Welcome to Medi-Cal Dental Program's Electronic Data Interchange Program!**

This How-To Guide is designed to answer questions providers may have about submitting claims electronically. The Medi-Cal Dental Program's Electronic Data Interchange (EDI) program is an efficient alternative to sending paper claims. It will provide more efficient tracking of the Medi-Cal Dental Program 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 Medi-Cal Dental Program 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 Medi-Cal Dental Program Web site ([www.Dental.DHCS.ca.gov](http://www.Dental.DHCS.ca.gov)) under EDI, located on the Providers tab.

Providers may also submit digitized images of documentation to the Medi-Cal Dental Program. 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 email to [Medi-CalDentalEDI@delta.org](mailto:Medi-CalDentalEDI@delta.org). If providers have questions about a particular EDI claim, the Telephone Service Center should be contacted toll-free at (800) 423-0507.

EDI Support  
Medi-Cal Dental Program  
Payer ID 94146

## TABLE OF CONTENTS

Revised April 2022

<b>GETTING STARTED .....</b>	<b>1</b>
Four Basic Steps .....	1
<b>EDI LABELS .....</b>	<b>3</b>
Preparing Labels .....	3
System Generated Labels .....	3
Partially Preprinted Labels.....	3
Attaching Labels to EDI X-ray Envelopes/Attachments for Mailing .....	4
Ordering EDI Labels and Envelopes.....	4
Questions about Labels .....	5
<b>SENDING DIGITIZED IMAGES OF RADIOGRAPHS &amp; ATTACHMENTS .....</b>	<b>6</b>
Change Healthcare.....	6
Electronic Vendor and Document Specifications .....	6
DentalXChange Users .....	6
NEA Users.....	6
NIS Users .....	6
Tesia Users .....	6
<b>RESUBMISSION TURNAROUND DOCUMENTS (RTDs) &amp; NOTICES OF AUTHORIZATION (NOAs).....</b>	<b>7</b>
<b>CLAIM INQUIRY FORMS (CIFs).....</b>	<b>7</b>
<b>GENERAL INFORMATION (Questions &amp; Answers) .....</b>	<b>8</b>
<b>PROCESSING TIPS .....</b>	<b>9</b>
<b>REPORTS .....</b>	<b>10</b>
CP-O-973-P     Provider/Service Office Daily EDI Documents Received Today .....	11
CP-O-971-P     Provider/Service Office X-Ray/Attachment Request.....	12
CP-O-971-P2    X-Ray/Attachment Labels.....	13
CP-O-978-P     Provider/Service Office Daily EDI Documents Waiting Return Information > (greater than) 7 Days .....	14
CP-O-RTD-P     Notice of Resubmission (Resubmission Turnaround Document) .....	15
CP-O-NOA-P     Notice of Authorization .....	16
CP-O-959-P     Provider/Service Office Document Rejections .....	17
HTML Error Report of Rejected Transactions.....	18
<b>MAILING ADDRESSES &amp; CONTACT INFORMATION.....</b>	<b>19</b>
<b>NEED HELP?? (Phone Numbers) .....</b>	<b>19</b>
<b>DIGITIZED IMAGING VENDORS.....</b>	<b>19</b>
<b>FORMS REORDER REQUEST .....</b>	<b>20</b>

## 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 Medi-Cal EDI system either directly or through a clearinghouse, data format testing has been successfully completed, and the Medi-Cal Dental Program's EDI Support Department has confirmed enrollment in the Electronic Data Interchange (EDI) Program.

Refer to the following pages for more detailed instructions.

### 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 and files returned from the Medi-Cal Dental Program
4. Prepare and mail EDI labels - only for claims and TARs that require radiographs or attachments. (If providers submit radiographs/attachments digitally, see page 6.)

#### 1. **ENTER CLAIM INFORMATION**

The software vendor will advise providers how to enter the Medi-Cal Dental Program 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 the Medi-Cal Dental Program 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 the Medi-Cal Dental Program.

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

#### 2. **TRANSMIT DATA**

The vendor will advise providers how to transmit claim information to the Medi-Cal Dental Program. 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 AND FILES**

The vendor will also advise providers how to retrieve any reports and files (including labels, if applicable) that may be available. It is important for providers to compare their list of transmitted claims to the Medi-Cal Dental Program'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 10.**

The Medi-Cal Dental Program will acknowledge all received transactions with an ASC X12 999 transaction, Acknowledgment for Health Care Insurance. The ASC X12 999 transaction provides confirmation that the Medi-Cal Dental Program received the submitted transaction file and communicates:

- which transactions were received without errors and therefore accepted for processing, and
- which transactions contained structural or syntactical errors based on the X12 837D, version 5010, Implementation Guide and therefore were rejected. If any transactions are rejected, the Medi-Cal Dental Program will also provide an HTML Error Report describing the reason(s) for rejection. An example of this Error Report is located in the "Reports" section (page 18) of this document.

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 the Medi-Cal Dental Program receives radiographs and/or required documentation. Providers who use partially preprinted labels will need to write the Base DCN (also referred to as the Medi-Cal Dental Program Document Control Number) from this report onto the EDI label before mailing radiographs and/or attachments to the Medi-Cal Dental Program. Refer to EDI Labels (pages 3 through 5) and CP-O-971-P report (page 12).

\* **Note:** This step is not needed if submitting radiographs and images digitally and the digitized image reference numbers are received by the Medi-Cal Dental Program 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 the Medi-Cal Dental Program receives digitized images. Refer to "Sending Digitized Images of Radiographs & Attachments" on page 6.

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.

The Medi-Cal Dental Program issues a report (CP-O-973-P: "Provider/Service Office Daily EDI Documents Received Today" (see report on page 11) 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 12) issued the same day. The Medi-Cal Dental Program 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 20, 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.

BILLING NPI: XXXXXXXXXX PATIENT MEDS ID: MEMBER NAME  PROV. DCN: BASE DCN: XXXXXXXXXXXX
<b>MEDI-CAL DENTAL USE ONLY</b>
Provider Name/Business Name Street Address City, State, ZIP

#### Partially Preprinted Labels:

These labels (DC-018A in the partially preprinted format) will the provider's Billing National Provider Identifier (NPI) listed as the "Billing NPI" and the provider's name and address already imprinted. They will look like the label shown at the right (without the Member Name or Base DCN).

BILLING NPI: XXXXXXXXXX PATIENT MEDS ID: MEMBER NAME ←  PROV. DCN: BASE DCN: XXXXXXXXXXXX ←
<b>MEDI-CAL DENTAL USE ONLY</b>
Provider Name/Business Name Street Address City, State, ZIP

If this type of label is used, the Base DCN must be handwritten onto the label next to "Base DCN". The eleven-digit Medi-Cal Dental 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 12 of the "Reports" section. To order this label, Item Number DC-018A, B Partially preprinted (NPI, name & address will be imprinted) should be checked.

**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 the Medi-Cal Dental Program.

*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) Provider’s “Billing NPI”
- 2) Member first and last name below “PATIENT MEDS ID”
- 3) Medi-Cal Dental DCN, also referred to as the “BASE DCN”
- 4) Provider’s name and return address

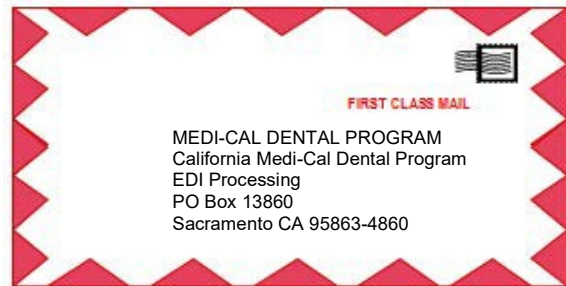
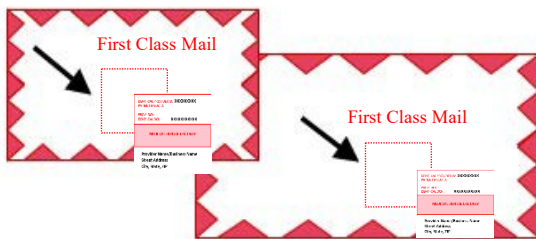
EDI labels without these items cannot be processed and must be returned for completion. Other information may be included but is not mandatory. The pink area is only used by the Medi-Cal Dental Program during processing.

BILLING NPI: XXXXXXXXX PATIENT MEDS ID: MEMBER NAME	① ②
PROV. DCN: BASE DCN: XXXXXXXXXXXX	③
<b>MEDI-CAL DENTAL USE ONLY</b>	
Provider Name/Business Name Street 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-006C):



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 20). Providers may either fax this form to (877) 401-7534 or mail it to:

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

## **QUESTIONS ABOUT LABELS**

- 1) 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. Only one EDI should be affixed to the "First Class Mail" side of an envelope.

- 2) 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 Medi-Cal Dental Program 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).

- 3) 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.

- 4) 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 Medi-Cal Dental Program requests documentation by issuing an RTD. If supporting documentation is needed to process the procedure the provider submitted, Medi-Cal Dental Program 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.

- 5) 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, the Medi-Cal Dental Program accepts digitized images submitted through electronic attachment vendors: Change Healthcare, DentalXChange, 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: Medi-CalDentalEDI@delta.org).

Digitized radiographs, photographs, 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 Change Healthcare, DentalXChange, NEA, NIS or Tesia Clearinghouse, LLC Websites.

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

## ELECTRONIC VENDOR AND DOCUMENT SPECIFICATIONS

**Change Healthcare Users:** Create the claim or TAR before transmitting a document electronically. Upload any radiographs/photographs and attachments associated with the claim or TAR being submitted. Each attachment must include the date the images were created. For additional information, providers can contact their practice management system vendor, or visit Change Healthcare’s ON24/7 support portal at <https://client-support.changehealthcare.com> and open an ON24/7 service request on their website.

**DentalXChange Users:** 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 call DentalXChange at (800) 576-6412 ext. 455 or visit <http://www.DentalXChange.com/provider/claimconnect/AttachmentPage>.

**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](http://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 the Medi-Cal Dental Program’s Justification of Need for Prosthesis Form (DC054), photos, etc. The date images were created should be entered in the notes for each attachment. For additional information, providers can call (800) 734-5561, select option #1, and option #1 again.

**Tesia Clearinghouse, LLC Users:** 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](http://www.tesia.com) or call (800) 724- 7240.

## **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 the Medi-Cal Dental Program 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 the Medi-Cal Dental Program 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 the Medi-Cal Dental Program with any necessary documentation attached. RTDs should be returned promptly. Documents will be denied if no response to the RTD is received within 45 calendar 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 the Medi-Cal Dental Program.

Samples of EDI RTDs and NOAs are shown on pages 15 and 16.

Printed RTDs and NOAs should be completed and signed in blue ink and mailed to the Medi-Cal Dental Program 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 the standard Medi-Cal Dental Program form should be used rather than a CIF. (EDI attachments should only be submitted if requested by the Medi-Cal Dental Program 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 the Medi-Cal Dental Program, 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)**

- 1) 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 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 the Medi-Cal Dental Program by 6:00 p.m. PST will have access to their reports the following working day.
  
- 2) Q. Can orthodontic treatment be submitted electronically?
  - A. Only diagnostic services associated with orthodontic treatment can be submitted electronically. Orthodontic treatment plans must be submitted by mail.
  
- 3) 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 the Medi-Cal Dental Program, 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.
  
- 4) 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 the Medi-Cal Dental Program for further processing.
  
- 5) Q. What is the Medi-Cal Dental Program's Payer ID?
  - A. Medi-Cal Dental Program's Payer ID number is 94146.

## **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 Medi-Cal Dental Program 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: 1900918XXXX). Note that the first five digits of a Base DCN indicate the Julian date that the Medi-Cal Dental Program initially received the document. (Using the same Base DCN 1900918XXXX, 19 = 2019 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 Medi-Cal Dental Program Web site ([www.Dental.DHCS.ca.gov](http://www.Dental.DHCS.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 the Medi-Cal Dental Program.
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 the Medi-Cal Dental Program.
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 the Medi-Cal Dental Program 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 6.)

## 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 the Medi-Cal Dental Program 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
HTML Error Report	Error Report of Rejected Transactions

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 until such time as the provider requests to stop receiving the paper EOBs.

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

- confirm the Medi-Cal Dental Program’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 the Medi-Cal Dental Program.

### 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 the Medi-Cal Dental Program'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 the Medi-Cal Dental Program, and if the provider's system is capable of responding to them electronically, NOAs are also received by the Medi-Cal Dental Program.

REPORT ID:	CP-O-973-P	MEDI-CAL DENTAL	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	<b>DOC TYPE: C</b>	SUBMITTED FEE:	100.00	
0000000000	000000000000000000	000000000000	LAST	FIRST	0000000000
MEDI CAL NBR:	0000000000000000	<b>DOC TYPE: T</b>	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 Medi-Cal Dental Program 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 the mailed. Documents submitted with digitized images should not appear on this report.

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

REPORT ID: CP-O-971-P	MEDI-CAL DENTAL	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 **MEMBER'S FIRST AND LAST NAME** below "PATIENT MEDS ID" and "**BASE DCN**" from the report shown above onto the EDI label, next to "Base DCN." (The Base DCN is the Medi-Cal Dental DCN.)

The pink shaded area of the label is for the Medi-Cal Dental Program use only.

BILLING NPI: XXXXXXXXX	←
PATIENT MEDS ID: MEMBER NAME	←
PROV. DCN:	
BASE DCN: XXXXXXXXXXXX	←
<b>MEDI-CAL DENTAL USE ONLY</b>	
<b>Provider Name/Business Name</b> <b>Street Address</b> <b>City, State, ZIP</b>	

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 14

**CP-O-971-P2: XRAY/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.

```

REPORT ID:      CP-O-971-P2   X-RAY/ATTACHMENT LABELS   FOR: 05/11/19
PERIOD ENDING: 05/11/19

                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX
                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX
LAST, FIRST    LAST, FIRST    LAST, FIRST
                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX
                XXXXXXXXXXXX                XXXXXXXXXXXX                XXXXXXXXXXXX

PROVIDER NAME  PROVIDER NAME  PROVIDER NAME
ADDRESS        ADDRESS        ADDRESS
CITY, CA XXXXX CITY, CA XXXXX CITY, CA XXXXX
    
```

Refer to "EDI Labels" starting on page 3.

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 12) 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 the Medi-Cal Dental Program receives the required information.

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

PROV/SVC OR NPI	ISSUE DATE	DAYS SNCE	SSN/CIN/ OR MEDS	MEDI-CAL NUMBER	RECIPIENT LAST	NAME FIRST	TYPE OF REQUEST
0000000000	06/10/13	22	0000000000	0000-0000000000	LAST	FIRST	<b>XRAY/ATTCH</b>
PROV DCN: 000000000000-0000				BASE DCN: 000000000000	DOC TYPE: T	SUB AMT: 380.00	
0000000000	06/10/13	22	0000000000	0000-0000000000	LAST	FIRST	<b>XRAY/ATTCH</b>
PROV DCN: 000000000000-0000				BASE DCN: 000000000000	DOC TYPE: C	SUB AMT: 162.00	
0000000000	06/24/13	08	0000000000	0000-0000000000	LAST	FIRST	<b>ADDIT DOC</b>
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 the Medi-Cal Dental Program receives radiographs and/or attachments. (Note: An EDI label is required for each document and must include the Base DCN.)

**ADDIT DOC** indicates that the Medi-Cal Dental Program 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 calendar 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 transmit 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 Telephone Service Center at (800) 423-0507 to determine if the Medi-Cal Dental Program 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 the Medi-Cal Dental Program 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 -----
LAST NAME    FIRST NAME    MEDICAL ID NBR DENTAL REC    AMOUNT
LAST        FIRST        0000000000                BILLED    DCN
                                                    423.00    00000000000 0

INFORMATION    CLAIM
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 MEDI-CAL DENTAL ASSIGNED DCN ON ANY OTHER COMMUNICATIONS WITH
MEDI-CAL DENTAL
    
```

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 the Medi-Cal Dental Program for processing. Do not submit a new claim to receive payment for services that have been authorized.

Note: EDI NOAs can be submitted electronically for payment if the provider's system supports that functionality and their EDI enrollment reflects that option.

(CP-O-NOA-P)		NOTICE OF AUTHORIZATION		08/07/19 10:33:07		PAGE 01 OF 01			
DCN: 99999999999 3		AUTHORIZATION PERIOD		DENIED ON		08/05/19			
RE-EVALUATION IS REQUESTED <input type="checkbox"/> (X FOR YES)									
PATIENT NAME (LAST, FIRST, MI)				SEX	BIRTHDATE	MEDI-CAL-ID NO			
SIERRA (SMITH JANE				F	01/01/99	999999999			
PATIENT DENTAL RECORD NO. :				PROVIDER DOC CONTROL NUMBER: 203/263					
X-RAYS ATTACHED <input type="checkbox"/> (X FOR YES)		HOW MANY? <input type="checkbox"/>		ACCIDENT / INJURY		<input type="checkbox"/> (X FOR YES)			
OTHER ATTACHMENTS <input type="checkbox"/> (X FOR YES)				EMPLOYMENT RELATED		<input type="checkbox"/> (X FOR YES)			
OTHER DENTAL COVERAGE <input type="checkbox"/> (X FOR YES)				CHDP		<input type="checkbox"/> (X FOR YES)			
BUSINESS NAME AND ADDRESS				1111111111					
PROFESSIONAL DENTIST CORP				BIC ISSUE DATE: _____					
PROFESSIONAL DENTIST GROUP									
123 MAIN STREET				EVC #: _____					
SACRAMENTO				CA 99999-99999					
TO SURF	LN	DESCRIPTION-OF-SVC	DATE-PER	QTY	PROC	FEE	ALLOW	ADJ-C	PROVID
UR	01	SCALE&RT PLANING-QD	XX/XX/XX	01	D4341	400.00	0.00	081	_____
UL	02	SCALE&RT PLANING-QD	XX/XX/XX	01	D4341	400.00	0.00	081	_____
LL	03	SCALE&RT PLANING-QD	XX/XX/XX	01	D4341	400.00	0.00	081	_____
LR	04	SCALE&RT PLANING-QD	XX/XX/XX	01	D4341	400.00	0.00	081	_____
WHEN APPLICABLE, ALL SERVICES SUBMITTED FOR MEMBERS UNDER 21 YEARS OF AGE HAVE BEEN EVALUATED FOR EPSDT CRITERIA.									
AS OF 08/07/19, THE REMAINING BENEFICIARY DENTAL CAP BALANCE IS \$9,999.00. AUTHORIZATION DOES NOT GUARANTEE PAYMENT.									
DATE PROSTHESIS ORDERED : _____				TOTAL FEE CHARGED		1600.00			
PROSTHESIS LINE ITEM : _____				TOTAL ALLOWANCE		0.00			
				PATIENT SHARE-OF-COST AMT.		_____			
				OTHER COVERAGE AMT.		_____			
				DATE BILLED		_____			
COMMENTS:									
PAYMENT REQUEST MUST HAVE RENDERING PROV ID									
_____									
_____									
				X _____		SIGNATURE		DATE	
NOTE: PLEASE REFER TO THIS NBR (99999999999) ON ALL YOUR COMMUNICATIONS, WITH DENTI-CAL, INCLUDING ELECTRONIC TRANSACTIONS CONCERNING THIS DOCUMENT.									

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	MEDI-CAL DENTAL	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
<b>I - INVALID RETURN DCN</b>	:	<b>2</b>
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 Medi-Cal Dental.
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 Medi-Cal Dental 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.

## HTML Error Report

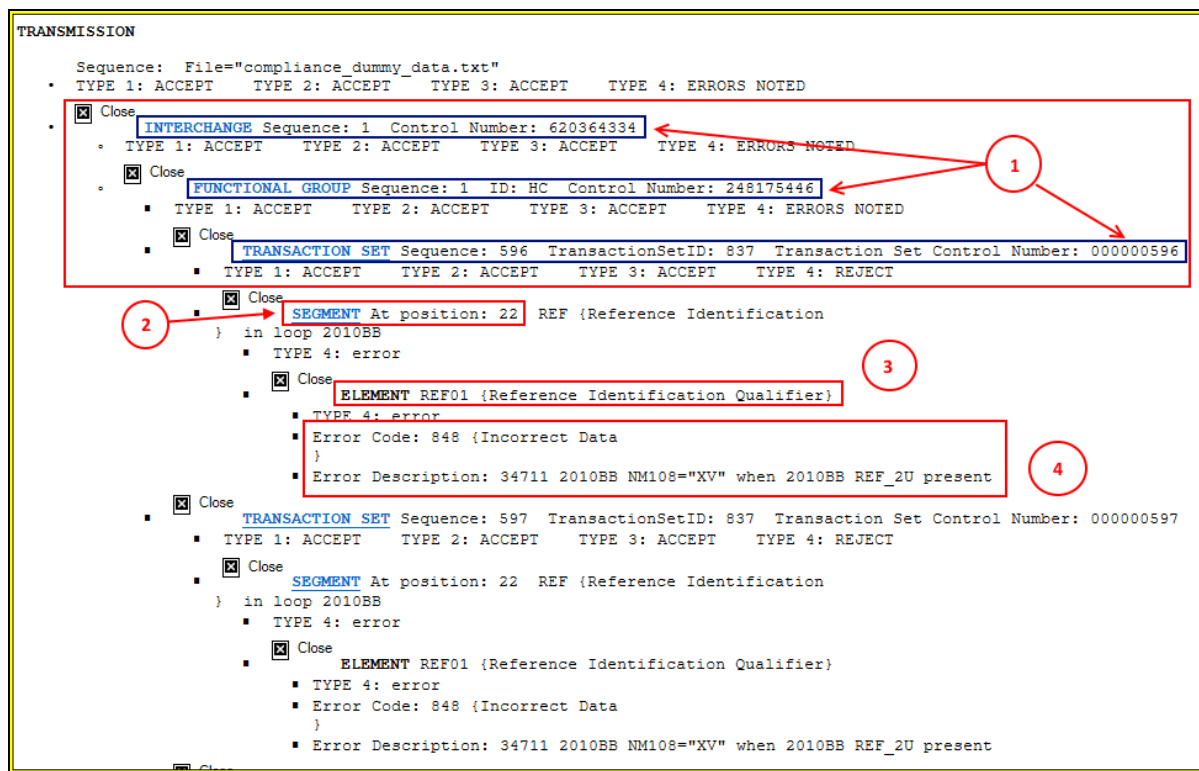
Describes the reason transaction(s) were rejected for processing. This HTML Error Report will only be generated when transactions are identified as rejected in the ASC 999 acknowledgment transaction. Providers should use this report to identify and correct submission errors. Once errors have been corrected, the transaction will need to be resubmitted for processing.

The HTML compliance issues file must be opened using a browser like Internet Explorer, Chrome or Firefox. Opening it in a text editor like Notepad makes the file harder to read as it contains scripting code as well as HTML control elements/tags.

```

TRANSMISSION
Sequence: File="compliance_dummy_data.txt"
• TYPE 1: ACCEPT TYPE 2: ACCEPT TYPE 3: ACCEPT TYPE 4: ERRORS NOTED
• [Close] INTERCHANGE Sequence: 1 Control Number: 620364334
  • TYPE 1: ACCEPT TYPE 2: ACCEPT TYPE 3: ACCEPT TYPE 4: ERRORS NOTED
  • [Close] FUNCTIONAL GROUP Sequence: 1 ID: HC Control Number: 248175446
    • TYPE 1: ACCEPT TYPE 2: ACCEPT TYPE 3: ACCEPT TYPE 4: ERRORS NOTED
    • [Close] TRANSACTION SET Sequence: 596 TransactionSetID: 837 Transaction Set Control Number: 000000596
      • TYPE 1: ACCEPT TYPE 2: ACCEPT TYPE 3: ACCEPT TYPE 4: REJECT
      • [Close] SEGMENT At position: 22 REF {Reference Identification
        } in loop 2010BB
        • TYPE 4: error
        • [Close] ELEMENT REF01 {Reference Identification Qualifier}
          • TYPE 4: error
          • Error Code: 848 {Incorrect Data
            }
          • Error Description: 34711 2010BB NM108="XV" when 2010BB REF_2U present
        • [Close] TRANSACTION SET Sequence: 597 TransactionSetID: 837 Transaction Set Control Number: 000000597
          • TYPE 1: ACCEPT TYPE 2: ACCEPT TYPE 3: ACCEPT TYPE 4: REJECT
          • [Close] SEGMENT At position: 22 REF {Reference Identification
            } in loop 2010BB
            • TYPE 4: error
            • [Close] ELEMENT REF01 {Reference Identification Qualifier}
              • TYPE 4: error
              • Error Code: 848 {Incorrect Data
                }
              • Error Description: 34711 2010BB NM108="XV" when 2010BB REF_2U present
          • [Close]
    • [Close]
  • [Close]

```



In order to identify the compliance issues in the file, the following process should be followed:

1. Identify the transaction set where the error was identified. This is done using the ISA Control Number, GS Control Number and ST Control Number as shown above.
2. Identify the position of the segment within the transaction set.
3. This step involves locating the element within the segment that has the issue.
4. Finally, the error itself is described via an Error Code and Description.

**MAILING ADDRESSES & CONTACT INFORMATION**

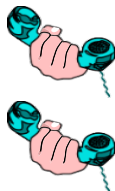
<b>TO MAIL:</b>	<b>SEND TO:</b>	<b>NOTES:</b>
<b>EDI RADIOGRAPHS and/or ATTACHMENTS</b>	California Medi-Cal Dental Program EDI Processing P.O. Box 13860 Sacramento, CA 95853-4860	Use EDI labels affixed to red-bordered envelopes when requested on EDI report CP-O-971-P.
<b>RETURNING PAPER NOAs TO RECEIVE PAYMENT</b>	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.
<b>RETURNING PAPER RTDs</b>	California Medi-Cal Dental Program P.O. Box 15609 Sacramento, CA 95852-0609	Use white mailing envelopes without EDI labels/ red bordered envelopes.
<b>EDI ENROLLMENT FORMS</b>	Medi-Cal Dental Program Provider Enrollment P.O. Box 15609 Sacramento, CA 95852-0609	For assistance call (916) 853-7373 or email: <a href="mailto:Medi-CalDentalEDI@delta.org">Medi-CalDentalEDI@delta.org</a>
<b>FORMS REORDER REQUEST FORMS</b>	Medi-Cal Dental 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:

- Change Healthcare  
ON 24/7 support portal at  
<https://client-support.changehealthcare.com>
- DentalXChange  
Call (800) 576-6412, ext. 455  
[www.DentalXChange.com/provider/claimconnect/AttachmentPage](http://www.DentalXChange.com/provider/claimconnect/AttachmentPage)
- National Electronic Attachment (NEA)  
Call (800) 782-5150  
[www.nea-fast.com](http://www.nea-fast.com)
- National Information Services (NIS)  
Call (800) 734-5561  
[www.nationalinfo.com](http://www.nationalinfo.com)
- Tesia Clearinghouse, LLC  
Call (800) 724-7240  
[www.tesia.com](http://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 [Medi-CalEDIDental@delta.org](mailto:Medi-CalEDIDental@delta.org).

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

# Forms Reorder Request

For Use with the California Medi-Cal Dental Program

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

FAX THIS REORDER REQUESTS TO:

**(877) 401-7534**

Or mail to:

Medi-Cal Dental Forms Reorder  
11155 International Dr. MS 25  
Rancho Cordova, CA 95670

## TAR/Claim Forms and Envelope

**DC-202**  
TAR/Claim Form  
(For filling in by hand)

**DC-209**  
TAR/Claim Form  
(For pin-fed printers)

**DC-217**  
TAR/Claim Form  
(For laser printers)

**DC-206**  
Envelope  
(For mailing forms  
to Medi-Cal Dental)

## Other Forms and Envelopes

**DC-003**  
Form  
Claim Inquiry Form (CIF)

**DC-016**  
Form  
HLD Index

**DC-054**  
Form  
Justification of Need for  
Prosthesis

**DC-007**  
Envelope  
(For mailing CIFs and  
Correspondence)

## EDI Supplies

### EDI Envelopes

**DC-014E**  
Envelope  
(Large X-Ray envelope)

**DC-014F**  
Envelope  
(Small X-Ray envelope)

**DC-006C** Envelope  
(For mailing X-Rays to Medi-Cal  
Dental)

### EDI Labels

**DC-018A**  
Label  
Indicate preimprinted or blank  
(3-up for laser printers)

**DC-018B**  
Label  
(1-up for pin-fed printers)

**DC-018C**  
Label  
(3-up for pin-fed printers)