



# Tips and updates for your office

## 1 - Retrieve member ID from the provider portal

You can now retrieve the alternative ID for all members on the provider portal, including those who do not wish to share their social security number. Login at [deltadentalmo.com/providers](https://deltadentalmo.com/providers) and click “Member ID Look Up” under “Eligibility – Benefits – Claims”.

## 2 - Pre-treatment estimates now valid for 6 months

Pre-treatment estimates for Delta Dental of Missouri are now valid for six (6) months from the date issued. Please submit a new claim form when services are rendered for the pre-treatment estimate and include:

- The “Estimate No.” in box 2 of the ADA claim form
- All required supporting clinical documentation and/or a copy of the Explanation of Benefits from all other carrier(s), and any reason(s) for non-payment when coordination is applied, if applicable

## 3 - Ensure claims process on first submission

Check out these tips to ensure your claim goes through on first submission.

### Navigating the American Dental Association® dental claim form

- ★ 25, 27 and 28 are **required fields** — Please complete to ensure timelier processing of your claim.

25. **Area of oral cavity** — please include arch and quadrant when applicable.

27. **Tooth number(s) or letter(s)**

28. **Tooth surface**

- ★ 39a. **Date last SRP** — include the date of the last scaling/root planing (SRP). Leave blank if SRP has not been previously delivered.

- ★ 43. **Replacement of prosthesis** — check “yes” for replacement or “no” for initial prosthesis. If “yes”, populate box 44 with the date of prior placement.

- ★ 49. **NPI (type 2)** — if your office is registered for a business NPI type 2, this should be populated here. If no business NPI is available, this box should be left blank.

- ★ 54. **NPI (type 1)** — the provider’s individual NPI type 1 should be populated here.

#### Oral cavity designation codes

Code	Area
00	Entire oral cavity
01	Maxillary arch
02	Mandibular arch
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

## ★ **Required** documentation for timely claims processing

Please include the required documentation listed when submitting a claim for the following procedures.

### Scaling/root planing

- Current periodontal charting
- Full series of x-rays or bite wings

### Crowns

- Periapical x-rays (P.A. x-rays)

### Bridges

- Full mouth series of x-rays or pano

### Coordination of benefits (COB) claims

- If Delta Dental of Missouri is the primary carrier/administrator, please fill out the claim form completely
- If Delta Dental of Missouri is the secondary carrier/administrator, please fill out the claim form completely including both carriers, and please attach the primary carrier's/administrator's explanation of benefits (EOB) with payment amount or denial reason for no payment

### Occlusal guards

- Arch type (full or partial)
- Submit with the appropriate oral cavity designation codes
- Narrative reason for the occlusal guard

#### Oral cavity designation codes

Code	Area
00	Entire oral cavity
01	Maxillary arch
02	Mandibular arch
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

### Orthodontics

- If Delta Dental of Missouri is the primary carrier/administrator, please include the following ...
  - Total case fee for orthodontics treatment
  - Date of banding/appliance placed
  - Initial down payment if charging the patient
  - Total number of months the patient is anticipated to be in treatment
- If Delta Dental of Missouri is the secondary carrier/administrator, please include the following ...
  - Primary carrier's/administrator's orthodontics copay and maximum
  - Please note orthodontics treatment is set up to pay over the duration of treatment, therefore we cannot set up the treatment for scheduled payment until we know the primary carrier's/administrator's copay and total orthodontics maximum

### Periodontal tissue grafts

- Photos (not x-rays)
- Periodontal charting

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