



Frequently Asked Questions Dentists

Participation

What are the advantages of being a participating dentist with Delta Dental?

When you join Delta Dental of South Dakota's Premier Network, you gain access to all the advantages associated with doing business with Delta Dental:

- Delta Dental of South Dakota is the largest provider of dental benefits in South Dakota, providing dental coverage for more than 288,000 members.
- Delta Dental dentists are likely to see more patients who have our coverage than patients from any other carrier.
- The names and office locations for Delta Dental dentists are searchable in an online Dentist Directory on Delta Dental's website and a dentist directory is sent out to all our groups.
- Delta Dental pays you directly, improving your cash flow and reducing your accounts receivable.
- Paperwork is simple, and Delta Dental accepts claims electronically, making claims submission even more convenient.
- Delta Dental processes claims accurately and rapidly, especially when you file your claims electronically.
- Skilled Professional Services staff members are available to answer any questions you may have.

Who is eligible to become a Delta Dental participating dentist?

A dentist duly licensed and in good standing under the laws of South Dakota and who has completed Delta Dental's credentialing requirements can become a Delta Dental of South Dakota participating dentist.

What is the purpose of a Participating Dentist Agreement?

Through the Participating Dentist Agreement, Delta Dental and the Dentist work together to provide affordable dental care. The most common elements of the agreement are:

- ✓ You agree to file claims for your Delta Dental patients.
- ✓ You agree to accept direct payment from Delta Dental.
- ✓ You agree that subscribers will not be charged more than the pre-established coinsurance amount. In other words, you agree not to balance bill patients any difference between the Delta Dental- approved amount and your usual fee, if any.
- ✓ You agree to Contract Compliance Reviews.
- ✓ You agree to submit diagnostic aids (such as x-ray films) as necessary to help Delta Dental verify that treatment is covered by the group contract.
- ✓ You agree to cooperate with state or local peer review committees and with dental consultants.
- ✓ You agree to inform Delta Dental with your most current dental practice information (i.e. credentialing information) at least once every four years.

Does Delta Dental require credentialing?

Delta Dental believes in nurturing long-term partnerships with highly qualified individuals and organizations who share our commitment to quality dental care and services. As part of our commitment to quality, Delta Dental of South Dakota has a formalized credentialing process through which we objectively evaluate dentists against formalized standards.

How do I become a participating Delta Dental Premier dentist?

In order to become a participating Delta Dental Premier dentist, you must sign a Participating Dentist Agreement, a Professional Profile, a credentialing form and a W-9 form. Contact our Professional Services Department at 1-800-627-3961 to request a Delta Dental Premier participation packet.

What are the advantages of participating with Delta Dental Premier?

Participating Delta Dental Premier dentists are guaranteed direct payment for services rendered to Delta Dental Premier patients. This will save you a significant amount of time as well as reduce your billing costs. Your name is also published as a participating Delta Dental Premier dentist in directories sent to our groups, as well as on our website. Delta Dental Premier subscribers generally have reduced out-of-pocket expenses when they visit participating Delta Dental dentists.

What reimbursement will I receive as a participating Delta Dental Premier dentist?

Delta Dental of South Dakota's reimbursement is based on the maximum plan allowance (MPA) concept. Our MPAs are derived from current claim history and specialty training. Provisions of federal anti-trust laws prohibit DDS from publishing MPAs.

Can I choose to participate only with Delta Dental of South Dakota?

By signing the contract to participate with Delta Dental of South Dakota, you also agree to see patients who have coverage through other Delta Dental member companies.

Claims

What is Delta Dental of South Dakota's claims mailing address?

Claims for all Delta Dental of South Dakota subscribers should be mailed to:

Delta Dental of South Dakota

PO Box 1157

Pierre, SD 57501

What should be included on claim forms to Delta Dental of South Dakota?

Be sure to include the following on all claim forms:

- Subscriber's name and identification number
- Patient's name and date of birth
- Treating dentist's license number
- The TIN or SSN that the dentist uses for IRS purposes
- The dentist's National Provider Identifier (NPI)
- Completion dates of services rendered
- Tooth numbers or quadrants (indicate tooth surfaces where applicable)
- Include complete dual coverage information including both the subscriber's identification number and date of birth (attach the primary carrier's statement if applicable).

What date do I use on the claim form?

The date a procedure is completed. It is the insertion date for dentures and partial dentures. It is the cementation date (regardless of the type of cement used) for inlays, onlays, crowns, and fixed bridges.

Q. If my patient's spouse also has dental coverage, whose insurance pays first on the children?

A. Guidelines currently in effect in South Dakota state that the children will be considered primary by the plan of the parent whose birthday (month and day) occurs earlier in the calendar year. Subsequently, the plan covering the parent whose birthday falls later in the year pays second.

Q. How do we coordinate benefits for a patient that has dual coverage?

When coordinating benefits for a patient with dual coverage, please submit the claim to the primary insurance carrier first. Once your office has received payment from the primary carrier, please submit a copy of the explanation of benefits along with the claim to the secondary insurance carrier. If you are unsure which the primary carrier is, please contact Professional Services at 1-800-627-3961.

Which procedures require x-rays to be submitted with the claim?

All crowns, veneers, onlays, build-ups, bridges, periodontal surgery, surgical extractions and implants. These x-rays should be included when filing the claim. X-rays should be mounted and include the patient's name as well as the dentist's name. If you are sending a panorex, please identify the right and left side.

What procedures require narratives?

A narrative is required on all procedures that end in *999 or any procedure that doesn't fall within the guidelines of the ADA CDT codes.

What procedures require periodontal charting?

Periodontal charts are required for many periodontal procedures. A current perio chart is needed for all surgical procedures and site-specific therapy.

What is the correct date of service for multiple visit procedures (root canals, crowns, fixed and removable prosthetics)?

The correct date of service is the final fill date, the cementation date, and/or the delivery date. Delta Dental will only pay for completed dental services.

If I have not received payment for a claim, should I send another copy to Delta Dental?

No, please do not send duplicate claims, as they slow down the processing of claims. Either check the status through our web site or contact our Professional Services Department at 1-800-627-3961.

How do I check the status of a claim?

You may access claim status via our website, using the subscriber identification number. Once you are logged onto the Provider section of our website, select "Claims" from the menu on the left. For patients covered by other Delta Dental member companies, please contact the respective Delta Dental member company to verify claim status. Information on how to contact other Delta Dental member companies is available using the Delta Dental link from our website. Our Professional Services Representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m. (Central Time) at 1-800-627-3961 to assist you and your staff with claims status questions.

How can I get a claim re-evaluated?

If you do not agree with Delta Dental's initial determination of benefits, and you have additional information to supply to support your request for reconsideration, please submit a copy of the Notice of Predetermination or a copy of the Explanation of Benefits form that shows the service in question along with a detailed reason for the re-evaluation. In addition to the request, please send all necessary x-rays, photos and clinical comments in support of your narrative to:

Delta Dental of South Dakota

Attn: Professional Services Department

PO Box 1157

Pierre, SD 57501

As a participating dentist with Delta Dental, am I allowed to give small discounts?

The participating dentist agreement allows dentists to offer patient discounts only in occasional instances as a professional courtesy or because of financial hardship. If discounts are given routinely, you must also submit the discounted amount on the claim forms.

How do I show fee discounts on claim forms?

Most dental offices will face a "fee discount" question from time to time. There are many reasons for giving discounts, including a patient's participation in a fee discount program. To report discounts on claims for patients who are Delta Dental enrollees, the lower, discounted fee (that is, the fee the dentist intends to collect as payment in full) must be entered as the fee for the procedure on the claim. This insures that the discount is applied to both Delta Dental's portion and the patient's portion. Entering the dentist's usual fee on the claim for any service that has been discounted would be considered a violation of the Participating Dentist Agreement, since it would be saying one fee is being charged when another

actually is. When the fee charged to a patient is lower than the dentist's usual fee, and it is correctly entered on the claim as the actual fee charged, there is no effect on the dentist's participation with Delta Dental.

Fees and Treatment

What is Delta Dental's coverage for resin fillings (also called composite, plastic or white fillings)?

Virtually all of Delta Dental's plans cover resin fillings on the teeth where their cosmetic advantages are most important: the six front teeth (incisors and cuspids), and on the facial (cheek side) surfaces of bicuspids. DDS will cover resin fillings up to the first molar and the buccal surface of the first molar.

When an enrollee whose plan limits resin fillings to front teeth receives a resin filling on a back tooth, Delta Dental makes an allowance toward its cost. The allowance is based on Delta Dental's Maximum Plan Allowance for the equivalent amalgam ("silver") filling. There are other kinds of "white" fillings, such as resin inlays. These are specialized techniques and are excluded from most plans. When they are provided, Delta Dental makes an allowance toward their cost based on the fee for either an amalgam or resin filling, depending on the plan.

Why doesn't Delta Dental of South Dakota allow for posterior composite fillings?

Composites are considered to be cosmetic. Amalgams are less expensive and clinically equivalent to composite resins. Delta Dental reimburses dentists for the least costly clinically equivalent fillings in back (posterior) molars.

What fee should I put on the claim form - the Delta Dental allowance or my usual fee?

It's your decision. You may submit either fee on your claims.

Is there an advantage to submitting my usual fee on claims?

Yes, because Delta Dental will calculate future allowances based on fees submitted on claims by participating dentists.

I don't want to give patients the impression that I am trying to overcharge them. Can I submit claims with the Delta Dental allowance?

Yes. However, note that many dental offices submit their usual fees and then adjust off any difference when they get the Delta Dental check. Those offices have not reported any negative reactions from patients.

What does Delta Dental tell my patients if I submit claims with my usual fees, and my fees are higher than Delta Dental's allowances?

When Delta's Dental's allowance is less than the fee you submit on the claim, the message on the patient's Explanation of Benefits will state that the approved fee is based on the maximum plan allowance. We use the term "maximum plan allowance" to reduce the chance that your patient will think that something was wrong with your fee.

Will Delta Dental consider a higher allowance for exceptional cases?

Yes. Under Delta Dental's definition of the term "Reasonable," you may submit a claim for special consideration. Our dental consultants will review the claim, your brief explanation of the extraordinary circumstances, the radiographs, laboratory reports, etc., and determine if the fee on the claim can be allowed.

Can I bill the patient the difference between my fee and Delta Dental's allowance?

When you participate with Delta Dental, if your fee for a service exceeds Delta Dental's maximum plan allowance, participating dentists agree to write-off any difference and not charge this amount to the patient.

If I don't participate with Delta Dental, do my patients still have benefits?

Under most plans, your patient will still receive benefits, but he or she may have more out of pocket expenses and the Delta Dental payment will go to the patient.

Am I required to submit a predetermination of benefits before beginning treatment on a patient?

In most cases, predeterminations are not required but are strongly encouraged. Predeterminations allow your patient the opportunity to make proper financial arrangements for their portion of the treatment cost before the actual work is begun. Predeterminations also reduce patients' confusion about coverage levels and enhance goodwill among the dentist, the patient, and Delta Dental.

Do I have to take a write-off on a procedure that isn't covered by the patient's dental plan?

Services not paid for reasons of deductible, frequency or annual maximums, but covered under the patient's plan, are held to Delta's maximum plan allowance. However, when a procedure is excluded under the patient's benefit plan, you are not required to take a write off.

How do I get a breakdown of my patient's dental coverage?

A dental benefits summary is available on-line.

Electronic Claims and Electronic Attachments

Does Delta Dental of South Dakota accept electronic claims?

Yes. Delta Dental of South Dakota accepts electronic claims through Change Healthcare, DentalXChange and Tesia.

What if I use a clearinghouse other than those accepted by DDS?

Some clearinghouses forward claims to other clearinghouses and some don't. If they don't forward electronically, the clearinghouse you use will forward us a paper claim for processing. We plan to accept electronic claims from all clearinghouses in the very near future.

Does Delta Dental of South Dakota accept electronic attachments?

Yes, Delta Dental of South Dakota accepts electronic attachments through National Electronic Attachments (NEA) and National Information Systems (NIS). Please note the attachment must be sent with an electronic claim. If you receive a "Request for Additional Information" from DDS, you may submit an electronic attachment without a claim, if you submit the claim number with the attachment. Please do not send an electronic attachment without a claim, or without reference to a Delta Dental claim number, otherwise we will not be able to match the attachment with the claim.

How do I find out more about filing electronic claims from my office?

If you are interested in submitting claims directly through our web site, contact our Professional Services Department at 1-800-627-3961 or, if you choose to go through a clearinghouse, contact your software vendor.

How do I find out more about filing electronic attachments from my office?

In order to submit electronic attachments, you will need equipment that produces an electronic copy of a document or image. The type of equipment and other requirements depends on which vendor you choose to support this capability. Two notable vendors are NEA and NIS.

NEA www.Fast-Attach.com 1-800-782-5150

NIS www.nationalinfo.com 1-800-734-5561

Should I also send a paper claim to Delta Dental of South Dakota if I have sent one electronically?

No, sending a paper copy or duplicate electronic claim only serves to slow down the processing of claims. You may check the claim status on our website or feel free to contact our Professional Services Department to confirm receipt of your claim. Your software vendor should also be able to assist you with questions on the transmission of your claim.