DHCS | Medi-Cal Dental

ELECTRONIC DATA INTERCHANGE (EDI)
ENROLLMENT PACKET

This enrollment packet consists of an EDI Provider Application/Agreement Form, an Option Selection Form, an ERA Enrollment Form, Title 22 and Forms Reorder Request. An EDI How-To Guide, which provides detailed information on electronic claims submission to the Medi-Cal Dental Program, should accompany this packet.

To submit documents electronically to the Medi-Cal Dental Program:

1. **Check with your vendor.**
    Contact your practice management system vendor for verification that your software includes the Medi-Cal Dental Program's EDI specifications.

2. **Complete the attached Application, Option Selection Form and ERA Enrollment Form.**
    Mail the Application (**all four pages**)**,** Option Selection Form and, if electronic remittance data is desired, the ERA Enrollment Form to the following address. The EDI Support team will confirm your enrollment via letter.

    Medi-Cal Dental Program
    Provider Enrollment
    P.O. Box 15609
    Sacramento, CA 95852-0609

    IMPORTANT: YOUR CLAIMS WILL BE REJECTED IF YOU ARE NOT ENROLLED AS AN EDI
    PROVIDER PRIOR TO SUBMITTING MEDI-CAL DENTAL CLAIMS ELECTRONICALLY.

3. **Order your EDI supplies directly from the supplier.**
    If radiographs or attachments are needed to process your claim or TAR, you can submit them conventionally or digitally. If you submit conventional radiographs, you will need to submit an EDI label attached to a specially marked envelope. Use the attached Forms Reorder Request to order a supply of all three types of envelopes (large and small x-ray envelopes, and large mailing envelopes) and one type of self-adhesive EDI label. These supplies are provided at no charge and are printed in red ink to identify them as related to EDI claims. (Note: Most Providers who use the services of a clearinghouse should order laser labels in the preprinted format #DC-018A, format B.)

4. **Enter & transmit claims to the Medi-Cal Dental Program.**
    Your practice management system vendor will advise you how to use your computer to submit your Medi-Cal Dental claims electronically.

5. **Retrieve your reports and labels each workday.**
    Follow your software vendor's instructions. Depending on how your system is linked to the Medi-Cal Program, you may receive your reports and labels through a clearinghouse. Please check for reports daily. Even if you did not submit any EDI claims the prior workday, you may have Notices of Authorization (NOAs) and/or Resubmission Turnaround Documents (RTDs waiting to be retrieved, if your system is set up to receive them electronically.

Note: Orthodontic treatment plans cannot be transmitted electronically and must be mailed to Medi-Cal Dental. However, diagnostic services associated with orthodontic treatment can be submitted electronically.

If you have any questions, please call:
Provider Services Toll-Free at (800) 423-0507
or EDI Support at (916) 853-7373 (email: medi-caldentaledi@delta.org)