Section 3 - Enrollment Requirements

Section 3 - Enrollment Requirements

To receive payment for dental services rendered to Medi-Cal members, prospective providers must apply and be approved by Medi-Cal Dental to participate in Medi-Cal Dental. When a provider is enrolled in Medi-Cal Dental, Medi-Cal Dental sends the provider a letter confirming the provider's enrollment effective date. Medi-Cal Dental will not pay for services until the provider is actively enrolled in Medi-Cal Dental.

On October 31, 2022, DHCS implemented the [Provider Application and Validation for Enrollment (PAVE) Provider Portal](#) to simplify and accelerate Medi-Cal enrollment processes for dental providers. The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and required documentation to DHCS electronically.

Note: *DHCS no longer accepts paper applications.*

The Medi-Cal Provider e-Form Application complies with current state and federal regulatory and statutory requirements. All dental providers must use PAVE e-forms to enroll in Medi-Cal, report changes to current enrollments, and complete revalidation or continued enrollment for individual, group, and rendering provider types.

The easy-to-use, intuitive PAVE portal streamlines the enrollment process by offering:

- Secure login
- Document uploading
- Electronic signatures
- Application progress tracking
- Social collaboration

For assistance with the application process, practitioners may contact the Provider Enrollment Division (PED):

Visit the [PED web page](#) and select the Inquiry Form link under "Provider Resources" for the PED Online Inquiry Form.

For PAVE technical support, please call the PAVE Help Desk at (866) 252-1949. The Help Desk is available Monday-Friday from 8:00am-6:00pm, excluding State holidays. You can also use the PAVE Chat feature while in PAVE. Chat is available Monday-Friday from 8:00am-4:00pm, excluding State holidays.

Rendering Provider Enrollment Process

In accordance with the California Code of Regulations (CCR), Title 22, §51000.31(b), rendering providers must apply to Medi-Cal Dental by submitting an application. Medi-Cal Dental will not pay for services until the provider is actively enrolled in Medi-Cal Dental.

In order to enroll in Medi-Cal, providers must submit an e-Form application using the Provider Application and Validation for Enrollment (PAVE) Provider Portal which is an improved web-based alternative to the former paper application enrollment process.

For assistance with the application process, practitioners may contact the Provider Enrollment Division (PED) by visiting the PED web page then select the Inquiry Form link under "Provider Resources" for the PED Online Inquiry Form.

Rendering providers must provide a National Provider Identifier (NPI). To obtain an NPI, visit the CMS website here.

Any modification to a rendering or billing provider's information (such as a change in address or ownership) requires Medi-Cal dental notification within 35 days of the change.

Applicants who are natural persons licensed or certificated under the Business and Professions Code or the Osteopathic or Chiropractic Initiative Acts to provide health care services, or who are professional corporations under subdivision (b) of Section 13401 of the Corporations Code, must enroll in Medi-Cal Dental as either individual providers or as rendering providers in a provider group. This is true even if the person or the professional corporation meets the requirements to qualify as exempt from clinic licensure under subdivision (a) or (m) of Section 1206 of the Health and Safety Code (see W&I Code Section 14043.15(b)(1)).

 W&I Code Section 14043.26(a)(1) requires a prospective provider not currently enrolled in Medi-Cal Dental or a provider applying for continued enrollment to complete and submit an application for enrollment, continued enrollment, or enrollment at a new location or a change in location.

Tax Identification Number

Verify Your Tax Identification Number (TIN)

Medi-Cal Dental reports annually to the Internal Revenue Service (IRS) the amount paid to each enrolled billing provider. The legal name and TIN must match exactly with the name and TIN on file with the IRS. TINs may be either a Social Security Number (SSN) or an employer identification number (EIN), which are printed on the front of the check and on the Explanation of Benefits (EOB). Please verify that the legal name and TIN on

the next check/EOB are correct. If the legal name and TIN do not match, the IRS requires Medi-Cal Dental to withhold 28% of future payments.

Providers do not need to notify Medi-Cal Dental if the legal name and/or TIN appearing on the Medi-Cal Dental check/EOB are correct. In order to update your TIN and/or legal name, providers must submit an e-Form application using the [Provider Application and Validation for Enrollment (PAVE) Provider Portal](#).

Inactivated Providers

To remain actively enrolled in Medi-Cal Dental, providers must comply with all enrollment requirements.

Medi-Cal dental providers may automatically be inactivated from Medi-Cal Dental if any of the following occurs:

- Dental license is expired, revoked, inactivated, denied renewal, or suspended by the [Dental Board of California](#);
- Mail is returned by the post office marked "Undeliverable" due to incorrect address.
- Twelve months with no claim activity in the Medi-Cal Dental .

Participating Medi-Cal dental providers are required to keep Medi-Cal dental records up to date by promptly reporting any changes to previously submitted information, e.g., name and address changes, the addition of associates or the sale of a practice within 35 days.

Providers who have had no claim activity in six months will be sent a letter stating they shall be deactivated unless providers submit a claim or request to remain active within six-months after the date of the notice. A provider who has not submitted a claim for reimbursement over a continuous 12-month period shall be deactivated per Welfare and Institutions Code Section 14149.8(b)(2) and 14043.62 which reads as follows:

The department shall maintain the provider network on a monthly basis by deactivating a billing provider who has not, over a continuous 12-month period, submitted a claim for reimbursement for services rendered.

Prior to deactivating a provider, the department shall send a notice to the provider informing the provider that the provider shall be deactivated from the Medi-Cal program unless the provider requests reactivation within six months after the date of the notice. The department shall not disenroll a provider until six months after the date of that notice.

The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or pay-to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for

reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.

After inactivation, providers will be required to re-apply to Medi-Cal to serve Medi-Cal members. In order to enroll in Medi-Cal, providers must submit an e-Form application using the [Provider Application and Validation for Enrollment (PAVE) Provider Portal](#).

Voluntary Termination of
Provider Participation

Providers may terminate their participation in the Medi-Cal program at any time. Written notification from the provider of voluntary termination can be submitted to PED by submitting an e-Form application via the Provider Application and Validation for Enrollment (PAVE) Provider Portal.

Electronic Data Interchange (EDI)

To submit documents and receive corresponding reports electronically, dentists who have enrolled and are certified to participate in Medi-Cal Dental must apply and be approved by Medi-Cal Dental to participate in the EDI program. The Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement (for electronic claim submission), hereinafter "Trading Partner Agreement," must be signed and submitted along with the Provider Service Office Electronic Data Interchange Option Selection Form. Failure or refusal to sign this Agreement may be grounds for immediate suspension from participation in the electronic claims submission program pursuant to Title 22, California Code of Regulations (CCR) §51502.1(j). This Agreement is also required for EDI clearinghouses and billing intermediaries billing electronically on behalf of Medi-Cal dental providers. Providers can also authorize Medi-Cal Dental to provide remittance data electronically by completing the Electronic Remittance Advice (ERA) Enrollment Form.

When a provider is enrolled in the Medi-Cal Dental EDI program, Medi-Cal Dental sends the provider a letter confirming the provider's EDI enrollment. Confirmation is also sent by email if a valid email address is available.

"Section 6: Forms" of this Handbook gives instructions for completing all required billing forms. Medi-Cal Dental's Electronic Data Interchange (EDI) service gives participating providers the option of submitting many of these completed treatment forms

electronically to
Medi-Ca Dental and receiving related information electronically.

HIPAA-Compliant Electronic Format Only

Medi-Cal Dental accepts only the HIPAA-compliant electronic format for claims (ASC X12N 837) and claim status (ASC X12N 276) from certified trading partners. A provider submitting claims electronically is required to undergo certification for the HIPAA-compliant format. However, if a provider is submitting claims electronically through its contracted clearinghouse, only the clearinghouse must be certified. In this case, a provider must ensure that its contracting clearinghouse has been certified through Medi-Cal Dental, prior to submitting claims.

A copy of the HIPAA Transaction Standard Companion Guide (Medi-Cal Dental EDI Companion Guide), as well as an EDI Enrollment Packet, can be obtained by contacting the Telephone Service Center toll-free at (800) 423-0507 or (916) 853-7373 and asking for EDI Support. Requests may also be sent by email to Medi-CalDentalEDI@delta.org. Providers may also access EDI enrollment forms and guides from the Medi-Cal Dental website here.

Ineligibility for EDI

A Medi-Cal dental provider is not eligible for EDI if, within the past three years, criminal charges were filed against the provider for fraudulently billing the Medi-Cal program, or if the provider has been suspended from the Medi-Cal program or has been required to pay recovery to
Medi-Cal for overpayments in excess of 10 percent of the provider's total annual Medi-Cal income.

If a Medi-Cal dental provider has been placed on Prior Authorization (PA) and/or Special Claims Review (SCR), submitting electronically is still possible. Providers must flag the radiograph or the attachment indicator to "Y" (Yes) for procedures on PA and/or SCR to avoid the claim from being denied.

Sample Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement

STATE OF CALIFORNIA – CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY   CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL DENTAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT
(For electronic claim submission)

1.0   IDENTIFICATION OF PARTIES
This agreement is between the State of California, California Department of Health Care Services, hereinafter referred to as the "Department" and:

PROVIDER INFORMATION

Provider name (full legal)			
Business Name (if applicable)	National Provider Identifier (NPI)		
Provider service address (number, street)	City	State	ZIP Code
Contact person	Email Address		
Contact person address (number, street)	City	State	ZIP Code
Contact telephone number ( )	Currently assigned submitter number (otherwise, leave blank to be assigned a new submitter number)		

BILLER INFORMATION (If other than the provider of service)

Biller name (full legal)	Biller telephone number ( )
Business Name (if applicable)	Email Address
Business Address (number, street)	City State Zip
Contact Person	Currently assigned submitter number, otherwise, leave blank to be assigned a new submitter number)

Full legal name(s) required as well as any assumed Business names(s), address(es), and National Provider Identifier(s). The parties identified above will be hereinafter referred to as the "Provider" and/or "Biller."

1.1   ELECTRONIC DATA INTERCHANGE AND DATA TYPE
This Agreement applies to the following EDI Data Types, when available: (Refer to Provider Service Office Electronic Data Interchange Option Selection Form)

ANSI X 12 837	(Claims/CIRs/RTDs/COAs/Adjustments)
ANSI X 12 276/277	(Claim Status Inquiry/Responses)
ANSI X 12 835	(Claim Payment/Remittance Advice)

1.2   BACKGROUND INFORMATION
The Provider/Biller agrees to provide the Department with the above information requested in order to verify qualifications to act as a Medi-Cal Dental electronic Biller.

2.0   DEFINITIONS
The terms used in this agreement shall have their ordinary meaning, except those terms defined in regulations, Title 22, California Code of Regulations, Section 51502.1, shall have the meaning ascribed to them by that regulation as from time to time amended. The term "electronic" or "electronically," when used to describe a form of claims submission, shall mean any claim submitted through any electronic means such as: magnetic tape or modem communications.

3.0   CLAIMS ACCEPTANCE AND PROCESSING
The Department agrees to accept from the enrolled Provider/Biller, electronic claims submitted to the Medi-Cal fiscal intermediary in accordance with the Medi-Cal Dental Provider Handbook. The Provider hereby acknowledges that he or she has read, and understands the Provider Handbook and its contents, and agrees to read and comply with all Provider Handbook updates and provider bulletins relating to electronic billing.

3.1   CLAIMS CERTIFICATION
The Provider agrees by claims submission and certifies under penalty of perjury that all services for which claims are submitted electronically have been personally provided to the patient by the Provider or under his or her direction by another person eligible under the Medi-Cal program to provide such services, and such person(s)

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Sample Provider Service Office Electronic Data Interchange Option Selection Form

DHCS | Medi-Cal Dental

MEDI-CAL DENTAL
CALIFORNIA MEDI-CAL DENTAL PROGRAM
P.O. BOX 15609
SACRAMENTO, CALIFORNIA 95852-0609
Phone 800-423-0507 Web www.Dental.DHCS.ca.gov.

PROVIDER SERVICE OFFICE ELECTRONIC DATA INTERCHANGE OPTION SELECTION FORM

1. Reason for Submission: ○ New Enrollment   ○ Change Enrollment   ○ Cancel Enrollment

2. Provider Name:		3. National Provider Identifier (NPI):		
4. Business Name:				
5. Provider Address – Street:		City:	State:	ZIP Code:
6. Provider Contact Name:		Telephone Number:		
7. Software/Practice Management System:		8. Email Address:		

EDI INPUT/OUTPUT OPTIONS

Identify the INPUT FROM and RETURN OUTPUT OPTIONS for your office in the fields below.
For assistance, contact EDI Support at (916) 853-7373 or by email at MediCalDentalEDI@delta.org.

INPUT FROM:

9a. ○ Service Office
9b. ○ Billing Office
9c. ○ Clearinghouse Name: _____
You will submit Claims, TARs and Adjustments (ANSI X 12 837)

Will you also submit:
10. NOAs electronically?   ○ YES   ○ NO
11. Claim Status Inquiry (ANSI X 12 276)?   ○ YES   ○ NO

RETURN OUTPUT OPTIONS: *Standard options are shaded:*

		YES	NO
12. Electronic RTDs		○ YES	○ NO
13. Electronic NOAs		○ YES	○ NO
14. Electronic EOB Supplemental Claim Data (If YES: ○ SUMMARY or ○ DETAIL)		○ YES	○ NO
15. Would you like to stop receiving Explanations of Benefits (EOBs) by mail?*		○ YES*	○ NO

*If YES, EDI Support will contact your office to determine the effective date.
NOTE: Opting not to receive paper EOBs by mail is an option **only** if either the 835 ERA and/or Supplemental EOB file in the Detail format are selected.

Mandatory options are pre-selected:

16. Electronic X-Ray/Attachment Labels (CP-O-971-P2 & CP-O-971-P)   ● YES   (○ 1-UP or ○ 3-UP)
17. Report of Documents Awaiting Return Information (CP-0-978-P)   ● YES
18. Report of EDI Documents Received (CP-0-973-P)   ● YES
19. Claim Status Inquiry Response (ANSI X 12 277)   ○ YES   ○ NO

20. Print the name of the provider		
(last)	(first)	(middle)

21. Signature of provider

_____   _____
                                      Signature Date

Return completed form to: Medi-Cal Dental Program
Provider Enrollment
P.O. Box 15609
Sacramento, CA 95852-0609

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Sample Electronic Remittance Advice (ERA) Enrollment Form

DHCS | Medi-Cal Dental

CALIFORNIA MEDI-CAL DENTAL PROGRAM
P.O. BOX 15609
SACRAMENTO, CALIFORNIA 95852-0609
Phone 800-423-0507 Web www.Dental.DHCS.ca.gov

ELECTRONIC REMITTANCE ADVICE (ERA) ENROLLMENT FORM

PROVIDER INFORMATION

| 1. Provider Name | 2. Doing Business As Name (DBA) | | |
| 3. Provider Address – Street | 4. City | 5. State/Province | 6. ZIP Code/Postal Code |

PROVIDER IDENTIFIERS INFORMATION

| 7. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) | 8. National Provider Identifier (NPI) |

PROVIDER CONTACT INFORMATION

| 9. Provider Contact Name | 10. Telephone Number | 11. Email Address |

ELECTRONIC REMITTANCE ADVICE INFORMATION
Preference for Aggregation of Remittance Data (Account Number Linkage to Provider Identifier)

12. National Provider Identifier (NPI)

13. Method of Retrieval: The only method of retrieval from Medi-Cal Dental is Secure FTP

ELECTRONIC REMITTANCE ADVICE CLEARINGHOUSE INFORMATION

14. Clearinghouse Name

ELECTRONIC REMITTANCE ADVICE VENDOR INFORMATION

15. Vendor Name

16. **Reason for Submission:** ○ New Enrollment   ○ Change Enrollment   ○ Cancel Enrollment

17. _____   _____
    Authorized Signature   Submission Date

Printed name of provider

Mail the completed form to: Medi-Cal Dental Attention: Provider Enrollment Department, P.O. Box 15609, Sacramento, CA 95852-0609. To check status, call (916) 853-7373 and ask for EDI Support.

To research and resolve a late or missing v5010 X12 835, please contact Medi-Cal Dental EDI Support at (916) 853-7373 (e-mail: Medi-CalDentalEDI@delta.org). Late or missing is defined as a maximum elapsed time of four business days following the receipt of an associated Electronic Funds Transfer (EFT).

DTN: B-EDI-FRM-048.D

Electronic Claims Submission and
Payment Services

Submitting claims electronically reduces processing time for claims, makes billing and tracking documents easier, and helps maximize computer capabilities. EDI-enrolled providers can also receive the Notice of Authorization (NOA) and Resubmission Turnaround Document (RTD) forms electronically along with other EDI reports.

For an EDI Enrollment Packet, please contact the Telephone Service Center at (800) 423-0507. For an EDI How-To Guide or other information on submitting Medi-Cal Dental claims and Treatment Authorization Requests (TARs) electronically, please call EDI Support at
(916) 853-7373. Requests may also be sent by email to Medi-CalDentalEDI@delta.org. Providers may also access EDI enrollment forms and Guides from the Medi-Cal Dental website here.

A dental office wishing to use EDI must have a computer system that includes an internet connection and a software program that will allow the transmission of claims. If the office already has a computer, check with the practice management system vendor to determine if the software will enable submitting of claims electronically to Medi-Cal Dental. The software vendor can also assist in determining the best computer hardware and software options for electronic claims processing needs.

Providers enrolled to submit electronically have the option of submitting documents on paper at their discretion.

EDI enrollment allows providers to send TARs, claims and NOAs for payment, through File Transfer Protocol (FTP) directly from the office to Medi-Cal Dental, or through a billing intermediary or clearinghouse. EDI gives providers the option of receiving claims-related information electronically from Medi-Cal Dental, such as reports, Explanation of Benefits (EOBs) and Electronic Remittance Advice (ERA) data for performing automated accounts receivable reconciliation.

EDI Providers who receive the 835 Electronic Remittance Advice (ERA) and/or Supplemental EOB file in Detail format may opt to discontinue receiving paper EOBs. To stop receiving paper EOBs, providers enrolled to submit electronically must complete and submit the Provider Service Office Electronic Data Interchange Option Selection form reflecting that option. The decision to not receive a paper EOB will not affect the mailing of a provider's checks.

The EDI system format also allows the electronic submission of comments which may be pertinent to the treatment requested or provided. Medi-Cal Dental provides identification labels and specially marked envelopes for mailing additional information (such as radiographs or other documentation) which may be required to process electronically submitted treatment forms.

Providers who submit directly to Medi-Cal Dental are limited to five (5) EDI file submissions per day. Additional files will be rejected, and providers will need to resubmit. There are no limitations on the number of documents contained in each file.

Use red-bordered EDI envelopes and EDI labels only when Medi-Cal Dental requests them through the "X-Ray/Attachment Request" report (CP-O-971-P).

Use green-bordered envelopes when submitting claims, NOAs and RTDs (conventional paper forms) or those made available electronically that are printed onto paper and mailed in for processing as well as Claim Inquiry Forms (CIFs). No EDI labels on EDI RTDs or NOAs, please.

What Can Be Sent Electronically to Medi-Cal Dental

The following items can be transmitted electronically:

- Claims,
- TARs,
- NOAs for payment when treatment is completed (if the system or clearinghouse can accept them; only selected software and clearinghouses include the EDI NOA feature).
- Radiographs,
- Justification of Need for Prosthesis Forms (DC054), and
- Narrative documentation (surgical reports, etc.).

The following items **cannot** be transmitted electronically and **must** be mailed to Medi-Cal Dental:

- Orthodontic treatment plans, however, diagnostic services associated with orthodontic treatment can be submitted electronically.
- Completed RTDs (even those provided electronically that are printed on paper),
- NOAs (if the provider's system cannot submit them electronically),
- Requests for reevaluation,
- NOAs issued for paper documents,
- CIFs or RTDs issued for paper or EDI documents, and/or
- Any documentation related to claims and TARs submitted on paper.

Within 24 to 48 hours after sending documents electronically, Medi-Cal Dental provides an acknowledgement report to confirm receipt of claims and TARs (CP-O-973-P: Daily EDI Documents Received Today). Another report (CP-O-971-P: X-Ray/Attachment Request) is issued the same day the acknowledgement report is issued if documentation is needed.

It is important to review these reports to verify submitted forms and documentation are being received by Medi-Cal Dental. If these reports are not being received, check with

your vendor, clearinghouse, or EDI Support.

Sending Radiographs and Attachments

Providers should maintain a supply of EDI labels and envelopes (small and large X-ray envelopes, and mailing envelopes) which are printed in red ink. When entering the document into the practice management system, determine whether radiographs or documentation are needed. If so, prepare EDI labels and envelopes:

Insert the radiographs into a small (DC-014F) or large (DC-014E) EDI x-ray envelope:

- Affix a blank EDI label onto the outside of the x-ray envelope in the outlined box.
- Staple any necessary documentation, such as a Justification of Need for Prosthesis form (DC054), onto the outside of the EDI x-ray envelope.
- Write the member's name on the inside of the envelope flap to help you identify who the radiographs belong to

Upon receipt of the X-ray/Attachment Request report (CP-O-971-P), on an EDI label, write:

- The Provider's Billing NPI next to "Medi-Cal dental provider ID"
- The 11-digit Base DCN (Document Control Number) next to "Medi-Cal Dental DCN"
- The member's name next to "Patient MEDS ID"
- The Provider's name and address under the shaded area. Leave the shaded area blank.

Mail several large and small EDI x-ray envelopes to Medi-Cal Dental in the large EDI mailing envelope marked with the special EDI post office box (DC-006C).

EDI Labels can be ordered in three formats:
- Laser (blank or preimprinted with the Provider's name, address, and Billing NPI)
- 1-up continuous
- 3-up continuous

Attachments, such as claims information, transmitted electronically to Medi-Cal Dental are delivered to Medi-Cal Dental's computer system for processing. Medi-Cal dental providers may use EDI to submit treatment forms and receive reports and other electronic data 24 hours per day Monday through Sunday except for 10 p.m. to 2 a.m. (Pacific Time). Electronic documents received at Medi-Cal Dental by 6:00 p.m. (Pacific Time) Monday through Saturday (holidays excluded) are entered into EDI processing the same evening. Staff are also available to answer EDI-related questions and assist with any problems an office may be experiencing with electronic claims transmission

Monday through Friday during normal work hours.

<u>Digitized Images and EDI Documents</u>

In conjunction with electronically submitted documents, Medi-Cal Dental accepts digitized images submitted through electronic attachment vendors: Change Healthcare, DentalXChange, National Electronic Attachment, Inc. (NEA), National Information Services (NIS) and Vyne.

Providers must be enrolled to submit documents electronically prior to submitting digitized images. For more information regarding digitized images and EDI enrollment, please contact:

- Telephone Service Center toll-free: (800) 423-0507
- EDI Support: (916) 853-7373
- Email: Medi-CalDentalEDI@delta.org

Digitized Imaging Vendor and Document Specifications

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 Vyne websites.

- **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 and open an ON24/7 service request on their website.
- **DentalXChange Users:** Send the claim or TAR to DentalXChange. The document will automatically validate according to Medi-Cal Dental requirements to determine if an attachment is needed. Add radiographs, narratives, Justification of Need for Prosthesis forms (DC-054), and other attachments in the DentalXChange ClaimConnect interface. The DXC Attachment ID will automatically be delivered to Medi-Cal Dental when the claim or TAR is sent. For additional information providers may visit the DentalXChange website or call (800) 576-6412 Ext 455.
- **NEA Users**: Digitized radiographs and attachments must be transmitted to NEA before submitting an EDI document. NEA's reference number must be entered on the EDI claim or TAR in 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 the [NEA website](#) or call
(800) 782-5150.

- **NIS Users**: The EDI document should be created. Before transmitting a document electronically, the digitized radiographs and attachments should be attached. The Document Center should be used to scan images of Medi-Cal Dental'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 or visit any of the following NIS websites based on their software version:
    - www.dentrix.com
    - www.easydental.com
    - www.dentrixenterprise.com
    - www.dentrixascend.com
- **Vyne Users**: Create the claim or TAR. Before transmitting a document electronically, the digitized images should be created and attached. Each attachment must include the date the images were created. For additional information, providers can visit the [Vyne website](#) or call (463) 218-6762.

Please note:

- Images should not be transmitted for EDI claims or TARs that are already waiting for radiographs and/or attachments to be mailed.
- Digitized images of Claim Inquiry Forms (CIFs), Resubmission Turnaround Documents (RTDs) and Notices of Authorization (NOAs) or digitized images related to paper documents cannot be processed.
- When submitting CIFs by mail, providers have the option of not submitting hard copies of radiographs and other documentation related to a 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, the provider must send in hard copies.
- Medi-Cal Dental is unable to respond to inquiries submitted through digitized imaging vendors' Websites. Instead, CIFs should be mailed to Medi-Cal Dental.
- Radiographs are not required for dentures on edentulous patients. Submit Justification of Need for Prosthesis forms (DC054) only.

Medi-Cal Dental Provider Directory/Referral Form

The Medi-Cal Dental Provider Directory is a tool that members can use to search for Medi-Cal dental providers in their area who may be accepting new Medi-Cal patients. The directory is an excellent resource for enrolled Medi-Cal dental providers to build, maintain, or increase their patient base while making available the highest level of dental service for California's Medi-Cal population.

Effective November 12, 2021, any provider participating in Medi-Cal Dental who did not complete the Medi-Cal Dental Directory/Referral Form during their initial enrollment or during the yearly referral update will automatically be listed in the directory. The Medi-Cal Dental Directory/Referral Form is also located within the Provider Application and Validation for Enrollment (PAVE) Provider Portal and is available when completing an enrollment application in PAVE. Please note that 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.

You can access the form by visiting the Provider Forms page on the Medi-Cal Dental website. Return the completed form in one of the following ways:

Mail: Medi-Cal Dental

Attn: Provider Enrollment

PO Box 15609

Sacramento, CA 95852-0609

Email: Medi-CalDentalEnrollmentDept@delta.org

Send a scanned image of the completed form to the email address above.

Fax (916) 853-6315

If you wish to be removed from the directory so that your dental office is **not listed**, you must complete and submit a new Medi-Cal Dental Provider Directory/Referral Form. Once removed, you may submit the form at any time to be re-added to the directory.

If you have any questions, please contact the Telephone Service Center at (800) 423-0507.

Sample Medi-Cal Dental Patient Referral Service Form

DHCS | Medi-Cal Dental
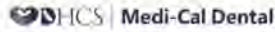
Medi-Cal Dental Provider Directory/Referral Form

Medi-Cal Dental uses the following form to identify providers who are accepting Medi-Cal patients in their office. This form can be completed to update your status at any time. Providers participating in Medi-Cal Dental are automatically listed in the Provider Directory as accepting new patient referrals unless they complete and submit this form indicating otherwise.

☐ Yes, I am accepting new and existing Medi-Cal patients in my office. Please update my status on the Provider Directory. I understand I may request removal of my name from this list at any time by submitting a copy of this form.

☐ No, I am not accepting new Medi-Cal patient referrals at this time. Please do not include my name on your referral list and update the provider directory to indicate "not accepting new patients at this time".

Dental License # _____ Billing NPI # _____

Business Name: _____

Fictitious Name/DBA Name: _____

Office Address: _____

Office Number: _____

Email Address: _____

Name and telephone number of person completing the for_____

Is your office wheelchair accessible? ☐ Yes   ☐ N

What other languages are spoken in your office?_____

List any dental specialties or services offered in your offic (i.e., endodontic, general anesthesia, etc.): _____

_____

What ages of children do you see in this practice? [S__ all that apply]

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
☐ ☐

Patients with special healthcare needs accepted (Select all that apply):

___ No   ___ Motor impairment   ___ Seizures

___ Mildly challenging behavior ___ Cognitive impairment   ___ Other (please describe)

Mail, email, fax, or call Medi-Cal Dental to be added to the referral list.

Mail form to:	Email form to:	Fax form to:	Call Medi-Cal Dental at:
Medi-Cal Dental Attn: Provider Correspondence P.O. Box 15609 Sacramento, CA 95852-0609	Medi-CalDental EnrollmentDept@delta.org	(916) 853-6315	(800) 423-0507 Speak with a representative to get your questions answered by phone!

Comments:

_____
_____
_____
_____

Electronic Funds Transfer of Payment

Medi-Cal Dental offers electronic funds transfer of Medi-Cal Dental payments to a designated checking or savings account. To begin participating in electronic funds transfer, you must complete and sign an Electronic Funds Transfer (EFT) Enrollment Form. Providers can sign up for EFT when they submit their application in the Provider Application and Validation for Enrollment (PAVE) Provider Portal. There is an EFT question in the application package.

Additionally, the paper forms may be requested by calling the Telephone Service Center at (800) 423-0507 or by visiting the [Medi-Cal Dental website](#).

Instructions for completing the Electronic Funds Transfer Enrollment Form are contained on the back of the form. Please be sure to sign and date the form before mailing. To be accepted for processing, the Electronic Funds Transfer Enrollment Form must contain the provider's original signature, in blue or black ink (rubber stamps are not acceptable), and a preprinted, voided check must be attached.

Upon receipt of the Electronic Funds Transfer Enrollment Form, Medi-Cal Dental will ensure the designated bank participates in electronic funds transfer. To verify account information,
Medi-Cal Dental will send a "test" deposit to the bank; there will be a "zero" deposit to the account for that payment date. The test cycle usually takes three to four weeks to complete. During the test cycle period, the provider will continue to receive Medi-Cal Dental payment checks through the mail.

Each time Medi-Cal Dental deposits a payment directly to an account, a statement confirming the amount of the deposit will appear on the Explanation of Benefits (EOB).

Contact Medi-Cal Dental to change or discontinue electronic funds transfer of Medi-Cal Dental checks. To change banks or close an account, send Medi-Cal Dental a written authorization to discontinue electronic funds transfer of Medi-Cal Dental checks.

Sample Electronic Funds Transfer of Enrollment Form

DHCS | Medi-Cal Dental

CALIFORNIA MEDI-CAL DENTAL PROGRAM
P.O. BOX 15609 SACRAMENTO,
CALIFORNIA 95852-0609
Phone: 800-423-0507 Web: www.dental.dhcs.ca.gov

ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

PROVIDER INFORMATION

1. Provider Name:
2. Doing Business As Name (DBA):

3. Provider Address – Street:
4. City:
5. State/Province:
6. ZIP Code/Postal Code:

PROVIDER IDENTIFIERS INFORMATION

7. Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
8. National Provider Identifier (NPI):

PROVIDER CONTACT INFORMATION

9. Provider Contact Name:
10. Telephone Number:
11. Email Address:

FINANCIAL INSTITUTION INFORMATION

12. Financial Institution Name:
13. Financial Institution Routing Number:

14. **Type of Account at Financial Institution:**   ○ Checking   ○ Savings

15. Provider's Account Number with Financial Institution:
16. Account Number Linked to Provider Identifier (NPI):

17. **Reason for Submission:**   ○ New Enrollment   ○ Change Enrollment   ○ Cancel Enrollment

18. INCLUDE WITH ENROLLMENT SUBMISSION

SAMPLE

VOIDED CHECK

*** TAPE HERE OR ATTACH BANK LETTER ***

19.

_____
Authorized Signature - Written Signature of Person Submitting Enrollment

Submission Date

_____
Printed Name of Person Submitting Enrollment

Mail the completed form to: Medi-Cal Dental Program, Attention: Provider Enrollment Department, P.O. Box 15609, Sacramento, CA 95852-0609.
To check status, call (800) 423-0507.

To research and resolve a late or missing Healthcare EFT Standards payment, please contact the Medi-Cal Dental Telephone Service Center at (800) 423-0507. Late or missing is defined as a maximum elapsed time of four business days following the receipt of the associated v5010X12 835 transaction.

For Medi-Cal Dental Use Only:	Date Entered:	Initials: