

Delta Dental of Iowa Dentist Connection



deltadentalia.com/dentists

Delta Dental of Iowa User Manual for Dentist Connection

Updated 2024

Table of Contents

	3
GETTING STARTED	3
OTHER SOFTWARE	3
USER RESPONSIBILITY	3
LOGGING ON TO DENTIST CONNECTION ONLINE	4
CREATE AN ONLINE ACCOUNT	5
HOW TO VIEW ANOTHER DENTIST WITH YOUR CLINIC	6
HOW TO CHANGE YOUR PASSWORD	7
ACCESSING INFORMATION	8
PATIENT INFORMATION	9
ELIGIBILITY	11
ELIGIBILITY & BENEFITS REPORT (FAXBACK)	12
BENEFITS & FREQUENCIES	13
PATIENT HISTORY	14
PROCEDURE CODE SEARCH	15
CLAIM HISTORY	16
BENEFIT ESTIMATE	17
INQUIRY TOOL	18
SUBMIT CLAIM	19
CLAIMS ACTIVITY	20
CLAIM SUBMISSION TIPS	23
PAYMENT - REMITTANCE ADVICE (RA)	24
DIRECT DEPOSIT ENROLLMENT	25
CONTACT DELTA DENTAL	26

INTRODUCTION

Dentist Connection is a website for Participating Dentists and provides access to confirm patient eligibility, view benefits, claim status, and frequency limitations, for all covered members 24 hours a day, 7 days a week. Claims can be completed and submitted to Delta Dental of Iowa for processing at no cost. Additionally, there are many other valuable tools and resources available on the Dentist Connection as outlined in the Dentist Office Manual.

GETTING STARTED

You need to have Internet access to use the Dentist Connection. Use your current Delta Dental of Iowa Username and Password to sign in. If you have not registered for access to the Dentist Connection, follow the steps outlined in the "Create an Online Account" section on page 4 of this User Manual.

For information regarding Dentist Connection, please contact Professional Relations at 800-544-0718.

OTHER SOFTWARE

As an added feature, 'printer friendly' versions of patient benefit information are available for display in a PDF format. Adobe Acrobat Reader is required. Free versions of Adobe Reader can be downloaded from the Adobe Website: <u>www.adobe.com</u>.

USER RESPONSIBILITY

Dentist Connection is a secure website. Registration and Provider Authorization are required. A unique User ID and Password are assigned to individual users. This User ID and Password must be protected and only used by the individual for whom it was assigned. It is the responsibility of the provider office to inform Delta Dental when a staff member's User ID and Password need to be inactivated.

LOGGING ON TO Dentist Connection ONLINE

Go to <u>www.deltadentalia.com/dentists</u> and click on Log In.



- 1. From the Log In page enter your username and password
- 2. Click on Sign in

Have we met?	
First, enter your username so we can find your Delta Dental company!	
Enter your username:] 	
Forgot Username?	
Next	
Don't have an account? <u>Create an account</u>	

CREATE AN ONLINE ACCOUNT



If you are not yet registered, click "New user? Sign up" from the Account Box to create an online account.

After clicking on the **New user?** link, the following registration page will display. Enter your information in each of the fields.

	st Employer Broker	Search
i your Delta Dental		Sign in/Re
entist registration - stu ase enter your information in the registration form be ing difficulty registering.	ep 2 of 3 Plow. Required fields are indicated with an ast	erisk (*). <u>Contact us</u> if you are
Enter the name of the person completing this registration form.		
First Name*	Last Name*	
Enter information about your office. This will be used to determine	your office location for mailing purposes.	
Business Tax ID*	Business City*	
Business Zip*		
Enter information about a dentist in your office. This will be used to	o validate your registration request.	
	Dentist Last Name*	
Dentist First Name"		
Dentist First Name*	License State*	

Please note: The information entered must match what Delta Dental of Iowa has on file. *The most common mismatched information is the dentist's license number.* Delta Dental uses the dentist's four-digit state issued license number; **do not use the zero preceding the license** number.

After clicking the **Register User** button, you will be prompted to select your User ID and Password.

Important Note: For security purposes, each person in your office using the Dentist Connection should register with their own User ID and Password. Please inform Delta Dental of Iowa when office staff with access to the Dentist Connection are no longer employed by your office so their website login can be deactivated. This will ensure they no longer have access to covered person's benefits, eligibility, and claims information.

Once you are logged in you will be taken to your home page where you will see your Clinic Name on the left and your Dentist Name on the right.

If you lock yourself out of the website, call Customer Service and they will reset it for you.

HOW TO VIEW ANOTHER DENTIST WITHIN YOUR CLINIC

If there is more than one dentist in your office, please ensure the correct dentist displays in the Dentist header. This step is important for viewing and submitting patient claims.

The All Dentist function is used in the Claim Activity and Payment Tabs.

Note: Member claims can only be viewed through the specific provider who submitted the claim(s).

- 1. Select the Change button by your Clinic header bar
- 2. Select the dentist
- 3. Click the Done button

DELTA DENTAL		My Profile C	iontact Us Logout Change View
	Viewing Dentist Connection as: Busines	ss TaxID	
Home Patient Information	Claims Activity Inquiries Payment 💌 Re	esources 🕶	
ð			N
Clinic:		Dentist:	Change
Updated Contact Process: Beg our dentist directories. You will need	inning April 1, Delta Dental will introduce a new process t l to verify your office contact information every 90 days to	to verify contact information for lowa providers that displays on o use the Dentist Connection. Learn more.	Select the dentist to display: All Smiles Dental
✓ Verify your office information today! · View your office information	We want your feedback! We want to improve your experience with Delta Dental. Share your feedback!	Quick Links • Office Manuals • Dentist Portal User Manual • Claim Form • Fee Schedules • Value-Added Services Program	Dr. Smiles (123457) Dr. My Smile (1234567) All Dentists
Celebrating National Children's De 02/08/2024 Explore the importance of children's offering free resources for parents, e Read More	intal Health Month dental health with Healthy Smile Learning educators, and kids.	Customer Service Hours: №F, 7:30 a.m5:00 p.m. C. Phone: 1:800.544.0718 ⊕ Fax: 1:888.241.440 ⊠ E-mail: claims@deltadentalia.com	3
How smoking and alcohol harm yo 02/01/2024 As we embark on a new year, many lifestyle changes. Ditching your smol start, Here, learn how smoking and a weakened teeth to increased cancer Read More	our oral health of us are hoping to implement healthier king or a lcohol habits are good places to alcohol can damage your oral health, from risk.	Hawki Sector Phone: 1.800.544.0718 option 3 Pax: 1.888.264.0195 Sector Phone: 1.808.472.1205 Dental Wellness Plan (DWP) & DWP Kids Sector Phone: 1.888.472.1205	Don
Risks of dry scooping pre-workout 02/01/2024 Pre-workout powders may offer an e the trend of dry scooping these pow understand. Read More	powders energy boost to your exercise routine, but ders may pose health risks you need to	i arx: 1.888.264.0195 E-mail: DWPmembers@deltadentalia.com Medicare Advantage Health Plan Hours: M-F, 730 a.m530 p.m. C. Phone: 1.800.544.0718 € Phone: 1.800.544.0718	
Seniors' guide to tooth loss: Dentu 02/01/2024 Older adults have higher rates of too	rres, implants and bridges th loss, but there are many options to help	Ermail: claims@deltadentalia.com	

HOW TO CHANGE YOUR PASSWORD:

From the Dentist Connection Secure login page (shown on Page 4), log into your account. From the Home page, click on the <u>My Profile</u> link in the upper right corner of the page.

À DELI	IA DENTAL °	➡ Viewing I	Dentist Con	nection as: Bu	My Profile Contact Us Logout +) Change View
🖶 Home	Patient Information	Claims Activity	Inquiries	Payment 🔻	Resources 💌
					Dentist: Provider, International (1481307)

- 1. The Delta Dental Plans Association page will display.
- 2. Select the <u>Change your password</u> link.
- 3. Enter your information into the Current Password, New Password and Confirm New Password boxes
- 4. Click on the Change Password button, and your password has now been changed.

Change Password				
Password Requirements				
 Password cannot be 	the same as the current one	2		
 Password must hav 	minimum of 8 characters ar	nd contain characters from 3 of th	e 4 categories below:	
Uppercase Lowercase	etters (A through Z)			
Numbers	through 9)			
 Special ch 	acters (!, #, \$, @, .)			
*Required				
*Current Password:				
*Password:				

ACCESSING INFORMATION

Dentist Connection Home Page

Click on the appropriate tab or link to access more information.

DELTA DENTAL				User:	My Profile Contact Us
1	12 ring De 3 Con	necti 4 Bu	sine 5 D 899	999999	
Home Patient Information	Claims Activity Inquiries	Payment •	Resources *		
Clinic:			Dentist:		
Updated Contact Process: 8 our dentist directories. You will n	Beginning April 1. Delta Dental will in eed to verify your office contact infor	troduce a new pro mation every 90 d	cess to verify contac lays to use the Denti	t information for Iowa provi st Connection. Learn more.	ders that displays on
 Verify your office information today! View your office information 	We want your f We want to improve you Dental. > Share your feedback!	eedback!	Q	vick Links Office Manuals Dentist Portal User Mar Claim Form Fee Schedules	nual
🖾 A Healthy Life				Value-Added Services P	rogram
Dental Lifeline Network is Dedit 09/12/2023 Dental Lifeline Network partners services to some of the most vuin Read More	ated to Your Healthy Aging with dentists to provide donated den erable lowans.	ul 👔		Hours: M-F, 7:30 a.m5:00 C Phone: 1.800.544.0718 Fax: 1.888.264.1440 E-mail: claims@deltade	0 p.m. entalia.com
Q&A with Dr. Jeff: Do I really ne 09/07/2023 Many of us see our dentist more Jeffrey Chaffin, Chief Dental Offici twice-yearly dental visits are so in Read More	ed to see my dentist twice a year? than any other health care provider. er for Delta Dental of Iowa, explains v nportant to your oral and overall hea		Hawki C Phone: 1.800,544.0718 Fax: 1.888.264.0195 E-mail: hawki@deltade Dental Wellness Plan (DV	option 3 Intalia.com NP) & DWP Kids	
3 tooth-friendly swaps to spice	up your coffee	Ľ./		C Phone: 1.888.472.1205	

Tab Descriptions

1	Patient Information	Main menu tab to access the patient eligibility, benefits and frequencies, preventive history, pre-d/prior authorizations, benefit estimates, claims, submit a claim.
2	Claim Activity	Main menu tab to access claim information via claim activity search.
3	Inquiries	Allows providers to submit benefit questions, or inquiry about a claim or eligibility.
4	Payment	Main menu tab to the remittance advice (RA)/explanation of payment (EOP) and direct deposit sign up form.
5	Resources	Main menu tab to access forms, manuals, events, educational materials, and Value-Added Services.

PATIENT INFORMATION

The Patient Information tab will provide a patient search screen. Specific patient records can be accessed by entering either your patient's name or the member ID number along with the date of birth.

🖀 Home	Patient Information	Claims Activity	Inquiries	Payment 🔻	Resources 🔻	
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Fill in the required information by entering either:

- 1. Member Last Name, First Name and Date of Birth OR
- 2. Member ID Number and Date of Birth
- 3. Press Enter on your keyboard or click the Search button

DEL	TA DENTAL [®]						My Settings Co	ontact Us Lo
🖶 Home	Patient Information	Claims Activity	Inquiries	Payment 🔻	Resources 🔻			
Clinic:	Delta Dental Clinic				Dent	ist: Smiles, Big		Change
Patient Search	Search Criteria							
*Required	d ame:	*First Name:	[*Da	te of Birth:			
OR			(First 2 letters r	equired)	(M	IM/DD/YYYY)		
2 *ID:		*Date of Birth:	(MM/DD/YYYY)					
				Search				

PATIENT INFORMATION CONTINUED...

When the specific patient information has been retrieved, the patient's eligibility screen will display along with Accumulations and Special Conditions information. The following tab options are available for additional information:

DELTA DENTAL

Home	Patient Information	Claims Activity	Inquiries	Payment • Resources •			
Clinic: (Delta Dental Clinic			Dentist:	Smiles, Big		Change
& Merr	ber Name:			ID: 123654	Birth Date	New Pat	tient.
	2	3	1.000	4 6	6		
> Eligit	bility Benefits & Frequ	encies Patient P	listory Proc	Code Search Claim History	Submit Claim		
• Eligi As of: 0	bility Benefits & Freque	encies Patient P	listory Proc	Code Search Claim History	Submit Claim Ø Open Eligibility Inquiry	🔒 Eligibility 8	Benefits Report
> Eligi As of: 0 Covern	bility Benefits & Frequ 1/07/2019 🗂 Sube pe: DELTA DENTAL	encies Patient P	listory Proc	Code Search Claim History	Submit Claim	🔒 Eligibility &	. Benefits Report
• Eligi As of: 0 Coverag Group	bility Benefits & Frequ 1/07/2019 M Sube se: DELTA DENTAL	encies Patient F	listory Proc (Code Search Claim History	Submit Claim C Open Eligibility Inquiry B + Ade		Benefits Report
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> Eligi As of: 0 Coverag Group Eligibili Name	bility Benefits & Frequ 1/07/2019 M Subr se: DELTA DENTAL ty Information	encies Patient H	listory Proc (Relationship	Code Search Claim History Coverage Effective Date	Submit Claim C Open Eligibility Inquiry B + Add Term Date		Benefits Report nhanced Benefits

Brief descriptions for each of the tab options available to access information

1	Eligibility	Initial landing screen – Provides access to search patient information that has been keyed, this screen displays the patient's eligibility, accumulations, and group specific special conditions that apply to a member's benefit plan. The screen also provides access to existing health conditions, and an Eligibility & Benefits Report. There is also an option for the provider to add a new health condition.
2	Benefits & Frequencies	Provides access to patient's benefit and frequency information.
3	Patient History	Displays previous preventive services and all services completed in the last 5 years.
4	Procedure Code Search	This allows access to specific procedure, showing what the benefit level is specific to provider's participation.
5	Claim History	Displays a listing of claims, along with a claim number link to access claim's detail. Previously submitted claims for the specific patient will only be viewable by the submitting dentist or clinic staff.
6	Submit a Claim	Access to the claim submission screen.
7	As of: (Date)	User is able to review previous coverage by changing the date parameter to a date within the last 18 months.
8	Add Health Condition	Allows provider to add a new health condition to his/her patient's Delta Dental record. Note: The patient's group plan must be a plan that allows additional benefits for health conditions (Enhanced Benefits Program). If you enroll the member in the Enhanced Benefits Program and their plan is eligible, the benefits on the Benefits & Frequencies tab will be updated to reflect the additional dental benefits based on the medical condition selected.

ELIGIBILITY

The Patient Information function will display your specific patient's eligibility record providing information about his/her current coverage. Items on this screen include:

- 1. ID field in the member's main header bar is a number used by Delta Dental internally and may be different than the ID number displayed on the member's ID card.
- 2. ID Card Number is the number printed or displayed on the member's identification card.
- 3. "As of" date will default to the current day, but can be changed by using the calendar icon.
- 4. The calendar icon allows user to change the "As of" date. Selected date must be within the past 18 months.
- 5. Use the Submit button to enter the requested date change.
- 6. Delta Dental coverage will always display with a **green** header bar. Other carrier's information will display with a **gray** header bar.
- 7. The Eligibility Information will outline who is covered under the plan and contain details such as Coverage Effective Date and Birth Date, along with benefit Accumulations, outlining the patient's current accumulation status for applicable deductibles and maximums.

*Note: If the patient has multiple coverages, their Primary coverage will be the first to display. If Delta Dental is aware of coverage with another carrier, the page will display any information available on the patient's Delta Dental record.

Clinic: Dentist: Smiles, Big Charge ▲ Member Name: <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>_</th>									_
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Member Name: ID: 123654 Birth Date: New Patient N				0					_
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As of: 01/07/2019 Eligibility Inquiry Eligibility & Benefits Report Coverage: DELTA DENTAL Group: And Health Conditions for Enhanced Benefits Eligibility Information Name Relationship Coverage Effective Date Term Date Birth Date ID Card # Doe, Jane Name Reg Annual Reg Ang	• Eligibility Ben	efits & Frequencies Pa	stient History Proc	Code Search Claim	History Sub	mit Claim			
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A DELTA DENTAL

ELIGIBILITY & BENEFITS REPORT (Faxback)

The Eligibility & Benefits Report link allows you to access a printer-friendly PDF (Faxback) outlining the patient(s) eligibility and benefits information. If the patient has multiple Delta Dental of Iowa plans, the primary coverage displays first. Depending upon the benefits, the report may have the following sections:

- Eligibility
- Accumulations
- Age Limits
- Special Conditions

- Maximums and Deductibles
- Benefit Levels
- Preventive
 History

- Frequency / Other Limitations
- Claims (within the previous 24 months)

Below is an example from the Benefit Levels section of the report. The benefit view will display the patient's benefit breakdown including coverage percentages for procedure categories and frequency limits for applicable provider networks.

Clinic: Dentil: Over Member Name: D: Birth Date: Nor Petitin State Series: Patent History Proc Code Search Calam History Submit Claim A dentile result Proc Code Search Calam History Submit Claim Eligibility information Mame Relationship Coverage Effective Date Term Date Birth Date OU 002001 Mame Subscriber 0601/2013 Term Date Birth Date Date Coverage Mame Subscriber 0601/2013 Term Date Birth Date Date Coverage Mame Subscriber 0601/2013 Term Date Birth Date Date Coverage Doe, and Subscriber 0601/2013 Term Date Birth Date Date Coverage Distribution Resume Coverage Effective Date Term Date Birth Date Date Coverage Distribution Resume Coverage Effective Date Term Date Birth Date Date Coverage Distribution Resume Coverage Effective Date Term Date Birth Date Date Coverage Distribution Subscriber Obion Coverage	Home Patient Info	ormation Claims Act	ivity Inquiries	Payment • Resources	•		
Clinic Dentix Owner Member Name: 0: Birth Date: New Jeters Stightility: Beneficis & Frequencies Pascent History Proc Code Search Calm History Submit Claim A set Image: Convergent Claim Organ: Image: Convergent Claim	Ċ						10 mil
ID: Birth Date: New Potient Image: Service Control of the Service	Clinic:			Der	tist:		Change
• Eligibility Benefits & Frequencies Patient History Proc Cade Search Claim History Submit Eligibility Inquir • Eligibility Inquir • Current Patient Only • Subscriber & All Degendents Courses: • Add He • Current Patient Only • Subscriber & All Degendents Eligibility Information • Current Patient Only • Subscriber & All Degendents Dec. Jane Subscriber 06/01/2013 00/00/2001 Disc Subscriber 06/01/2013 00/00/2001 00/00/2001 <td>& Member Name:</td> <td></td> <td></td> <td>ID:</td> <td>Birth Date:</td> <td></td> <td>e Patient</td>	& Member Name:			ID:	Birth Date:		e Patient
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Eligibility Group Name: Group Number: Name Relationship Coverage Effective Date Term Date Birth Date ID Card # Special Conditions GROUP DOES NOT HAVE MISSING TOOTH CLAUSE Accumulations To calculate remaining maximum amounts, subtract "Amount Used" from corresponding maximum amounts displayed in the "Maximums and Deductbles" section. Name Total Annual Ortho Annual Onto I-feature To Go(TM) Maximum Maximum Maximum Maximum Maximum Maximum Maximum Ortho Annual Ont-of- To Go(TM) Pocket Balance Maximum Maximum Maximum		C DELTA DENTA Benefits, Eligibil The Information contain	utive & Claims History	DEL P.O. JOH Elec Que www don the member information submitted	rA DENTAL OF IOWA BOX 9000 VSTON, IA 50131 ronic Claims Payer ID: CDIA1 tions? Ca11 : 800. 544.0718 deltadentala.com	is not a guarantee	
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BENEFITS & FREQUENCIES

1. Retrieve Member Eligibility using the Patient Information tab (top of page 7)

My Settings | Contact Us | Logouit

- 2. Click the Benefits & Frequencies tab just below the patient's name
- 3. The member's benefit information is now displayed as follows:

A DELTA DENTAL

*									
Clinic:				Dentist	:				Change
& Member Name:			ID:		1	Birth Date:		New P	atient
Eligibility Benefits & Frequ	vencies Patient His	tory	Proc Code Search	Claim History	Subr	nit Claim			
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PATIENT HISTORY

The Patient History screen displays *all* services for the member for the previous 5 years, regardless of the provider. The history includes exams, prophys, x-rays, and fluoride treatments.



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& Member Name:			ID:	Birth D	ate: New Patient
Flighting	fer & Frequencies	Patient History	Proc Code Search	Claim History Submit Claim	
engronity	nts a rrequencies	Protein History	Proc Code Search	Claim History Jubrin Claim	
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Procedure		Date of	Last Service		
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Cleaning		10/17/2	018		
Fluoride		10/17/2	018		
Bitewing X-rays		10/17/2	018		
Full Mouth or Panor	amic X-rays	07/31/2	014		
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All Services - Pa: Search:	st 5 Years	(i.e. date, tooth number,	proc code)	Description	Showing 1 to 25 of 42 entries
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PROCEDURE CODE SEARCH

A DELTA DENTAL

Provides the ability to look up a specific procedure code and find out how it is benefitted specific to their level of participation.

Clinic:					Dentist:		Chang
& Memi	ber Name:		1	ID:		Birth Date:	New Patient
Eligibi	lity Benefits & Frequer	Patient Hi	story Pro	Code Search	Claim History	Submit Claim	
roced	ure Code Search		1.000				

CLAIM HISTORY

Indicate the claim status by filling in the box. Be sure to indicate the correct provider. Once you have selected the claim status type and provider, hit submit.

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Clinic: Delta Dental Clin	nic				Dentist	:			Change
& Member Name:				ID:		Birth	Date:	New	Patient
Eligibility Ben	efits & Frequencie	Patient Hi	story	Code Search	Claim History	Submit Clai	m		
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A DELTA DENTAL

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BENEFIT ESTIMATES

The Benefit Estimates tool was developed for treatment planning purposes. It instantly estimates benefits based on basic patient eligibility information such as frequency limitations and assumes any clinical criteria required to be submitted and reviewed is met. Unlike a prior authorization no procedures are reviewed to determine if they actually qualify for benefits. There is no document mailed or sent to the member when a Benefit Estimate is processed. Benefit Estimates and are not a guarantee of payment.

DELTA DEN	ITAL	🔒 Print this Page 🗙 Close Window
Benefit Estimate		
		Print Date:
Claim Status:	· · · · · · · · · · · · · · · · · · ·	
Claim Number:		
Patient:	Doe, Jane	
Birthdate:	01/01/2001	
ID Card #:		
Subscriber:	Doe, Jane	
Relation:	Subscriber	
Group Number:		

Claim Details

Date of Service	Tooth Nbr Quad	Submitted Proc Code	Processed Proc Code	Procedure Description	Submitted Amount	Approved Amount	Allowed Amount	Fee Adjust	Deductible	сов	Delta Dental Coins	Delta Dental Payment	Patient Pay	Ref Code
NA	7	2331	2331	RESIN - TWO SURFACES, ANTERIOR	\$300.00	\$143.62	\$143.62	\$156.38	\$25.00	\$0.00	80%	\$94.90	\$48.72	
Claim Tota	al:				\$300.00	\$143.62	\$143.62	\$156.38	\$25.00	\$0.00		\$94.90	\$48.72	

Dentist Submit Comments

None submitted

Dentist:

Smiles, Big Delta Dental Clinic 9000 Northpark Ln Main, IA 50001

INQUIRY TOOL

Use the Inquiry tool to securely communicate with Delta Dental on benefits, eligibility and claims tied to your specific Delta Dental patient. This is an alternative to contacting Delta Dental via phone or secure email.

Using the Inquiry Tool:

- 1. Go to <u>www.deltadentalia.com/dentist</u> and log into your Dentist Connection Account
- 2. Click the Inquiries Tab
- 3. Select Open New Inquiry.
- 4. Select the type of Inquiry from the dropdown:
 - a. Benefits Question Select the program, enter the patient's information and then enter your comment or question.
 - b. Claim Inquiry Select the program, enter the claim number and then enter your comment or question.
 - c. Eligibility Inquiry Select the program, enter the patient's information and then enter your comment or question.
- 5. Once all of the information is entered, click on Submit Inquiry.
- 6. If you need to include supporting documentation to the Inquiry, you can click on the submitted inquiry and upload the documentation.
- 7. To check on the status of an inquiry or to see Delta Dental's response, you can click on the completed inquiry.



SUBMIT CLAIM

C DELTA DENTAL

The Submit Claim tool was developed as a courtesy for our dentists to allow for online claims submissions and treatment planning purposes. To utilize, the claim type must first be selected.

New Patient
jure
More Rows
rrier payment
iyment:

Selecting "regular claim" will require all fields completed and filled in. Once the "submit" button has been selected, the claim is live and changes cannot be made.

The "Benefit Estimator" option will instantly estimate benefits using patient specific eligibility information such as frequency limitations. **This tool is for office information only.** The estimator always assumes any clinical criteria required to be submitted has been reviewed and met. They are not a guarantee of payment. No document is mailed to the member when a Benefit Estimate is processed.

Selecting the "Prior Authorization" option will give the message "N/A" in the date completed section. Submitting this is NOT a guarantee of service, rather it will submit the information for review.

CLAIMS ACTIVITY

The Claims Activity tab displays claims related to the selected dentist. A data range, and provider name is specified. Then select "search" and a list of claims in that timeframe will come up.



All claims for this timeframe will show up. Claims can be sorted using the up and down arrows in the header areas.

	A DENTAL					My Settings Contact Us Logi
Home	Patient Information	Claims Activity	Inquiries	Payment +	Resources *	
8						
Clinic:					Dentist:	Change

Claims submitted by: Smiles, Big at Delta Dental Clinic

							Showing	to 13 of 13 entrie
Claim Number	💠 Claim Status	Patient	- Dentist	Date of Service	Received Date	Submitted Amount	Delta Dental Payment	Payment Date
201900309633-0	Paid			12/31/2018	01/03/2019	\$101.00	\$0.00	01/09/2019
201900309632-0	Paid			12/31/2018	01/03/2019	\$248.00	\$216.35	01/09/2019
201900205811-0	Paid			12/31/2018	01/02/2019	\$126.50	\$108.35	01/09/2019
201900205810-0	Paid			12/31/2018	01/02/2019	\$126.50	\$108.35	01/09/2019
201900205809-0	Paid			12/31/2018	01/02/2019	\$1,810.00	\$1,027.44	01/09/2019
201900205808-0	Paid			12/31/2018	01/02/2019	\$126.50	\$108.35	01/09/2019
201900205807-0	Paid			12/31/2018	01/02/2019	\$129.00	\$88.49	01/09/2019
201900205806-0	Paid			12/31/2018	01/02/2019	\$171.00	\$147.49	01/09/2019
201900205805-0	Paid			12/31/2018	01/02/2019	\$151.50	\$133.35	01/09/2019
201900205804-0	Paid			12/31/2018	01/02/2019	\$187.00	\$125.99	01/09/2019
201900205803-0	Paid			12/31/2018	01/02/2019	\$286.50	\$243.35	01/09/2019
201900790702-0	Estimated				01/07/2019	\$386.00	\$268.80	01/07/2019
201900790642-0	Estimated				01/07/2019	\$167.00	\$77.59	01/07/2019

Previous 1 Next

Claims can be filtered by using the "Narrow Results by Claim Status". Select a status and hit submit.

Paid	Payment and remittance advice have been sent to the office for the claim.
Await Pay	The claim has been processed and is ready for the check and remittance to be sent out to the office.
Suspended	Displays a listing and detailed payment information for previously submitted benefit estimates.
Prior Authorization	Displays a listing and payment information on previously submitted prior authorizations. These can be converted to pay-on-auth, see page 20.

SUBMIT A PRIOR AUTHORIZATION AND PAY ON AUTHORIZATION

The Dental Wellness Plan requires prior authorization on many services. These services are listed in the covered CDT Procedure code listing and in the Processing Policies for each CDT Procedure Coded document in this Manual.

When submitting a prior authorization, be sure to include all required documentation. For the Dental Wellness Plan, see the claim attachment requirements as a part of the CDT Covered Services Grid. You are strongly encouraged to file a prior authorization for all high cost services. For all other plans, please check the plan benefits or contact our Customer Service Center at 800-544-0718 for items that require prior authorization.

Filing a prior authorization will assist you in determining if you will be reimbursed for the service based upon the clinical criteria required, as well as the benefits available for a member. Prior authorization is not a guarantee of member eligibility. When a member loses eligibility, any prior authorizations for services become void.

All services submitted for prior authorization will be adjudicated similar to a claim with a date of service. The submitted services will be checked for frequency limitations, age limitations, processing policies, review requirements, etc. If a service requires a review of clinical documentations or radiographs, the prior authorization will be suspended for clinical review prior to a decision being determined.

Prior authorizations can be submitted via the Dentist Connection on the Dental Wellness Plan website or through other methods of claims submission such as electronic / clearinghouse claims. When submitting a prior authorization claim via a clearinghouse do not enter a date of service.

The member will also receive a copy of the prior authorization notice in the case of a denial. The adverse benefit determination notice will include an explanation of denied benefits and advise the member of their appeal rights.

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My Settings | Contact Us | Logout

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Change		Dentist:					linic:
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i from 13 total e ^{al} Payment i 10 01/07/20	owing 1 to 2 of 2 entries (filtered from Submitted Amount Delta Dental Payment \$386.00 \$268.80	tion Submit Short Date of Service & Received Date 3 01/07/2019	Prior Authoriz Densist Smiles, Big	Benefit Estimate al Clinic ent Jane	y Claim Status Pay Pending Smiles, Big at Delta ¢ Claim Status ¢ Estimated	w Results by I Await bmitted by: sim Number 10790702-0	Narrow Paid ims sub Cai 201900

To view the actual claim, click on the link (see highlighted area above).

Submit a Prior Authorization

Approved services, once completed, must be submitted for payment online. Retrieve the member's eligibility, and click Prior Authorizations. Select the Prior Authorization that you wish to utilize. You will be presented two buttons:

- Pay on authorization
- Submit Prior Authorization

Select one of the actions by clicking the appropriate button.

Submit Prior Authorization this link will take you to the Claim Submission screen where you may request a prior authorization.

To learn more about submitting prior authorizations on the Dentist Connection follow the steps on page 11 in the Dental Wellness Plan Dentist Connection User Manual, located on the Dentist Connection.

Pay on Authorization - this link will allow you to submit for payment on a previously approved prior authorization. This is the preferred method of claim submission on a previously approved prior authorization. If you are unable to submit through the Dentist Connection and are submitting for payment via a paper claim, you must include a copy of the prior authorization with the paper claim.

Any claim submitted through a clearinghouse or by paper must include a comment referencing the prior authorization number.

CLAIM SUBMISSION TIPS

- For practices with multiple providers: Be sure to select the correct Provider prior to submitting claims!!
- Enter the Date Service Completed <u>month and day</u> in 2-digit formats. There is no need to enter the slash (//) marks.
- Enter the Date Service Completed <u>year</u> in a 4-digit format (i.e. 2016). Date Service Completed is the actual insertion date for dentures, fill date for root canals, and the seat date for crowns.
- When procedures are performed on the same date of service there is no need to enter the service date multiple times. By validating the data or by submitting the claim, the service date of the last line entered will be repeated for subsequent lines on the claim entry screen.
- To add more lines after all 5 lines have been entered, click the Add More Rows button
- For procedures requiring multiple teeth, enter the procedure code then click on the Validate Entries button, an informational message and additional tooth boxes will be displayed.

	*Claim Type:	im ination/ mate	Prior Auth	orization	Claim	is for: Orthodontics Accident Not applicable	2			
	A Line 1: Tooth re	quired								
Lir	ne Date Service Con	npleted	Code	Tooth		Surface	*Billed Charge	Other Carrier Payment	Procedure	
1	NA	~	4211				\$ 500.00	\$	GINGIVECTOMY OR O	GINGIVOPLASTY-ONE TO THR
2	NA	×					\$	\$		

- For procedures that require arches or quadrants, enter the appropriate arch/quadrant in the <u>tooth</u>
 - o Field:
 - UA Upper Arch
 - LA Lower Arch
 - UL Upper Left
 - UR Upper Right
 - LL Lower Left
 - LR Lower Right

PAYMENT - REMITTANCE ADVICE (RA)

Remittance Advice (RA) information such as Payment Amount, Check Number, Check Date and Payee information can be viewed with an option to download a detailed print out by clicking on the Download link in the View column. The list of displayed RA's can be sorted by Check Date, Check Number, or by Check Amount.

Dentist's within the clinic under the same Payee ID number will have access to view all detail information contained within the RA.

To Access Check information

- 1. Select the Payment tab from the menu bar.
- 2. Select Remittance Advice.
 - The Online Remittance Advice Payments tab will display a listing of checks in check date order with the most recent displayed first.
- 3. Click on the Download link to view details for the selected check. Check / Explanation of Payment information will be displayed, allowing you to view or print the RA if needed. The detail documents can be accessed on the Dentist Connection for 24 months. Are you having trouble viewing your RA? Have you had a recent TIN change?

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Home P	Patient Information	Claims Activity	Inquiries Payment	Resources •		
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DIRECT DEPOSIT ENROLLMENT

Providers have the opportunity to sign up for Direct Deposit by completing and mailing the online form along with a voided check.

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Clinic:	Dentist: Cha
rect Deposit Enrollment	
ou have multiple offices and would like direct ase contact Professional Relations at 1.800.54	deposit for each location, it is necessary to complete a form for each office location. Accuracy of all information is essent 14.0718 if you have any questions.
u can sign-up using the online form below or bank letterhead with account information to	complete the Direct Deposit Authorization form 🔁 and fax or mail the form along with a voided check, direct deposit slip
Mail: Delta Dental of Iowa 9000 Northpark Dr. Johnston, IA 50131	Fax: 1.515.261.5608
equired	
-*Provider Information	
*Provider Name:	(Last Name First Name Mt)
*Provider Address:	
*City:	
*State:	Select State
*Zip Code:	
Provider Identifiers Information	
*Federal Tax ID Number or EIN:	
*National Provider Identifier (Individual Provider - NPI1):	
National Provider Identifier (Organizational Provider - NPI2):	
Provider Contact Information	
Who should we contact if we have any quest	ions?
*Contact Name:	
	(Last Name, First Name MI)

CONTACT DELTA DENTAL

The Home page displays Delta Dental of Iowa's hours of operation, along with email address links, phone and fax numbers. There is also a **Contact Us** link in the upper right corner of the Home page that provides contact information.

