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Directory is an excellent way to build, maintain, and increase your patient base while also serving Medi-Cal members in your community.

**Provider Directory Refresh Steps**

1. You will get a notification from Medi-Cal Dental requesting that you complete and submit the Med-Cal Dental Provider Directory/Referral Form. This is your opportunity to update your status in the directory so that your office either appears as “Accepting New Patients” or “Not Accepting New Patients”.

2. Once you receive the notice, you will have **35 business days** to complete and submit the form.

   » **IMPORTANT**: If you wish to remain on the Directory as “Accepting New Patients”, you **must** submit a new form. **If you do not submit a form, your dental office will be listed as “Not Accepting New Patients” in the directory.**

3. You can submit the completed form in any of the following ways:

   » Email it to Medi-CalDentalEnrollmentDept@delta.org.

   » Mail it to Medi-Cal Dental in the postage paid envelope provided with the notification letter you received in the mail.

   » Fax it to the Provider Enrollment Department at (916) 853-6315.

   » Call the Telephone Service Center at (800) 423-0507 to have a representative assist you with completing and submitting the form.

**Please note**: Safety Net Clinics (Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Clinics) will only be added to the Dental Clinics Serving Medi-Cal Members static list.

Thank you for your continued support and participation as we strive to improve oral health for Medi-Cal members all over California.

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Avoid Delays: Remember to Send Treatment Authorization Requests or Resubmission Turnaround Documents for Diagnostic Casts

Diagnostic casts (D0470) are required documentation for all handicapping malocclusion and cleft palate treatment plan requests. To avoid processing delays or erroneous denials, providers must mail diagnostic casts **10 business days** prior to mailing the orthodontic services Treatment Authorization Request (TAR) or Resubmission Turnaround Document (RTD). Medi-Cal Dental will retain the models in-house for up to 90 days while waiting for the TAR or RTD. **IMPORTANT:** If Medi-Cal Dental does not receive the TAR or RTD within **90 days**, the diagnostic casts will be destroyed.

Diagnostic casts should be mailed to:

Medi-Cal Dental  
PO Box 15610  
Sacramento, CA 95852-0610

Diagnostic casts should be clearly labeled with proper identification so they can be matched with the correct TAR or RTD. This identification should indicate the:

- Patient’s name
- Client Index Number (CIN) or Benefits Identification Card (BIC) number
- Dental provider’s name
- Provider’s service office National Provider Identifier (NPI) number
- Centric occlusion marked on cast

For more information about diagnostic casts, please refer to Provider Handbook Section 9 - Special Programs, page 9-14. For questions, please call the Telephone Service Center at (800) 423-0507.

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Tips for Billing Skilled Nursing Facility and Intermediate Care Facility Visits

Medi-Cal Dental continually strives to decrease claims processing time, improve responsiveness to provider and member inquiries, and increase adjudication accuracy. To improve processing time, providers should follow the tips below when submitting a Treatment Authorization Request (TAR) or claim for patients residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

• Mark Place of Service (POS) 04 or 05 (only) regardless of where the dental services were or will be performed.
  » Mark POS 04 for members in SNFs
  » Mark POS 05 for members in ICFs

• Provide detailed information when documenting a rescheduled or cancelled visit. Simply noting “rescheduled” does not justify the visit.

• Include the following in the comments section (Box 34). Incomplete, inaccurate, or illegible documentation will cause the claim to be delayed or denied.
  » Facility name
  » Facility phone number
  » Facility address

• Only bill procedure code D9410: House/Extended Care Facility Call in conjunction with payable services. If D9410 is submitted without associated procedures, documentation of the visits medical necessity must be documented and justified.

For current submission and criteria requirements, please refer to the dedicated Medi-Cal Dental Manual of Criteria and Schedule of Maximum Allowances webpage.
Submit Documents through Electronic Data Interchange

Did you know Medi-Cal Dental receives 75% of documents electronically? That’s because Electronic Data Interchange (EDI) submissions:

» Make billing and tracking documents easier
» Help maximize practice management system capabilities
» Can save you money

Enroll by completing and submitting the EDI Enrollment Packet. To determine your own potential cost savings, use the EDI savings calculator available on the National Dental EDI Council website.

With EDI, you can submit the following documents electronically:

• Claims and Treatment Authorization Requests (TARs)
• Notices of Authorization (NOAs)
• Digitized radiographs and attachments

Once enrolled, you can also receive documents electronically, including:

• Notices of Authorization (NOAs)
• Resubmission Turnaround Documents (RTDs)
• Explanation of Benefits (EOB) data

Medi-Cal Dental accepts electronic submissions through these electronic attachment vendors:

• Change Healthcare
• DentalXChange
• National Electronic Attachment, Inc. (NEA)
• National Information Services (NIS)
• Tesia-PCI, LLC.

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You can find additional information in the EDI How-To Guide. For more on how to enroll, please call the Telephone Service Center at (800) 423-0507. EDI-related questions can also be emailed to Medi-CalDentalEDI@delta.org.