



Electronic Data Interchange

HOW-TO GUIDE

For Texas CHIP Dental Services



Delta Dental Insurance Company *Texas CHIP Dental Services*

Welcome to Delta Dental's Electronic Data Interchange (EDI) Program for Texas CHIP Dental Services!

This How-To Guide is designed to answer questions you may have about submitting claims electronically to Delta Dental State Government Programs (DDSGP) for Texas CHIP Dental Services.

Electronic Data Interchange (EDI) is an easy and efficient method to submit your dental claims for payment. EDI is a paperless system that uses telephone lines both to transmit information from your office's computer to DDSGP and transmit information back from DDSGP to your computer.

Additional advantages to using EDI is the ability to streamline your billing process, edit data for fewer rejected claims, ability to track claims and respond faster to claim questions. Transmitting electronically is the most efficient way to manage your dental claims and will save you time and money.

If you are not yet enrolled in Delta Dental State Government Program's EDI program, please request an EDI Enrollment Packet from our Provider Call Center at (866) 561-5891.

Complete the forms and return to:

**Delta Dental
State Government Programs
EDI Support Group
P.O. Box 537018
Sacramento, CA 95853-7018**

Before submitting electronically, you must be enrolled as an EDI Provider to avoid rejection of your claims. Advise your software vendor that you would like to submit your TEXAS CHIP claims electronically. You will also need to place an order for EDI labels and envelopes using the Supply Request Form included in your Enrollment Packet and at the end of this How-To Guide.

EDI Support is available to answer your questions at (866) 561-5891 Monday through Friday, from 8:00 a.m. to 7:00 p.m. (CST). If you have questions about a particular EDI claim, please contact the Provider Call Center toll-free at (866) 561-5891.

Thank you for joining Delta Dental Texas CHIP's growing number of EDI providers!

DELTA DENTAL
EDI Support Group
Texas CHIP Dental Services

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1.0 GETTING STARTED

This guide was created for you to use as a reference for electronic claims submission. You will be ready to start submitting electronic claims and Treatment Authorization Request's (TAR's) once your practice management system vendor has verified that your system is able to connect to the Delta Dental EDI system either directly or through a clearinghouse, and *Delta Dental's EDI Support Group has confirmed your enrollment in the Electronic Data Interchange (EDI) Program*. Refer to the following pages for more detailed instructions.

There are four basic steps to submit your claims electronically:

1. Enter claim information

Your software vendor will advise you how to enter Delta Dental claims using your computer system. Please ensure all information is entered completely and accurately. Processing criteria remains the same as for paper claims. If x-rays and documentation are needed to process a paper claim, they will also be required to process an EDI claim.

Claims that require x-rays and/or attachments must have a "Y" entered in the applicable fields, which will put the claim in a "suspended" status or "system-generated Resubmission Turnaround Document (RTD)" status waiting for the required documentation to be received by Delta Dental with an EDI label.

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

2. Transmit the data

Your vendor will advise you how to use your modem to transmit claim information to Delta Dental.

3. Retrieve and review the reports sent from Delta Dental Texas CHIP

The vendor will also advise you how to retrieve any reports (and labels, if applicable) that may be available to you. It is important to compare your list of transmitted claims to Delta Dental's list of EDI claims received (report CP-O-973-P) and to determine which claims require x-rays or attachments (report CP-O-971-P). Refer to "Reports" section starting on page 10.

4. Prepare and mail x-rays/attachments with EDI labels

One of the EDI reports will indicate claims that have been put into a suspended status until Delta Dental receives x-rays or documentation (CP-O-971-P). Providers will need to write the Base Document Control Number (DCN) (also referred to as the Delta Dental Document Control Number) from this report onto the EDI label before mailing x-rays or attachments to Delta Dental. Refer to "Labels" (page 4) and "Reports" (page 10).

Note: Only use labels for EDI claims and TAR's that require x-rays or attachments.

2.0 EDI LABELS

If the procedures you are submitting for payment or authorization require x-rays or attachments, or if you indicate that the claim requires them by placing a "Y" in the x-ray or attachment field, the claim will be "suspended" until Delta Dental receives the documentation.

To process these "suspended" claims and TAR's, special self-adhesive EDI labels are needed because they include patient identifying information used to link the electronic document to the x-rays and attachments.

The same day you receive the report from Delta Dental confirming receipt of your EDI transmission, you will also receive a list of claims waiting to be matched to your documentation (see report CP-O-971-P: "Provider Service Office X-Ray/Attachment Request" on page 12). The Delta Dental Document Control Number, or Base DCN, on this report must be indicated on an EDI label to be attached to an EDI envelope containing your x-rays/attachments.

PREPARING LABELS

System Generated Labels:

Some software will automatically print the patient information directly onto blank labels. Once labels are printed from this type of system, they will look like the label shown below.

Locate the eleven-digit Delta Dental Document Control Number (referred to as the Base DCN) from the Provider/Service Office X-Ray/Attachment Request Report (CP-O-971-P). This Base DCN must be entered on the label next to "PROV. DCN" (note arrow). Refer to page 12 of the "Reports" section.

PROVIDER ID:	B99999-99
MEMBER ID:	X99999999
PLAN CODE:	TEX
PROV. DCN:	9999999999999999
PROGRAM DCN:	9999999999 ←
DCC:	_____
PREVIOUS X-RAYS AND/OR ATTACHMENTS:	_____
FIRST LAST NAME, DDS 999 STREET NAME CITY, ST 99999-9999	
TX 018A	

Other information such as the patient name, Member ID and Provider Document Control Number (PROV DCN) may be included, but is not mandatory. The PROV DCN is a unique number that may be assigned to each claim before it gets to Delta Dental, if your software has been programmed to include it.

- EDI labels are only required to submit x-rays or attachments when a claim is initially sent electronically. Labels are not needed when sending in a Notice of Authorization (NOA) for payment, Resubmission Turnaround Document (RTD), or a Claim Inquiry Form (CIF) related to EDI documents.
- Labels that do not have (1) the Delta Dental Provider ID, (2) the Plan Code, (3) the **PROGRAM DCN**, and (4) the Provider's name and return address cannot be processed and must be returned for completion.

2.1 ATTACHING LABELS TO EDI X-RAY ENVELOPES/ATTACHMENTS & MAILING:

Affix the label to a teal-bordered x-ray envelope on the side that reads "FIRST CLASS MAIL". If you are sending an attachment only, the removable label can be affixed directly to the documentation. If you have both an x-ray and an attachment, staple the attachment to the x-ray envelope that has the label affixed to it.

You can insert several EDI x-ray envelopes into an EDI mailing envelope. Mail them to the special EDI post office box:

**Delta Dental
State Government Programs
EDI Support Group
P.O. Box 537018
Sacramento, CA 95853-7018**

2.2 ORDERING EDI LABELS AND ENVELOPES:

Order labels and a supply of all three types of envelopes (small and large x-ray envelopes and mailing envelopes) using the EDI Supply Request Form located at the back of this How-To Guide. You may either fax this form to (916) 852-8995 or mail it to:

**Delta Dental State
Government Programs
Attention: SGP EDI Forms Reorder
P.O. Box 537018
Sacramento, CA 95853-7018**

2.3 QUESTIONS ABOUT LABELS

Q. I have one set of x-rays and want to send in two documents, a "first-time-in" claim and a TAR. How can I submit them both at the same time?

A. Put both labels (but please no more than two) on the "First Class Mail" side of an envelope.

NOTE: If you have a multi-page claim or TAR that is more than two "pages" in length, some systems may generate a label per page with different Document Control Number's (DCN's) for each page. In this instance, you would place no more than two labels on one EDI envelope, affix any additional label(s) onto a sheet of blank paper, and staple it to the EDI envelope. This is not applicable for three or more separate claims or TAR's, in which case a maximum of two labels may be affixed to an EDI x-ray envelope.

Q. I want to submit x-rays with a label, but forgot to enter a "Y" in the x-ray field to suspend the claim. What do I do?

A. If you forget to enter a "Y" in the x-ray field when an x-ray is required for a submitted procedure, the Delta Dental system will automatically generate a label for you as a safety feature. However, if an attachment is required, a "Y" must be entered by the provider office to suspend the claim (or generate a label if your system is designed to do so).

Q. I want to submit documentation with a label, but forgot to enter a "Y" in the attachment field to suspend the claim. What do I do?

A. If a TAR was submitted, you will need to wait until we request the documentation by issuing an actual RTD. The TAR will have automatically entered our system for processing and if we need the supporting documentation to process the procedure you submitted, Delta Dental will request it. RTD's are mailed out the day after the system generates the request, so the delay will be minimal -- especially if your system allows you to retrieve RTD's electronically along with your other daily reports. If a claim was submitted, it will be denied and a CIF should be submitted with the documentation.

Q. I suspended the claim by entering a "Y" in the x-ray field and later realized I don't need to submit x-rays. How do I get the claim out of a suspended status to begin processing? What do I do with the label I have in my office?

A. Put the EDI label with patient-identifying information onto a blank sheet of paper. Beneath it, handwrite a brief explanation of the error and indicate that processing should be initiated, for example:

"X-RAY INDICATED IN ERROR.
PROCESS WITHOUT X-RAY."

If you do nothing, the claim will remain in a suspended status, and eventually be denied with adjudication reason code 326, which states "no response was received to process the claim".

3.0 RESUBMISSION TURNAROUND DOCUMENT (RTD) AND NOTICE OF AUTHORIZATION (NOA)

A Resubmission Turnaround Document (RTD), (also referred to as Notice of Resubmission) will be issued by Delta Dental when additional information is needed to process your claim or TAR. Depending on how your software is set up, you will receive RTD's and Notices of Authorization's (NOA's):

1. By mail as with a standard paper claim, or
2. By electronic transmission from Delta Dental. You may retrieve RTD's or NOA's electronically and print them to paper. Samples of EDI RTD's and NOA's are shown on pages 17 and 18.

Handwrite the necessary information, have the RTD or NOA signed and return with the original signature to Delta Dental in a teal-bordered envelope for processing.

Return to:

**Delta Dental
State Government Programs
EDI Support Group
P.O. Box 537018
Sacramento, CA 95853-7018**

Please return RTD's promptly. Claims will be denied if no response to the RTD is received within 45 days. If this happens, you will then need to retransmit the claim to Delta Dental.

Note: Please sign and make notations on RTD's and NOA's in blue ink.

4.0 CLAIM INQUIRY FORM (CIF)

A Claim Inquiry Form cannot be submitted electronically. Mail a CIF only after a claim is processed to request a change or reevaluation, or to request the status of a claim or TAR.

DO NOT USE A CIF as an attachment or documentation for an unprocessed EDI claim or TAR. An EDI attachment cannot be a CIF. If you need to send documentation to process a claim that has been transmitted electronically, use a plain sheet of paper rather than a CIF. (EDI attachments should only be submitted if you have indicated a "Y" in the attachment field and a label is attached to the documentation.) Please do not include an EDI label or use an EDI teal-bordered envelope when submitting a CIF related to an EDI document.

5.0 PROCESSING TIPS:

- **IF THERE IS MORE THAN ONE DENTIST** at a service office billing under a single dentist's provider number, the treating provider number of the dentist who performed the service must be entered. **Exceptions:**
 - A treating provider number is not needed for x-ray procedures or procedures performed by a dental hygienist.
 - Sole practitioners are not required to enter a treating provider number.

- **SEND DOCUMENTATION ONLY IF REQUIRED** to meet the criteria set forth in the Delta Dental Provider Manual. Unnecessary attachments require additional handling and could needlessly delay processing.

- **IF YOU ARE SUBMITTING MORE THAN ONE CLAIM or TAR** on a given day for the same patient, make sure you affix the correct label (with the appropriate Delta Dental Document Control Number) to the related documentation.

- **YOU CAN SPOT THE EDI CLAIMS ON YOUR EOB's** when you know this tip: All EDI document control numbers (Base DCNs') have an "8" as the seventh digit (example: 06213180000). Note that the first five digits of a DCN indicate the Julian date that Delta Dental initially received the document. (Using the same DCN 06180000, 06 = 2006 and 213 = the two hundredth-thirteenth day of the year, or August 1).

- **IF YOU CHANGE VENDORS**, contact the EDI Support Group. A revised Option Selection Form may be needed to modify your EDI enrollment.

- **SERVICES THAT MAY HAVE BEEN DENIED** on an EDI claim should not be retransmitted electronically. Instead, submit them for reevaluation through the mail using a CIF. Services denied on an EDI Notice of Authorization may be submitted for reevaluation by checking the section marked "Request for Reevaluation" and mailing it to Delta Dental in a teal border envelope.

- **IF YOU REQUEST THAT AN EDI-GENERATED RTD OR NOA BE REISSUED**, please only submit one copy to Delta Dental to avoid duplicate submission.

- **ELIGIBILITY VERIFICATION CONFIRMATION (EVC) NUMBERS** may be entered in the comments section of an EDI document. Check with your vendor for additional information on placement.

6.0 REPORTS

EDI reports are made available to help you track your electronically submitted documents. They may also include your NOA's and RTD's. If you are not receiving your reports, check with your electronic vendor or clearinghouse (if applicable), or contact the EDI Support Group. The following reports are available on a daily basis through Delta Dental either directly or, if applicable, through your clearinghouse. Depending on how your system is set up, you may have access to only the first five reports.

- CP-O-959-P Provider/Service Office Document Rejections
- CP-O-971-P Provider/Service Office X-Ray/Attachment Request
- CP-O-971-P2 Provider/Service Office X-Ray/Attachment Labels
- CP-O-973-P Provider/Service Office Daily EDI Documents Received Today
- CP-O-978-P Provider/Service Office Daily EDI Documents Waiting Return Information > 7 Days
- CP-O-980-P *EDI Transmission Audit Report
- CP-O-RTD-P *Notice of Resubmission (Resubmission Turnaround Document)
- CP-O-NOA-P *Notice of Authorization

*Reports marked with an asterisk are optional and may require your software vendor to make programming changes before you have access to them.

Explanation of Benefit (EOB) data may also be received electronically to print hard copy EOB's in your office and/or for application directly to your Accounts Receivable system. Again, this may require modification by your practice management system vendor.

You will want to review your reports on a daily basis to confirm our receipt of your claims and TAR's, and to pinpoint any documents that may require follow-up. If you are not receiving reports, please contact the EDI Support Group.

Also, if you submit through a clearinghouse, they may provide a separate report confirming receipt of your claims. Their report and Delta Dental's should match.

6.1 CP-O-959-P PROVIDER/SERVICE OFFICE DOCUMENT REJECTIONS

This report identifies rejected EDI transactions and determines whether correction and resubmission are required.

REPORT ID: CP-O-959-P		COMMUNITY PARTNERSHIP PROGRAM -TEX		RUN ON: 08/01/06		
PERIOD ENDING: 07/31/06		PROVIDER/SVC OFC		PAGE: 1		
PROGRAM ID: DCB959BS	DOCUMENT REJECTIONS.....				
PROV / SVC NBR	PROVIDER DCN	RECIPIENT NAME LAST FIRST		MEMBER ID	BASE DCN	RSN CD
B99999-99	999999999999999999	LAST	FIRST	Z999999999	9999999999999999	G
B99999-99	999999999999999999	LAST	FIRST	Z999999999	9999999999999999	A
B99999-99	999999999999999999	LAST	FIRST	Z999999999	9999999999999999	F
B99999-99	999999999999999999	LAST	FIRST	Z999999999	9999999999999999	G
B99999-99	999999999999999999	LAST	FIRST	Z999999999	9999999999999999	G
<i>PROVIDER/SERVICE OFC TOTALS</i>						
A.	INVALID PROV/SRV/NPI			1		
B.	INVALID C/H			0		
C.	INVALID PROV/CH			0		
D.	BATCH REJECTED			0		
E.	RECORD COUNTS MISMATCH			0		
F.	INVALID PROVIDER NAME			1		
G.	DUPLICATE DOCUMENTS			8		
H.	SECOND NOA ISSUED			0		
I.	INVALID RETURN DCN			0		
J.	SUB/PROV/SITE MISMATCH			0		
K.	CLAIM OVER 40 LINES			0		
TOTAL REJECTIONS				10		

DESCRIPTION OF REJECTION CODES

A	INVALID PROV/SVC/NPI	Invalid provider number was entered, provider is not enrolled to submit electronically to Delta Dental, invalid NPI.
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 Group to contact provider and/or vendor.
G	DUPLICATE DOCUMENTS	Claim was already submitted today.
H	SECOND NOA ISSUED	EDI Support Group 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 (PROV DCN) 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 Delta Dental is correct.
K	CLAIM OVER 40 LINES	Claim submitted exceeds the maximum number of 40 claim lines. Split claim into two claims and resubmit electronically.

6.2 CP-O-971-P PROVIDER/SERVICE OFFICE X-RAY/ATTACHMENT REQUEST

Identifies claims and TAR's submitted electronically that require x-rays and/or attachments. By providing both the Delta Dental Base Document Control Number (DCN) and the Provider Document Control Number (PROV DCN) assigned to each document, the report enables you to easily identify the TAR's and claims associated with x-rays and/or attachments sent through the mail.

REPORT ID:	CP-O-971-P	COMMUNITY PARTNERSHIP PROGRAM - TEX	RUN ON:	08/01/06
PERIOD ENDING:	07/31/06Z	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB971BS	X-RAY/ATTACHMENT REQUEST		

PROV / SVC NBR	BASE DCN	PROV DCN	RECIPIENT NAME		MEMBER ID
			LAST	FIRST	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	
Z99999-99	9999999999999999	9999999999999999	LAST	FIRST	Z999999999
		SYS IND: XXX	DOC TYPE: x	SUBMIT AMOUNT: ZZZ,ZZ9	

** TOTAL X-RAY/ATTACHMENT REQUESTS FOR PROV/SVC OFC.: 7

Handwrite the "BASE DCN" from the report shown above onto the EDI label, next to "PROGRAM DCN." (The Base DCN and the Program DCN are the same number.)

The teal shaded area of the label is for Delta Dental use only. When processing is completed, the portion above the perforation is removed and the lower section is used as a mailing label to return your x-rays.

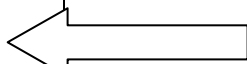
If these same suspended claims are not matched to the required x-rays or attachments within seven days, they will appear on another report as a reference for you (see CP-O-978-P: "Provider/Service Office Daily EDI Documents Waiting Return Information > 7 Days" on page 15).

6.3 CP-O-971-P2 X-RAY/ATTACHMENT LABELS

This report is actually the EDI label format used by offices whose systems enable them to print all patient-identifying information directly onto blank labels.

If all patient information can be printed directly onto blank labels, affix labels to x-ray envelopes before mailing. Each label includes a perforated section with your provider name and address, and is used to return your x-rays. Special adhesive used on the labels enables them to be removed easily before mailing to you.

<i>PROVIDER ID:</i>	<i>B99999-99</i>
<i>MEMBER ID:</i>	<i>Z99999999</i>
<i>PLAN CODE:</i>	<i>TEX</i>
<i>PROV. DCN:</i>	<i>9999999999999999</i>
<i>PROGRAM DCN:</i>	<i>9999999999</i>
<i>DCC:</i>	_____
<i>PREVIOUS X-RAYS AND/OR ATTACHMENTS:</i>	_____
<i>FIRST LAST NAME, DDS 999 STREET NAME CITY, ST 99999-9999</i>	
<i>- TX018A</i>	



Please Note: We are unable to accept patient information that has been printed onto plain white paper in lieu of standard EDI labels.

6.4 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 to serve as a cross-reference between Delta Dental's Document Control Number (DCN) and the Provider Document Control Number (PROV DCN). The report is a confirmation of TAR's (*DOC TYPE T*) and payment claims (*DOC TYPE C*) received by Delta Dental.

REPORT ID:	CP-O-973-P	COMMUNITY PARTNERSHIP PROGRAM - TEX	RUN ON:	08/01/06
PERIOD ENDING:	07/31/06	PROVIDER/SVC OFC	PAGE:	1
PROGRAM ID:	DCB973BS	DAILY EDI DOCUMENTS RECEIVED TODAY		
PROV / SVC NBR	PROVIDER DCN	BASE DCN	RECIPIENT NAME LAST FIRST	MEMBER ID
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: T SUBMITTED FEE: 100.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: T SUBMITTED FEE: 50.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: C SUBMITTED FEE: 150.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: C SUBMITTED FEE: 75.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: C SUBMITTED FEE: 100.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: C SUBMITTED FEE: 25.00	
B99999-99	999999999999999999	999999999999999999	LAST FIRST	Z99999999
			DOC TYPE: C SUBMITTED FEE: 100.00	
TOTAL PROV/SVC OFC.DOCUMENTS: 7				

6.5 CP-O-978-P PROVIDER/SERVICE OFFICE DAILY EDI DOCUMENTS WAITING/RETURN INFORMATION > 7 DAYS

This report lists all EDI documents that have been awaiting x-rays and/or attachments or responses to RTD's for more than seven days, sent as a follow-up to the original request (report CP-O-971-P shown on page 12) for reference purposes. This is a cumulative report showing the number of days that a claim or TAR remains in a suspended status until the required information is received. Providers can also identify documents on which the x-ray or attachment indicator was turned on in error.

REPORT ID: CP-O-978-P		COMMUNITY PARTNERSHIP PROGRAM - TEX			RUN ON: 08/01/06	
PERIOD ENDING: 07/31/06		PROVIDERS/SVC OFC				
PROGRAM ID: DCB978BS		DAILY EDI DOCUMENTS WAITING RETURN INFORMATION > 7 DAYS				
PROV / SVC NBR	ISSUE DATE	DAYS SINCE	MEMBER ID	RECIPIENT NAME LAST FIRST		TYPE OF REQUEST
B99999-99	07/01/06	30	Z99999999	LAST	FIRST	XRAY/ATTCH
PROV DCN: 9999999999999999		BASE DCN: 99999999999999		DOC TYPE: x		SUB AMT: 100.00
B99999-99	07/10/06	20	Z99999999	LAST	FIRST	XRAY/ATTCH
PROV DCN: 9999999999999999		BASE DCN: 99999999999999		DOC TYPE: x		SUB AMT: 75.00
B99999-99	07/15/06	15	Z99999999	LAST	FIRST	XRAY/ATTCH
PROV DCN: 9999999999999999		BASE DCN: 99999999999999		DOC TYPE: x		SUB AMT: 100.00
B99999-99	07/20/06	10	Z99999999	LAST	FIRST	ADDIT DOC
PROV DCN: 9999999999999999		BASE DCN: 99999999999999		DOC TYPE: x		SUB AMT: 25.00
B99999-99	07/23/06	7	Z99999999	LAST	FIRST	ADDIT DOC
TOTAL PROV/SVC OFC.DOCUMENTS: 5						

IMPORTANT: In the "Type of Request" column:

XRAY/ATTCH indicates claims that have been "suspended" until Delta Dental receives x-rays and/or attachments. (Note: An EDI label is required for each claim or TAR. Be sure to include the Base DCN.)

ADDIT DOC indicates that Delta Dental has issued an actual RTD to your office requesting specific information before processing can be completed. (Please do not submit EDI labels with RTD's).

- It is important to review this report each day to track your claims and TAR's. If the x-ray, attachment or response to an RTD is not received within 45 days, the claim or TAR will be denied and it will no longer appear on your 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 x-rays/attachments for this EDI document").
- You may have recently mailed in x-rays or an RTD for a claim that continues to appear on this report. This usually means that your attachments are in transmit and have just not yet been linked to the suspended document. Before submitting a second set of films or requesting a duplicate RTD, check with Provider Services to determine if Delta Dental has received your documentation.

6.6 CP-O-980-P EDI TRANSMISSION AUDIT REPORT

Providers may receive this electronic audit report if their practice management system does not provide any hard copy of claims submitted to Delta Dental, and a printout is desired. If copies of paper claims are not currently saved, this report is not necessary. It is for your file or reference purposes only and cannot be used to submit for payment or authorization.

REPORT ID: CP-O-980-P	COMMUNITY PARTNERSHIP PROGRAM - TEX	FOR: 08/01/06
PERIOD ENDING: 07/31/06	PROVIDER/SVC OFC	PAGE: 1
PROGRAM ID: DCB980BS	EDI TRANSMISSION AUDIT	
DCN: 06999899999	TYPE: C	EXTN: N RE-EVAL: N
PDCN: 9999999999999999		
RECIP LN: LAST	FN: FIRST	MEMBER ID: Z99999999
ADDR LN1: 999 STREET NAME		LN2: ADDRESS
CITY: CITY,	ST:	ZIP: 99999-9999
DENTAL REC: XXXXXXXXXXXX		REFERRING PROV: XXXXXXXXXXXX
XRAY: X #XRAYS: XX ATTACH: X	ACCID: X	EMPL: X OTH COV: X MEDI: X
CCS: X MFO: X PROV NM: XXXXXXXXXXXXXXXXXXXX	NUM: XXXXXX XX	POS: X
TOT BILL: XXXXXXXX	DT BILLED: XX/XX/XX	PAT SOC: XXXXXXXXXXXX
#CLS: XX	PROTH ORDER DATE: XX/XX/XX	LN#: XX XX XX XX
OTH COVER: XXXXXXXXXXXX		
TC: SRF: DOS: 07/01/06	PRC: D0120	QTY: XX BILL: 15.00 RPROV: DDSNAME
DESCRIPTION OF SERVICE		
TC: SRF: DOS: 07/01/06	PRC: D1110	QTY: XX BILL: 36.00 RPROV: DDSNAME
DESCRIPTION OF SERVICE		
TC: SRF: DOS: 07/01/06	PRC: D0272	QTY: XX BILL: 15.00 RPROV: DDSNAME
DESCRIPTION OF SERVICE		
TC: 4 SRF: DOS: 07/05/06	PRC: D2150	QTY: XX BILL: 55.00 RPROV: DDSNAME
DESCRIPTION OF SERVICE		
TC: 12 SRF: O DOS: 07/05/06	PRC: D2140	QTY: XX BILL: 44.00 RPROV: DDSNAME
DESCRIPTION OF SERVICE		
TOTAL PROV/SVC OFC DOCUMENTS: XXXX		

6.7 CP-O-RTD-P NOTICE OF RESUBMISSION (ELECTRONIC RTD)

A Notice of Resubmission is an Electronic Resubmission Turnaround Document (RTD). Providers with this option can receive this electronic report in lieu of hard copy (paper) RTD's. Electronic RTD's consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. Once printed, the electronic RTD's may be completed like the current paper RTD form, signed and returned to Delta Dental for processing.

(CP-O-RTD-P) BILLING PROVIDER NAME AND ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PROVIDER FIRST LAST NAME 999 STREET NAME CITY, ST 99999-9999	CPP - NOTICE OF RESUBMISSION	07/31/06 09/00/00 PAGE 1 OF 1 RTD ISSUE DATE: 07/30/06 RTD DUE DATE: 09/13/06 PLAN CODE: TEX DOCUMENT TYPE: CLAIM BEGINNING DOS: 07/15/06 PROVIDER DCN: 9999999999999999			
----- PATIENT INFORMATION -----					
AMOUNT					
LAST NAME	FIRST NAME	MEMBER ID	DENTAL REC #	BILLED	DCN
LAST	FIRST	Z99999999	XXXXXXXXXX	44.00	06213180000
----- CLAIM INFORMATION -----					
INFORMATION	FIELD	CLAIM	SUBMITTED	PROCEDURE	
BLOCK	NO.	LINE	INFORMATION	CODE	
XXXXXXXXXXXXXXXXXX	99	99	XXXXXXXXXXXXXXXXXX	D2140	
ERROR CD: 99 DESC: INFORMATION REQUEST LOCATED HERE					
CORRECT INFORMATION: _____					
X _____			_____		
SIGNATURE			DATE		
NOTE: PLEASE CORRECT THE CLAIM/TAR/NOA. MAIL ANY REQUIRED X-RAYS/ATTACHMENTS IN THE APPROPRIATE COLORED ENVELOPE, WRITING IN THE DOCUMENT CONTROL NUMBER (DCN). PLEASE INCLUDE THE CPP-TEX ASSIGNED DCN ON ANY OTHER COMMUNICATIONS WITH CPP-TEX.					

If x-rays or documentation are required, be sure to send them with the RTD. Please do not send with an EDI label.

6.8 CP-O-NOA-P NOTICE OF AUTHORIZATION

Providers with this option can receive this electronic report in lieu of hard copy NOA forms. Electronic NOA's consist of report records that may be printed by a clearinghouse, billing intermediary or provider office. Once printed, the electronic NOA's may be completed like the current hard copy NOA form, signed and returned to Delta Dental for processing.

(CP-O-NOA-P) DCN: 06999899999 X	CPP - NOTICE OF AUTHORIZATION AUTHORIZATION PERIOD PLAN CODE: XXXX RE-EVALUATION IS REQUESTED <input type="checkbox"/> (X FOR YES) EXTENSION OF TIME IS REQUESTED <input type="checkbox"/> (X FOR YES)	07/31/06 09:00:00 PAGE 1 OF 1 FROM 07/01/06 TO 11/28/06																				
PATIENT NAME (LAST, FIRST, MI) LAST FIRST MI SEX BIRTHDATE MEMBER ID LAST FIRST MI M 09/99/99 Z99999999	PATIENT DENTAL RECORD NO.: XXXXXXXXXXXX PROVIDER DOC CONTROL NUMBER: 999999999999999999																					
X-RAYS ATTACHED <input type="checkbox"/> (X FOR YES) HOW MANY? _____ OTHER ATTACHMENTS <input type="checkbox"/> (X FOR YES) OTHER DENTAL COVERAGE <input type="checkbox"/> (X FOR YES)	ACCIDENT/INJURY <input type="checkbox"/> (X FOR YES) EMPLOYMENT RELATED <input type="checkbox"/> (X FOR YES)																					
BILLING PROVIDER NAME AND ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PROVIDER FIRST LAST NAME 999 STREET NAME CITY, ST 99999-9999																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TO SURF</th> <th style="text-align: left;">LN</th> <th style="text-align: left;">DESCRIPTION-OF-SVC</th> <th style="text-align: left;">DATE-PER</th> <th style="text-align: left;">QTY</th> <th style="text-align: left;">PROC</th> <th style="text-align: left;">FEE</th> <th style="text-align: left;">ALLOW</th> <th style="text-align: left;">ADJ-C</th> <th style="text-align: left;">PROVID</th> </tr> </thead> <tbody> <tr> <td></td> <td>01</td> <td>SUBGING CURETTAGE</td> <td>XX/XX/XX</td> <td>01</td> <td>D4341</td> <td>50.00</td> <td>0.000</td> <td>74B</td> <td>_____</td> </tr> </tbody> </table>			TO SURF	LN	DESCRIPTION-OF-SVC	DATE-PER	QTY	PROC	FEE	ALLOW	ADJ-C	PROVID		01	SUBGING CURETTAGE	XX/XX/XX	01	D4341	50.00	0.000	74B	_____
TO SURF	LN	DESCRIPTION-OF-SVC	DATE-PER	QTY	PROC	FEE	ALLOW	ADJ-C	PROVID													
	01	SUBGING CURETTAGE	XX/XX/XX	01	D4341	50.00	0.000	74B	_____													

If x-rays or documentation are required, be sure to send them with the NOA. Please do not send with an EDI label.

Mailing Addresses	
Send EDI x-rays and or attachments (in teal bordered envelopes) to:	Delta Dental State Government Programs EDI Support Group ATTN: Texas CHIP P.O. Box 537018 Sacramento, CA 95853-7018
Send Returning Paper NOA's and RTD's (in teal bordered envelopes) to:	Delta Dental State Government Programs EDI Support Group ATTN: Texas CHIP P.O. Box 537018 Sacramento, CA 95853-7018
Send Enrollment Materials and EDI Support Group Mail to:	Delta Dental State Government Programs EDI Support Group ATTN: Texas CHIP P.O. Box 537018 Sacramento, CA 95853-7018
Send Supply Request forms to:	Delta Dental State Government Programs Attn: EDI Forms Reorder P.O. Box 537018 Sacramento, CA 95853-7018 Or Fax to (916) 852-8995

7.0 NEED HELP???

If you have a question about EDI, call (866) 561-5891 and ask for EDI Support.

If you have a question about a particular EDI claim, contact the Provider Call Center toll-free at (866) 561-5891.

You may also visit Delta Dental State Government Programs' web site at www.deltadentalca.org/tchip for updated EDI information and EDI forms. The following are highlights that can be found on our web site:

- EDI Enrollment Packet
- EDI Supply Request Form
- EDI How-To Guide for Texas CHIP
- Provider Enrollment Packet
- Provider Forms
- Provider Manual
- Searchable Provider Directory
- Provider Bulletins
- Provider Training Seminar Schedule

EDI SUPPLY REQUEST FORM

This form is to be used **only** to reorder Electronic Data Interchange (EDI) supplies for Delta Dental Texas CHIP Dental Services.

Billing Provider Name:	Provider Billing Number:
DBA (if applicable):	National Provider Identifier (NPI):
Mailing Address:	Telephone Number: ()
City, State:	ZIP Code:
Contact Name:	Contact Telephone Number: ()

EDI X-RAY ENVELOPES

Item	Description	Quantity
TX-54	Small X-ray Envelopes (for enclosing x-rays)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30
TX-55	Large X-ray Envelopes (for enclosing x-rays)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30
TX-56	Large Mailing Envelopes (to mail multiple x-ray envelopes)	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30

EDI LABELS

Item	Description	Quantity
TX - 018A	3-up Laser Labels (12 labels per sheet)	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20

If you have any questions or need help completing this form, please call our Provider Call Center at (866) 561-5891.

After completion of information, please mail or fax your request to:

Delta Dental State Government Programs
EDI Support Group
P.O. Box 537018
Sacramento, CA 95853-7018

FAX: (916) 852-8995
Attn: EDI Support Group