



## Delta Dental of Iowa Dentist Connection



[deltadentalia.com/dentists](https://deltadentalia.com/dentists)

Delta Dental of Iowa User Manual  
for Dentist Connection

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## 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

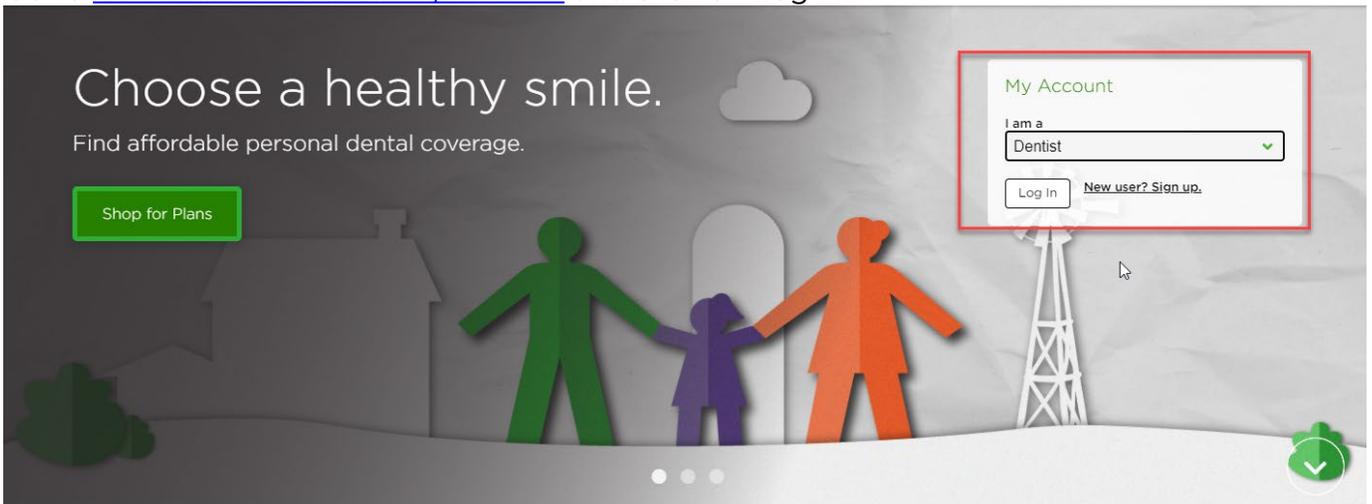
As an added feature, ‘printer friendly’ versions of patient benefit information are available for display in a PDF format. Adobe Acrobat Reader is required. Free versions of Adobe Reader can be downloaded from the Adobe Website: [www.adobe.com](http://www.adobe.com).

## 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

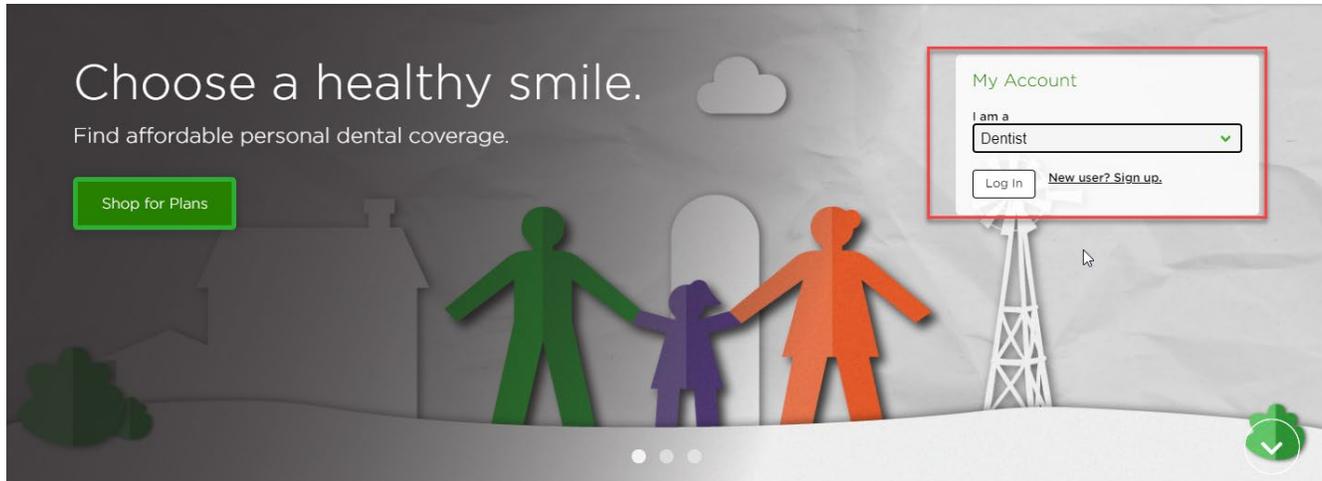
Go to [www.deltadentalia.com/dentists](http://www.deltadentalia.com/dentists) and click on Log In.



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

A screenshot of the Delta Dental website's registration page. The page features the Delta Dental logo at the top, followed by the heading "Have we met?". Below this is a prompt: "First, enter your username so we can find your Delta Dental company!". There is a text input field labeled "Enter your username:" with a cursor inside. Below the input field is a link for "Forgot Username?". A "Next" button is positioned below the input field. At the bottom of the page, there is a link for "Don't have an account? Create an account".

## 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.

**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.

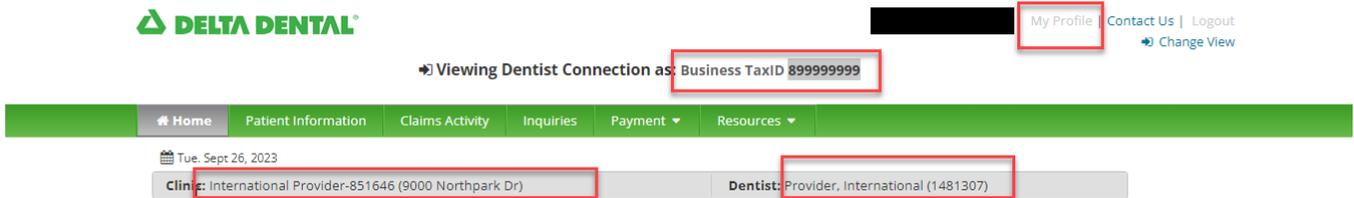
Note: *Member claims can only be viewed through the specific provider who submitted the claim(s).*

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

The screenshot shows the Delta Dental website interface. At the top right, there are links for 'My Profile', 'Contact Us', and 'Logout', along with a 'Change View' button. Below this is a navigation bar with 'Home', 'Patient Information', 'Claims Activity', 'Inquiries', 'Payment', and 'Resources'. The main header area displays 'Viewing Dentist Connection as: Business TaxID' and a 'Change' button. A dropdown menu is open, showing a list of dentists: 'All Smiles Dental', 'Dr. Best Smile (1234567)', 'Dr. Smiles (123457)', 'Dr. My Smile (1234567)', and 'All Dentists'. The 'Change' button is highlighted with a red circle and arrow labeled '1'. The 'Dr. Best Smile (1234567)' option is highlighted with a red circle and arrow labeled '2'. The 'Done' button at the bottom of the dropdown is highlighted with a red circle and arrow labeled '3'.

## 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 [My Profile](#) link in the upper right corner of the page.



1. The Delta Dental Plans Association page will display.
2. Select the [Change your password](#) 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.



User: Internal Portal | Logout

### Change Password

**Password Requirements**

- Password cannot be the same as the current one
- Password must have minimum of 8 characters and contain characters from 3 of the 4 categories below:
  - Uppercase letters (A through Z)
  - Lowercase letters (a through z)
  - Numbers (0 through 9)
  - Special characters (!, #, \$, @, .)

*\*Required*

**\*Current Password:**

**\*Password:**

**\*Retype Password:**

## ACCESSING INFORMATION

### Dentist Connection Home Page

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

### 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.



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

A screenshot of the Delta Dental website's Patient Search interface. At the top left is the Delta Dental logo. At the top right are links for My Settings, Contact Us, and Logout. Below the navigation bar, there are two dropdown menus: Clinic (set to Delta Dental Clinic) and Dentist (set to Smiles, Big), with a Change button to the right. The main section is titled "Patient Search" and contains a "Search Criteria" box. Inside this box, there are two search options. Option 1, marked with a red circle containing the number 1, includes fields for \*Last Name, \*First Name (with a note "(First 2 letters required)"), and \*Date of Birth (with a note "(MM/DD/YYYY)"). Option 2, marked with a red circle containing the number 2, includes fields for \*ID and \*Date of Birth (with a note "(MM/DD/YYYY)"). A Search button is located at the bottom right of the search criteria box.

## 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:



My Settings | Contact Us | Logout

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

1	<b>Eligibility</b>	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	<b>Benefits &amp; Frequencies</b>	Provides access to patient's benefit and frequency information.
3	<b>Patient History</b>	Displays previous preventive services and all services completed in the last 5 years.
4	<b>Procedure Code Search</b>	This allows access to specific procedure, showing what the benefit level is specific to provider's participation.
5	<b>Claim History</b>	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	<b>Submit a Claim</b>	Access to the claim submission screen.
7	<b>As of: (Date)</b>	User is able to review previous coverage by changing the date parameter to a date within the last 18 months.
8	<b>Add Health Condition</b>	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.



My Settings | Contact Us | Logout

Home Patient Information Claims Activity Inquiries Payment Resources

Clinic: Delta Dental Clinic
Dentist: Smiles, Big Change

Member Name: ID: 123654
Birth Date: New Patient

Eligibility
Benefits & Frequencies
Patient History
Proc Code Search
Claim History
Submit Claim

As of: 01/07/2019 📅 Submit
Open Eligibility Inquiry | Eligibility & Benefits Report

Coverage: DELTA DENTAL

Group: + Add Health Conditions for Enhanced Benefits

Eligibility Information

Name	Relationship	Coverage Effective Date	Term Date	Birth Date	ID Card #
Doe, Jane	Subscriber	06/01/2013	-	01/01/2001	122588

Accumulations

Name	Total Annual Deductible	Reg Annual Maximum	Ortho Annual Maximum	Ortho Lifetime Maximum	Custom Annual Maximum	Out-of-Pocket Maximum	To Go™ Balance
Doe, Jane	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A
	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A

Special Conditions

GROUP DOES NOT HAVE MISSING TOOTH CLAUSE

## 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.

The screenshot shows the Delta Dental website interface. At the top, there is a navigation bar with 'Home', 'Patient Information', 'Claims Activity', 'Inquiries', 'Payment', and 'Resources'. Below this, there are fields for 'Clinic' and 'Dentist'. The main content area includes a 'Member Name' field, 'ID', and 'Birth Date' fields, along with a 'New Patient' button. A navigation menu below these fields includes 'Eligibility', 'Benefits & Frequencies', 'Patient History', 'Proc Code Search', 'Claim History', and 'Submit Claim'. The 'Eligibility' section is active, showing 'As of:' and 'Submit' buttons. A red arrow points to the 'Eligibility & Benefits Report' link, which is highlighted with a red box. Below this link, there are options for 'Current Patient Only' and 'Subscriber & All Dependents'. The 'Eligibility Information' table shows a subscriber named 'Doe, Jane' with a coverage effective date of 06/01/2013 and a birth date of 01/01/2001.



DELTA DENTAL OF IOWA  
P.O. BOX 5000  
JOHNSTON, IA 50131  
Electronic Claims Payer ID: CDIA1  
Questions? Call 1.800.544.0718  
www.deltadental.com

### Benefits, Eligibility & Claims History

The information contained in this document is based on the member information submitted by the requestor. This document is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information stated here and the group contract, the group contract will govern. All benefits are subject to deductibles, contract maximums and eligibility on the date of service. The eligibility and benefit information is only valid for the following subscriber on the date shown above. Predetermination/Prior authorization of benefit is recommended for treatment plans exceeding \$250. Benefit for multiple-appointment procedures is payable on completion date.

#### Eligibility

Group Name:  
Group Number:

Name	Relationship	Coverage Effective Date	Term Date	Birth Date	ID Card #
	Subscriber	06/01/2013			

#### 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 Deductibles" section.

Name	Total Annual Deductible	Reg Annual Maximum	Ortho Annual Maximum	Ortho Lifetime Maximum	Custom Annual Maximum	Out-of-Pocket Maximum	To Go(TM) Balance
	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A
	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A

#### Age Limits

Name	Child Coverage Age	Student Coverage Age	Dependent Orthodontic Age	Adult Orthodontic
	25	29	18/18	N

# BENEFITS & FREQUENCIES

1. Retrieve Member Eligibility using the Patient Information tab (top of page 7)
2. Click the Benefits & Frequencies tab just below the patient's name
3. The member's benefit information is now displayed as follows:

**DELTA DENTAL** My Settings | Contact Us | Logout

Home Patient Information Claims Activity Inquiries Payment Resources

Clinic: \_\_\_\_\_ Dentist: \_\_\_\_\_ Change

Member Name: \_\_\_\_\_ ID: \_\_\_\_\_ Birth Date: \_\_\_\_\_ New Patient

Eligibility **Benefits & Frequencies** Patient History Proc Code Search Claim History Submit Claim

As of: \_\_\_\_\_ Open Benefits Inquiry Eligibility & Benefits Report

+ Add Health Conditions for Enhanced Benefits  
 - Benefit Levels  
 - Frequency and Age Limitations  
 - Additional Group Limitations  
 - Maximums and Deductibles

**Benefits**  
\*Wait period begins on a member's effective date

Find: \_\_\_\_\_ Showing 1 to 38 of 38 entries

Benefit	Delta Dental PPO			Delta Dental Premier			Out of Network		
	Wait Period	Coins	Deductible Applies	Wait Period	Coins	Deductible Applies	Wait Period	Coins	Deductible Applies
Exams	None	100%	No	None	100%	No	None	80%	No
Bitewing X-Rays	None	100%	No	None	100%	No	None	80%	No
Fmx-Pan X-Rays	None	100%	No	None	100%	No	None	80%	No
Periapical X-Rays	None	100%	No	None	100%	No	None	80%	No
Occlusal & Extroral X-Rays	None	100%	No	None	100%	No	None	80%	No
Additional D&P	None	100%	No	None	100%	No	None	80%	No
Non Covered D&P	None	0%	No	None	0%	Yes	None	0%	Yes
Prophylaxis	None	100%	No	None	100%	No	None	80%	No
Fluoride	None	100%	No	None	100%	No	None	80%	No
Space Maintainers	None	90%	No	None	80%	Yes	None	60%	Yes
Sealants	None	100%	No	None	100%	No	None	80%	No
Routine Restorative	None	90%	No	None	80%	Yes	None	60%	Yes
Posterior Composites *	None	60%	No	None	50%	Yes	None	40%	Yes
Occlusal Adjustment	None	90%	No	None	80%	Yes	None	60%	Yes

# 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.



[My Settings](#) | [Contact Us](#) | [Logout](#)

Home Patient Information Claims Activity Inquiries Payment Resources

Clinic: Dentist: [Change](#)

Member Name: ID: Birth Date: [New Patient](#)

Eligibility Benefits & Frequencies **• Patient History** Proc Code Search Claim History Submit Claim

### Patient History - Past 5 Years

As of:

#### Preventive Services

Procedure	Date of Last Service
Exam	10/17/2018
Cleaning	10/17/2018
Fluoride	10/17/2018
Bitewing X-rays	10/17/2018
Full Mouth or Panoramic X-rays	07/31/2014

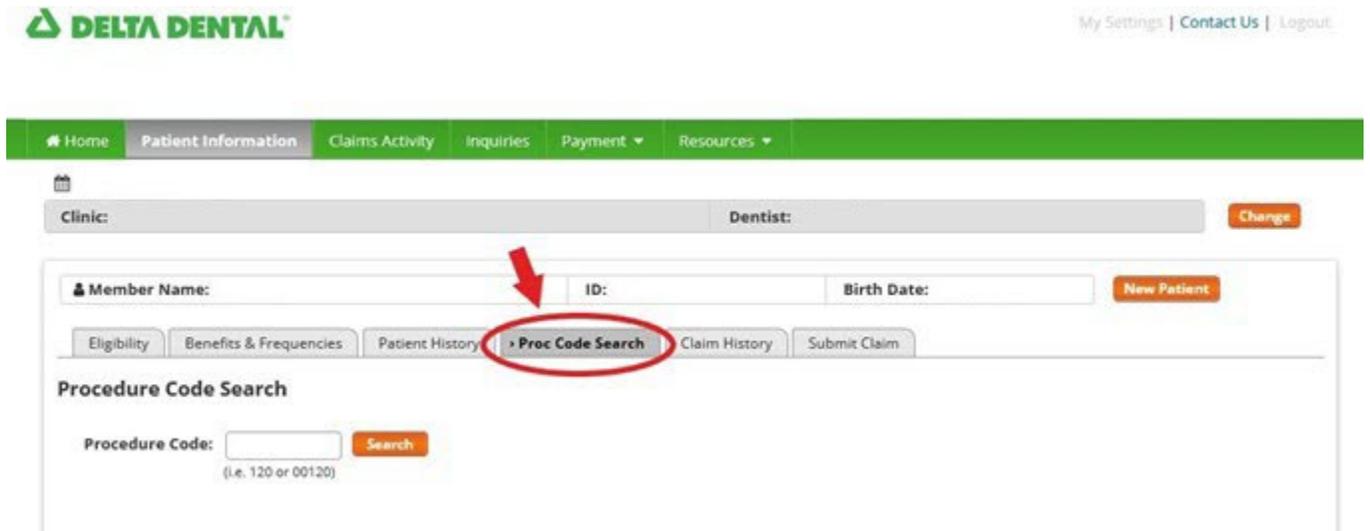
#### All Services - Past 5 Years

Search:  (i.e. date, tooth number, proc code) Showing 1 to 25 of 42 entries

Date of Service	Tooth	Tooth Surface	Proc Code	Description
11/01/2018	6	LM	2331	Resin - Two Surfaces, Anterior
10/17/2018	NA	NA	120	Periodic Oral Evaluation
10/17/2018	NA	NA	1110	Prophylaxis - Adult
10/17/2018	NA	NA	274	Bitewings - Four Films
10/17/2018	NA	NA	220	Intraoral - Periapical - First Film
10/17/2018	NA	NA	230	Intraoral - Periapical - Each Addtl Film
04/05/2018	NA	NA	120	Periodic Oral Evaluation
04/05/2018	NA	NA	1110	Prophylaxis - Adult
04/05/2018	NA	NA	220	Intraoral - Periapical - First Film
04/05/2018	NA	NA	230	Intraoral - Periapical - Each Addtl Film
10/05/2017	NA	NA	150	Comprehensive Oral Evaluation
10/05/2017	NA	NA	1110	Prophylaxis - Adult

## PROCEDURE CODE SEARCH

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



The screenshot displays the Delta Dental user interface. At the top left is the Delta Dental logo. At the top right are links for "My Settings", "Contact Us", and "Logout". A green navigation bar contains the following menu items: Home, Patient Information, Claims Activity, Inquiries, Payment, and Resources. Below this bar, there are input fields for "Clinic:" and "Dentist:" with a "Change" button. A main content area contains a "Member Name:" field, "ID:" and "Birth Date:" fields, and a "New Patient" button. A horizontal menu below these fields includes "Eligibility", "Benefits & Frequencies", "Patient History", "Proc Code Search" (circled in red with a red arrow pointing to it), "Claim History", and "Submit Claim". Under the "Proc Code Search" section, there is a "Procedure Code:" input field with a "Search" button and a note "(i.e. 120 or 00120)".

# 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.



[My Settings](#) | [Contact Us](#) | [Logout](#)

Home Patient Information **Claims Activity** Inquiries Payment Resources

Clinic: Delta Dental Clinic Dentist: Change

Member Name: ID: Birth Date: New Patient

Eligibility Benefits & Frequencies Patient History Proc Code Search **Claim History** Submit Claim

**Patient Claim History (Past 24 Months)**

As of:

Narrow Results by Claim Status

Paid  Await Pay  Pending  Benefit Estimate  Prior Authorization Submit

List of Claims Showing 1 to 2 of 2 entries

Claim Number	Claim Status	Dentist	Date of Service	Received Date	Submitted Amount	Delta Dental Payment	Payment Date
201829190010-0	Expired	Smiles, Big		10/18/2018	\$300.00	\$94.90	10/18/2018
201829090843-0	Expired	Smiles, Big		10/17/2018	\$181.00	\$94.90	10/17/2018

Previous **1** Next



[My Settings](#) | [Contact Us](#) | [Logout](#)

Home Patient Information Claims Activity **Inquiries** Payment Resources

Clinic: Delta Dental Clinic Dentist: Smiles, Big Change

Member Name: ID: Birth Date: New Patient

Eligibility Benefits & Frequencies Patient History Proc Code Search **Claim History** Submit Claim

**Patient Claim History (Past 24 Months)**

As of:

Narrow Results by Claim Status

Paid  Await Pay  Pending  Benefit Estimate  Prior Authorization Submit

List of Claims f Showing 1 to

Claim Number	Claim Status	Dentist	Date of Service	Received Date	Submitted Amount	Delta Dental Payment	Payment Date
201829190010-0	Expired	Smiles, Big		10/18/2018	\$300.00	\$94.90	10/18/2018
201829090843-0	Expired	Smiles, Big		10/17/2018	\$181.00	\$94.90	10/17/2018

Previous Done

Select the dentist to display:

- Delta Dental Clinic (9000 Northpark)
- Dentist, Joe (41234059)
- Smiles, Big (404970450)
- All Dentists

Done

## 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.



[Print this Page](#) | [Close Window](#)

Benefit Estimate:

Print Date:

Claim Status:	<input type="text"/>
Claim Number:	<input type="text"/>
Patient:	Doe, Jane
Birthdate:	01/01/2001
ID Card #:	<input type="text"/>
Subscriber:	Doe, Jane
Relation:	Subscriber
Group Number:	<input type="text"/>

### 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	COB	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	
<b>Claim Total:</b>					<b>\$300.00</b>	<b>\$143.62</b>	<b>\$143.62</b>	<b>\$156.38</b>	<b>\$25.00</b>	<b>\$0.00</b>		<b>\$94.90</b>	<b>\$48.72</b>	

### Dentist Submit Comments

*None submitted*

### Dentist:

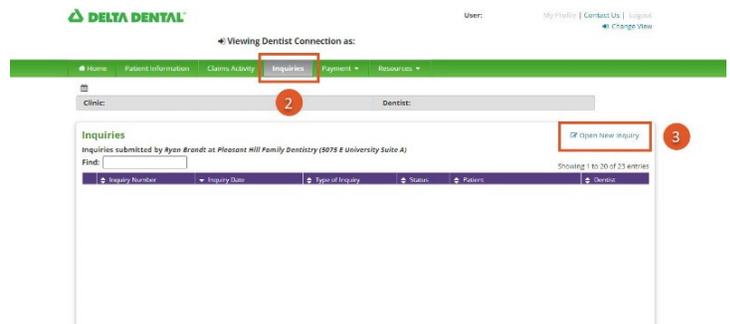
Smiles, Big  
Delta Dental Clinic  
9000 Northpark Ln  
Main, IA 50001

## 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 [www.deltadentalia.com/dentist](http://www.deltadentalia.com/dentist) 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

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.



[My Settings](#) | [Contact Us](#) | [Logout](#)

Home Patient Information Claims Activity Inquiries Payment Resources

Clinic: Dentist: [Change](#)

Member Name: ID: Birth Date: [New Patient](#)

Eligibility Benefits & Frequencies Patient History Proc Code Search Claim History **Submit Claim**

### Submit Claim

*\*Required*

**Claim Type:**

- Regular Claim
- Prior Authorization
- Benefit Estimate

**Claim is for:**

- Orthodontics
- Accident
- Not applicable

Line	Date Service Completed	Code	Tooth	Surface	*Billed Charge	Other Carrier Payment	Procedure
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
<b>TOTAL:</b>					\$	\$	<a href="#">Add More Rows</a>

**Comments:**

(Max of 1998 characters)

**Other Carrier Information:**

- Do not distribute other carrier payment
- Distribute other carrier payment:
- Other carrier rejected this claim

[Cancel](#) [Validate Entries](#) [Submit](#)

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.



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[Home](#) | [Patient Information](#) | **Claims Activity** | [Inquiries](#) | [Payment](#) | [Resources](#)

[Change](#)

### Claims Activity Search

ⓘ Depending on how large the date range is and if “All Dentists” is selected, it may take up to 30 seconds to retrieve the list of claims.

Enter Date Range to Search

\*Required

\*From:   \*To:

[Search](#)

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



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### Claims Activity Search Results

🔍 Results for Date Range: [New Claim Search](#)

Narrow Results by Claim Status

Paid 
  Await Pay 
  Pending 
  Benefit Estimate 
  Prior Authorization 
 [Submit](#)

Claims submitted by: *Smiles, Big at Delta Dental Clinic*

Showing 1 to 13 of 13 entries

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

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

<b>Paid</b>	Payment and remittance advice have been sent to the office for the claim.
<b>Await Pay</b>	The claim has been processed and is ready for the check and remittance to be sent out to the office.
<b>Suspended</b>	Displays a listing and detailed payment information for previously submitted benefit estimates.
<b>Prior Authorization</b>	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.

[Home](#) | [Patient Information](#) | **Claims Activity** | [Inquiries](#) | [Payment](#) | [Resources](#)

Clinic: \_\_\_\_\_ Dentist: \_\_\_\_\_ [Change](#)

### Claims Activity Search Results

Q Results for Date Range: | [New Claim Search](#)

Narrow Results by Claim Status:
   
 Paid
  Await Pay
  Pending
  Benefit Estimate
  Prior Authorization
 [Submit](#)

Claims submitted by: *Smiles, Big at Delta Dental Clinic*
Showing 1 to 2 of 2 entries (filtered from 13 total entries)

Claim Number	Claim Status	Patient	Dentist	Date of Service	Received Date	Submitted Amount	Delta Dental Payment	Payment Date
201900790702-0	Estimated	Doe, Jane	Smiles, Big		01/07/2019	\$386.00	\$268.80	01/07/2019
201900790642-0	Estimated	Doe, John	Smiles, Big		01/07/2019	\$167.00	\$77.59	01/07/2019

Previous **1** Next

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 month and day in 2-digit formats. There is no need to enter the slash (//) marks.
- Enter the Date Service Completed year 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:**

Regular Claim  
 Predetermination/Prior Authorization  
 Benefit Estimate

**Claim is for:**

Orthodontics  
 Accident  
 Not applicable

▲ Line 1: Tooth required

Line	Date Service Completed	Code	Tooth	Surface	*Billed Charge	Other Carrier Payment	Procedure
1	NA <input type="checkbox"/>	4211	<input type="text"/>	<input type="text"/>	\$ 500.00	<input type="text"/>	GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THR
2	NA <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

- For procedures that require arches or quadrants, enter the appropriate arch/quadrant in the tooth
  - 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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**Remittance Advice Payments**

Reference Codes used in Remittance Advice statements  
[View Out-of-State Provider RAs](#)

Delta Dental Clinic - previous 3 months

Filter list:

Showing 1 to 20 of 26 entries

Payee ID	Payee Name	Check Date	Check Number	Check Amount	View RA
502134	Smiles, Big	01/02/2019	1134588547	\$3,902.79	<a href="#">Download</a>
502134	Smiles, Big	12/26/2018	1134588548	\$2,824.48	<a href="#">Download</a>
502134	Smiles, Big	12/19/2018	1134588549	\$3,769.06	<a href="#">Download</a>
502134	Smiles, Big	12/12/2018	1134588550	\$4,853.31	<a href="#">Download</a>
502134	Smiles, Big	12/05/2018	1134588551	\$4,561.54	<a href="#">Download</a>
502134	Smiles, Big	11/28/2018	1134588552	\$2,202.43	<a href="#">Download</a>
502134	Smiles, Big	11/21/2018	1134588553	\$2,823.94	<a href="#">Download</a>
502134	Smiles, Big	11/14/2018	1134588554	\$5,630.60	<a href="#">Download</a>
502134	Smiles, Big	11/07/2018	1134588555	\$4,096.09	<a href="#">Download</a>

## 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.

 Clinic:  Dentist:  [Change](#)

### Direct Deposit Enrollment

If you have multiple offices and would like direct deposit for each location, it is necessary to complete a form for each office location. Accuracy of all information is essential. Please contact Professional Relations at 1.800.544.0718 if you have any questions.

You can sign-up using the [online form below](#) or complete the [Direct Deposit Authorization form](#) and fax or mail the form along with a voided check, direct deposit slip or letter on bank letterhead with account information to

**Mail:**  
Delta Dental of Iowa  
9000 Northpark Dr. Johnston, IA 50131

**Fax:**  
1.515.261.5608

#### \*Required

**\*Provider Information**

\*Provider Name:   
(Last Name, First Name MI)

\*Provider Address:

\*City:

\*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 questions?

\*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.

**DELTA DENTAL** My Profile | [Contact Us](#) | Logout  
Change View

Viewing Dentist Connection as: Business TaxID

Home Patient Information Claims Activity Inquiries Payment Resources

Thu, Feb 22, 2024

Clinic: [Redacted] [Change](#)

**Updated Contact Process:** Beginning April 1, Delta Dental will introduce a new process for Iowa providers that displays on our dentist directories. You will need to verify your office contact information every 90 days. [Learn more.](#)

**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!](#)

**Resources**

- Office Verification
- Forms
- Manuals
- Dental Wellness Plan Benefit Info
- Hawki Benefit Info
- Medicare Advantage
- Events & News
- Educational Materials
- Value-Added Services Program

**A Healthy Life**

**Celebrating National Children's Dental Health Month**  
02/08/2024  
Explore the importance of children's dental health with Healthy Smile Learning, offering free resources for parents, educators, and kids.  
[Read More](#)

**How smoking and alcohol harm your oral health**  
02/01/2024  
As we embark on a new year, many of us are hoping to implement healthier lifestyle changes. Ditching your smoking or alcohol habits are good places to start. Here, learn how smoking and alcohol can damage your oral health, from weakened teeth to increased cancer risk.  
[Read More](#)

**Risks of dry scooping pre-workout powders**  
02/01/2024  
Pre-workout powders may offer an energy boost to your exercise routine, but the trend of dry scooping these powders may pose health risks you need to understand.  
[Read More](#)

**Seniors' guide to tooth loss: Dentures, implants and bridges**  
02/01/2024  
Older adults have higher rates of tooth loss, but there are many options to help keep your radiant smile for years to come. Here, we review the most common tooth loss treatments.

**Customer Service**

**Hours:** M-F, 7:30 a.m.-5:00 p.m.  
**Phone:** 1.800.544.0718  
**Fax:** 1.888.264.1440  
**E-mail:** [claims@deltadentalia.com](mailto:claims@deltadentalia.com)

**Hawki**  
**Phone:** 1.800.544.0718 option 3  
**Fax:** 1.888.264.0195  
**E-mail:** [hawki@deltadentalia.com](mailto:hawki@deltadentalia.com)

**Dental Wellness Plan (DWP) & DWP Kids**  
**Phone:** 1.888.472.1205  
**Fax:** 1.888.264.0195  
**E-mail:** [DWPmembers@deltadentalia.com](mailto:DWPmembers@deltadentalia.com)

**Medicare Advantage Health Plan**  
**Hours:** M-F, 7:30 a.m.-5:00 p.m.  
**Phone:** 1.800.544.0718  
**Fax:** 1.888.264.1440  
**E-mail:** [claims@deltadentalia.com](mailto:claims@deltadentalia.com)