

# Denti-Cal Bulletin



VOLUME 19, NUMBER 11 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 APRIL 2003

## **CORRECT, COMPLETE INFORMATION LEADS TO SPEEDY PROCESSING OF PAPERWORK AND PAYMENT OF CLAIMS**

### **SPECIFY CORRECT SERVICE OFFICE NUMBER**

Documents received without a service office number or with an incorrect service office number listed, can delay the processing of claims and Treatment Authorization Requests (TARs) and increase the possibility that payment may be forwarded to the wrong office.

To ensure that claims, TARs and payments are processed correctly, please include the service office number along with your Medi-Cal billing provider number in field 20 on all forms. If you choose billing forms printed from your office computer, be sure that the system is set up to print correctly, reflecting the correct information.

### **SUBMISSION OF ATTACHMENTS**

To prevent processing delays when sending an attachment to a paper claim, TAR, Notice of Authorization (NOA) Claim Inquiry Form (CIF) or Resubmission Turnaround Document (RTD) please follow these simple rules:

- \* when appropriate always use a Denti-Cal form (e.g. DC 054)
- \* include provider name, billing or rendered provider number, patient name and patient Medi-Cal identification (ID) number
- \* typewritten information on form or attachment is preferred
- \* attachment must be on a 8.5 x 11 piece of paper
- \* do not place attachment in the x-ray envelope
- \* place attachment behind the form and *staple just once* in the upper right hand corner
- \* do not send two-sided attachment

Other information such as operating room reports and physician statements should be provided on a separate piece of paper, attached to the form.

Electronic Data Interchange (EDI) providers should refer to their "How to Guide" for special instructions on submitting attachments associated with electronically submitted documents.

### **ONLY ORIGINALS OF CLAIM INQUIRY FORMS (CIFs) ARE ACCEPTABLE FOR PROCESSING**

The CIF has two purposes: to inquire about the status of a previously submitted claim or TAR, or to request reevaluation of a modified or denied claim. *Denti-Cal will only accept original forms. No duplicates or photo copies will be accepted or processed.*

For your convenience these forms may be obtained, free of charge, from the Denti-Cal forms supplier. Please mail or fax your Forms Reorder Request Form (DC-004) using the information found below:

Shamrock Companies, Inc.  
410 East Grantline Road  
Tracy, CA 95376  
fax: (209) 832-2105

**PROVIDER MANUAL PURCHASERS SHOULD NOTIFY DENTI-CAL OF MAILING ADDRESS CHANGE**

Please notify Denti-Cal as soon as possible when you have a change in address.

Denti-Cal Provider Manuals are being returned in large numbers due to undeliverable addresses. Effective immediately, Denti-Cal will remove names and addresses from the Provider Manual Purchasers List if the manuals are returned as undeliverable.

**CORRECTION TO DENTI-CAL SEMINAR SCHEDULE - SECOND QUARTER 2003**

An error was made in listing the seminar scheduled for May 16, 2003 in South San Francisco. Seminar D904 is listed as a “Basic Workshop” and should read “Basic Seminar.” All other information is correct. We apologize for any confusion this may have caused.

**REMINDER: UPCOMING SEMINARS**

May 9, 2003	EDI Seminar	Huntingon Beach, CA
May 15, 2003	Advanced Seminar/D903	Burlingame, CA
May 16, 2003	Basic Seminar/D904	S. San Francisco, CA
May 16, 2003	EDI Seminar	S. San Francisco, CA
May 22, 2003	Workshop/D905	Palm Springs, CA
May 23, 2003	Advanced Seminar/D906	Palm Springs, CA

*For specifics, check the Denti-Cal Seminar Schedules found in Volume 19, Numbers 4 and 5*

For additional information please call Denti-Cal toll-free at (800) 423-0507.