DELTA DENTAL®

Avoiding Claim Delays

Helpful suggestions for claim submission and claim payment:

1) ***Provide documentation to support the claim submission.*** Be sure that radiographs are of good diagnostic quality, and appropriate to the procedure requested, e.g., provide a full mouth series or panoramic radiograph for bridge submissions. A radiograph that is not readable may result in a claim denial for information.

   NOTE: Radiographs are required for the following procedures:
   - Bridge
   - Implant
   - Root canal
   - Buildup
   - Partial denture
   - Scaling & root planing
   - Crown
   - Post and core
   - Surgical extraction

2) ***Submit predeterminations for high-cost procedures and treatment plans over $250.*** Having a predetermination will allow dentists to review proposed treatment with a patient and to make a decision on proceeding. Financial arrangements can be made in advance, and potential confusion can be avoided. Perhaps most importantly, there is less risk of a surprise when the procedure is completed, and the claim is submitted.

3) ***Narratives may provide helpful detail.*** As the treating dentist, you have the advantage of knowing the patient and their condition firsthand and being able to share information that may not be obvious in a radiograph or on a claim form. A good narrative does not have to be long or complex, yet it can provide important and relevant clinical detail that can result in more prompt and accurate reimbursement.

4) ***Provide intra-oral photographs*** when the radiograph does not convey the full story. Examples might include teeth that are cracked or fractured or where cusps are undermined, or when a buildup is needed when performing a crown prep.

Additional recommendations:

- Fill out the claim form completely and correctly (patient information, coding, procedure, etc.)
- Provide the Member ID Number instead of their Social Security Number
- Include your National Provider Identifier (NPI)
- Use the correct code for the procedure rendered.
- Avoid DX999 codes when there is a specific alternative code for the procedure.
- Submit service rendered without trying to guess what might be covered
- Be aware of the patient's:
    - Eligibility and coverage, e.g., are they still employed, do they still have coverage?
    - Benefits for the intended procedure, e.g., frequency limits, annual maximum, etc. Again, take advantage of predeterminations.