



Electronic Claims Submission Guide

Delta Dental of Minnesota

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Introduction

Your office has invested in up-to-date clinical equipment to provide quality care for your patients. You devote time and energy to learning the latest clinical advancements in dentistry. You no doubt have applied modern management techniques to your business practices. To capitalize on your investment, you should utilize electronic dental claims submission. An electronic claim is a “paperless” claim that is sent to an insurance company over the internet from your computer. Advantages of electronic claim submissions are as follows:

Maximize Your Computer’s Capability

Optimize the use of your office computer by submitting electronic claims. Many practice management systems have an electronic claim component included or available at minimal cost. When selecting practice management software, ask for a software package that includes electronic claims submission capability.

Reduce Paper Administration

Submitting claims electronically means you no longer need to print the claim and then mail the claim. This can save you money on supplies, equipment and postage.

Make Filing Insurance Claims Easier

After you have entered the treatment information in your computer, claims are sent electronically to a clearinghouse. The clearinghouse forwards the electronic claim to us and other insurance companies. There are no mail delays, so claims are received by sooner.

Receive Faster Reimbursement

Claims reach their destination faster because there are mailing delays. Electronic claims typically experience fewer rejections due to missing or incorrect information and you receive quicker claim determinations.

Receive Claim Status Information

The clearinghouse edits claims before sending them to us. Claims with missing or invalid information are rejected and the reason reported back to you. You receive electronic confirmation, when we receive your claims. We send additional messages electronically, as claims are processed. This feature is not available with paper submission.

Submitting Electronic Claims

All claim transaction types may be submitted electronically by participating and non-participating providers.

How to Get Started

To send claims electronically you will need:

- To establish a relationship with a practice management vendor that allows for electronic claim submission using the rules in the Health Insurance Portability and Accountability Act 837D format.

- A computer with software for submitting claims and attachments.
- Internet access so you may submit claims and receive electronic claim reports.

If you have questions, contact your practice management software vendor. They can provide you with the necessary instructions for submitting claims electronically.

We do not charge dental offices for electronic claims submissions. Your software vendor and the clearinghouse may charge you for submitting claims. Be sure to check with your software vendor.

Payer IDs

A payer ID is a five-character designator used to route your claim to the correct insurance carrier. Below, we have provided a list of our payer IDs, however, before using the numbers check with your software vendor to confirm the number provided is the number they want you to use.

- Delta Dental of Minnesota (Plans 005, 006, 024, 100, 700) – 07000
- CivicSmiles – 07000
- Delta Dental – National Program (Plan 900) – 07000
- Medica Dental Choice and Public Program – 07031

Remote Groups

- Zenith Administration – R7001
- Wilson McShane – R7002
- Benefit Inc. – R7003
- Flex Compensation – R7004
- MN Power – R7005
- Wisconsin Auto & Truck Dealers Assoc – R7006

Subscriber / Patient Information

Before submitting a claim, review and verify that you have current subscriber and patient information. Pay particular attention to the subscriber's ID, subscriber's date of birth, and their address; for the patient be sure to use the correct spelling of their name and use their correct date of birth. We use this information to ensure a claim is processed under the correct individual's record.

- For Medica claims, submit only the 9-digit ID number – not the full 16-digit ID number. If we receive the 16-digit ID number, we will read the first 9 digits of the ID and the claim will not be routed correctly for processing.
- For Public Programs claims, submit the patient's Minnesota State issued Person Master Index (PMI) number provided on the ID card.
- For all other types of business, submit the subscriber's ID included on their ID card.

Provider Information

It is important to provide complete and accurate provider information to insure claim messages and payments are directed to the correct provider.

- Send the Servicing/Treating Provider National Provider Identifier (NPI).
- Include Servicing/Treating Provider TIN or SSN, which is used on your W-9.

- Servicing/Treating Provider Name.
- Billing Address, where the payment should be mailed.
- Claims submitted without a valid NPI may be rejected.

Claim X-rays/Attachments

Most claims do not require the submission of x-rays or attachments. Before sending x-rays or attachments, please review the Dental Office Administrative Manual, or submit the claims without attachments. We will request any x-rays/attachments if needed.

When x-rays are needed, you can send x-rays electronically using an electronic attachment vendor, National Electronic Attachment (NEA)*. You may also send x-ray images via our web application, email, or fax. If you need to send other documentation, you can send them via our web application, email, or fax. Available delivery methods for x-rays/attachments are:

- National Electronic Attachment, Inc. (NEA)
- Web - available Fall 2009 for network providers – deltadentalmn.org
- email – claimattachmentddmn@deltadentalmn.org
- Fax – 1-866-516-5616.
- Mail – use address listed on subscriber’s ID card.

When using submission methods other than NEA, a Claim Attachment Cover Sheet must be used in order for us to match the electronic claim to the x-rays/attachments. A sample of a Claim Attachment Cover Sheet is included in this document; it can also be accessed at www.deltadentalmn.org.

Note: *Regardless of the method used to submit attachments, it is important to include the attachment/paperwork number on the electronic claim submission and the corresponding attachment cover sheet.*

- *When NEA is used, NEA will provide an attachment reference number; use this number on the electronic claim. An attachment cover sheet is not needed.*
- *When using email, fax or mail submission methods, you must complete an attachment cover sheet. The attachment/paperwork reference number should be a unique number that allows you to identify the information as related to a specific patient’s record. The same number must be used on both the electronic claim and the attachment cover sheet.*
- *When using Web submission, the information entered, is the attachment cover sheet. The attachment/paperwork reference number should be a unique number that allows you to identify the information as related to a specific patient’s record. Enter the attachment/paperwork reference number submitted on the electronic claim on the Web screen.*

Failure to provide the same number on the electronic claim and the attachment cover sheet may result in claim delays or denials because we will not be able to match the claim with the attachment(s).

*NEA develops and markets Internet based solutions in support of electronic claims. If you do not currently utilize NEA you may obtain additional information at www.nea-fast.com.

Claims with Coordination of Benefits

When a patient is covered by more than one group insurance plan, claims may be submitted electronically. If we are the secondary payer, the claim should include the amount paid by the primary payer. If this amount is not included on the claim, the claim may be denied and the primary payment information requested.

If a patient is covered under two different group insurance plans that are both administered by Delta Dental of Minnesota, you may submit the claims electronically. You should first submit the claim

using the subscriber's ID with the primary group coverage. Once payment has been made, you may submit the claim electronically under the subscriber's ID with the secondary coverage. Include the primary plan payment on the secondary claim that is submitted.

Pre-treatment Estimates

Submit a pre-treatment estimate by omitting the dates of service. This indicates that services have not been rendered.

Claims that are Rejected

We automatically return claim status messages to the submitter upon receipt of an electronic claim. The messages indicate the acceptance or rejection of a claim. For claims that are accepted, we will return additional messages indicating the status of the claim. Insufficient information may result in a claim being rejected. Claims that are rejected do not create any other response or output (we do not issue and explanation of benefits). If a claim is electronically rejected by Delta Dental of Minnesota for missing or invalid information, make the appropriate corrections on your system and resubmit the claim as directed.

Our system will automatically reject/deny claims that are exact duplicates of a claim that was previously submitted. If you need to submit changes to a claim that was previously submitted and accepted, refer to Replacement and Void Claim transactions.

Submitting a Replacement Claim Transaction

Electronic claims are sent with an identifier that indicates if a claim is an Original submission, a Replacement of a claim previously submitted, or a transmission to Void a previous claim submission. A claim submission should be identified as a Replacement when:

- Adding services
- Changing procedure code(s)
- Correcting date(s) of service

Submitting a Void Transaction

Electronic claims are sent with an identifier that indicates if a claim is an Original submission, a Replacement of a claim previously submitted, or a transmission to Void a previous claim submission. Identify the claim as a Void when changing:

- Payer ID
- Subscriber
- Billing provider
- Patient did not want insurance billed

If a new claim will be sent to replace the voided claim, send the Void first and wait a few days before submitting the new claim. This will insure proper handling of both the Void and new claim.

Submitting an Appeal

Appeals to claim determination should be submitted in paper to the address provided on the subscriber's ID card.

Claims with Assignment of Benefits for Non-participating Providers

In most cases, our group contracts do not allow assignment of benefits to non-participating providers. Claim payment will be sent to a non-participating provider if the group contract allows assignment of benefits and the subscriber/patient has authorized assignment of benefits, and this is indicated on the

claim. In all other situations, for services provided by non-participating providers, payment will be sent to the subscriber.

Electronic Claims Transmission Reports

You will receive reports from both the clearinghouse and from us. The reports provide confirmation that your claim(s) were sent by the clearinghouse and if we received and accepted or rejected the claim(s). We send an Electronic Claims Transmissions Report that lists claims we received and accepted. The report provides what action has occurred on each individual claim. Below is summary of key information included on the Electronic Claim Transmission Report.

- Insured's ID – The subscribers ID that was provided on the claim.
- Claim Date – The date the provider sent the claim.
- Received Date – The date we received the claim from the clearinghouse.
- Claim Amount – The total dollar amount for all services submitted on the claim.
- Patient Name – The name of the patient provided on the claim.
- Claim ID – The plan number, i.e., 024, 005 etc, and the claim number assigned when we received the claim.
- Results – A brief description of the actions taken on the claim. If the claim has not been adjudicated, additional updates will appear on future reports. Once the claim has adjudicated, the message will read “EOB to follow”.
- Description – A brief explanation of why the claim had not been adjudicated. This field only appears on the report if a determination has not been finalized.
- Action – A brief description of steps that you may be required to take before the claim can be adjudicated and finalized.

Who to Contact with Questions

Please use the following guidelines to determine who to contact with questions:

- If a claim is rejected at the clearinghouse level, contact the clearinghouse.
- If we reject a claim, contact your clearinghouse to help understand the reason for the rejection.
- If a claim you have sent does not appear on the transaction report, call the clearinghouse.
- If you have not received your Electronic Claim Transmission Report(s), call the clearinghouse for more information.
- If you have a question about the status of a claim, you may access our website at www.deltadentalmn.org or contact Customer Service using the telephone number listed on the patient's ID card. When calling, please inform the customer service representative that the claim was sent electronically.
- If you have questions concerning claim level reimbursements, available benefits, or a denial of benefits, contact Customer Service using the telephone number listed on the patient's ID card.

Claim Attachment Cover Sheet



Claim Attachment Cover Sheet

Attachment Control Number:			
National Provider ID (NPI):			
Provider Name:			
Subscriber ID:			
Subscriber Name:			
Patient Name:			
Date Claim Sent:		Date Attachment(s) Sent:	
Claim Type:	<input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Void	Number of Pages:	
Type of Attachment:	<input type="checkbox"/> Dental Models <input type="checkbox"/> Diagnostic Report <input type="checkbox"/> Explanation of Benefits <input type="checkbox"/> Support Data for Claim	<input type="checkbox"/> Periodontal Charts <input type="checkbox"/> Radiology Films <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Referral Form	
Procedure Code(s) Submitted on Claim:	D D D	D D D	D D D
Contact Name and Phone Number:			
Notes:			

General Instructions:

- Use this form when sending attachments related to a claim that was submitted electronically.
- All fields on this form are required with the exception of Notes.
- A copy of the Claim Attachment Cover Sheet and the attachment information should be retained for your records.
- Available delivery methods for sending attachment(s) are:
 - email – claimattachmentddmn@deltadentalmn.org
 - fax – 1-866-516-5616.
 - electronic (via Web available late Fall 2009) – delatadentalmn.org
 - mail – use address listed on subscriber's ID card.
 - National Electronic Attachment, Inc. (NEA) – when using NEA a Claim Attachment Cover Sheet should not be used.
- If sending multiple attachments, all attachments for a claim should be sent using the same delivery method.

Field Definitions:

Attachment Control Number: Number supplied on the Electronic Claim.

National Provider ID (NPI): Treating dentist's NPI.

Provider Name: Treating dentist's name.

Subscriber ID: ID number listed on subscriber's ID card.

Subscriber Name: Name listed on subscriber's ID card.

Patient Name: Include patient's first and last names.

Date Claim Sent: Date Electronic Claim was submitted.

Date Attachment Sent: Date Attachment was submitted.

Claim Type: Select one:

Original – Use first time services are submitted.

Replacement – Use when submitting a corrected claim for the following reasons: adding services, changing procedure code(s), correcting date(s) of service.

Void – Use when submitting a change for the following information: payer, subscriber, billing provider, patient did not want insurance billed. If a new claim will be sent to replace the voided claim, send the Void first and wait a few days before submitting the new claim. This will insure proper handling of both the Void and new claim.

Number of Pages: Total number of pages/attachments, including this cover sheet.

Type of Attachment: Select from list.

Procedure Code(s) Submitted on Claim: List CDT procedure code(s) submitted on the Electronic Claim.

Contact Name and Phone Number: Name and phone number of who to contact if there are questions regarding attachment(s).

Notes: Optional field that can be used to provide additional information, if needed.