Submitting a Dental Claim

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement’s terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation.

Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service. Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.
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Submitting a Dental Claim

Using ProviderOne to Submit an On-line Dental Claim Using Direct Data Entry and Batch Upload

The following ProviderOne tasks and topics are covered in this section:

- The ProviderOne On-line Claims Submission Process
- Accessing and Navigating the Dental Claim Form
- Knowing When Data Entry is Required
- Accessing On-line Billing Instructions
- Completing the Basic Claim Info Section
- Saving the Claim and Retrieving a Saved Claim
- Submitting the Claim and Adding Backup Documentation
- Submitting an On-line Dental Batch Claim
The ProviderOne On-line Claims Submission Process

The following section describes the process of submitting a Dental Claim using ProviderOne Direct Data Entry.

The high-level steps for submitting an on-line Dental Claim using ProviderOne are:

- Using the EXT Provider Claims Submission user profile, access the online claim form.
- Complete the Basic Claim Info section.
- Attach any supporting documentation.
- Submit the Claim.

Each of these steps are covered in detail in the following pages.

Upon successful submission of the claim ProviderOne assigns a Transaction Control Number (TCN) to each claim. The TCN uniquely identifies the claim and is helpful when searching for a claim, and tracking the claim payment.

Figure 1 - Submitted Dental Claim Details
Accessing and Navigating the Dental Claim Form

Accessing the Dental Claim Form

From the Provider Portal, select the On-line Claims Entry link and click the Submit Dental link.

ProviderOne displays the Claim Submission page.

Select the Submit Dental hyperlink.

ProviderOne displays the Dental Claim form.
Figure 3 – Dental Claim Direct Data Entry Form
Navigating the Dental Claim Form

Navigate to major sections within the form by clicking the links located in the form header, clicking the scroll bar, or clicking the Top hyperlinks located throughout the form.

Note: For information about the Other Claim Info tab see the appendix.
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Knowing When Data Entry is Required

Required Fields

Required fields are marked with an asterisk and must be completed to submit the claim.

Questions marked with an asterisk must be answered to submit the claim.

Optional and Situational Data Entry Panels

Additional data entry fields are located within expandable data entry panels.

These data entry panels may or may not be necessary depending on the claim being submitted.

Clicking on expander buttons reveal additional data entry options.

IMPORTANT: Fields located within expanded data entry panels and marked with an asterisk are required “only if the data entry panel is opened”.

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Accessing Online Billing Instructions

From the Dental Claim form, click the Billing Instructions link.

ProviderOne displays the external Billing Instructions web page.

About the Billing Instructions Page

- This page launches in a separate browser window.
- If necessary, keep this window open while completing the Claim Form.
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## Completing the Basic Claim Info Section

The Basic Claim Info section of the Dental Claim Form consists of four sub-sections.

**PROVIDER INFORMATION**
- BILLING PROVIDER
- RENDERING (PERFORMING) PROVIDER

**SUBSCRIBER/CLIENT INFORMATION**
- SUBSCRIBER/CLIENT
- OTHER INSURANCE INFORMATION

**CLAIM INFORMATION**
- CLAIM DATA
- PRIOR AUTHORIZATION
- CLAIM NOTE
- Accident Related

**BASIC LINE ITEM INFORMATION**
- BASIC SERVICE LINE ITEMS
- Prior Authorization

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Note: SUBSCRIBER/CLIENT refers to the patient receiving services.
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Complete the OTHER PAYER BILLING PROVIDER section.

Complete the OTHER PAYER ASSISTANT SURGEON section.

Complete the CLAIM LEVEL ADJUSTMENTS segment.

Complete the Other Subscriber Information segment.

Complete the Additional Other Subscriber Information segment.

Complete the Other Insurance Coverage segment.

Complete the Secondary ID Information segment.

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CLAIM INFORMATION

Complete the CLAIM DATA segment.

Complete the Additional Claim Data segment.

Open the PRIOR AUTHORIZATION segment and enter any Prior Authorization numbers that apply to this claim.

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Open and complete the CLAIM NOTE segment.

If this claim is accident related, answer Yes and complete the RELATED CAUSES INFORMATION segment. Otherwise, answer No.
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Complete the Tooth Information segment.

Note: DO NOT use the Add Another link.

Complete the Prior Authorization segment.

Complete the Additional Service Line Information segment (Optional).

Adding Service Lines Item to the Claim

All other claim information should be completed before adding the Basic Service Line Item to the claim.

Click the Add Service Line Item button.

ProviderOne adds the line item to the claim and shifts to the top of the claim form.

To view the new line item, click the Service tab.
ProviderOne displays the BASIC LINE ITEM INFORMATION section. All previously entered line item data has been cleared from the form. The service line item has been added to the Previously Entered Line Item Information table.

<table>
<thead>
<tr>
<th>Line No</th>
<th>Proc. Code</th>
<th>Submitted Charges</th>
<th>Modifiers</th>
<th>Diagnosis Codes</th>
<th>Oral Cavity</th>
<th>Units</th>
<th>Service Date</th>
<th>Service Code</th>
<th>Service Description</th>
<th>PA Number</th>
<th>Delete or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0120</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete or Other</td>
</tr>
</tbody>
</table>

Repeat this process until all service line items have been added to the claim.

**Updating a Service Line Item**

To update a service line item, click the hyperlink in the Line No column for the service line item to be updated.

ProviderOne returns to the top of the claim form.

Click the Service Tab to return to the BASIC LINE ITEM INFORMATION section.

ProviderOne shifts to the BASIC LINE ITEM INFORMATION section and populates the fields with data from the selected service line item.

After editing existing data and/or adding additional data, click the Update Service Line Item button.

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Deleting a Service Line Item

Click the Delete hyperlink of the Service Line Item to be deleted.


Saving the Claim and Retrieving a Saved Claim

Requirements for Saving a Dental Claim

The following Dental Claim Form data entry elements must be completed before a claim can be saved:

**PROVIDER INFORMATION**
- Billing Provider NPI
- Billing Provider Taxonomy
- Is the Billing Provider also the Rendering Provider?

**SUBSCRIBER/CLIENT INFORMATION**
- Client ID

Entering the Client ID will not automatically populate the first and last name field. If you want to see the client’s last name on the saved claim list you will need to expand the Additional Subscriber/Client Information segment and enter the client’s name.

**CLAIM INFORMATION**
- Is this claim accident related?

**BASIC SERVICE LINE ITEMS**
- Line Items are not required for saving a claim.
- To include line items in a saved claim, the line item must be added to the claim using standard claim data entry steps.

Required data entry fields that appear as a result of answering claim form questions must be completed before the claim can be saved.
Saving the Claim

Complete all required data entry.

Click the Save Claim button.

ProviderOne displays the following confirmation dialog.

Click OK to proceed or Cancel to return to the claim form.

If necessary, correct any missing data or invalid data entry errors identified by ProviderOne.

If no data entry errors or missing data are detected ProviderOne saves the claim and closes the claim form.
Retrieving a Saved Claim

From the Provider Portal, click the Retrieve Saved Claims hyperlink.

ProviderOne displays the Saved Claims List.

![Saved Claims List]

Click the Link icon to retrieve a claim.

ProviderOne loads the saved claim data into the Dental Claim Form.
Continue with Dental Claim data entry.

Once a saved claim has been retrieved and submitted it will be removed from the Saved Claims List.

For more information on managing the Saved Claims List, see the Managing Claims Provider System User Manual.
Submitting the Claim and Adding Backup Documentation

Submitting the Claim

Click the Submit Claim button.

ProviderOne displays the following prompt.

Click OK to display the Claim Backup Documentation form.

Click the Cancel button if there is no backup documentation.

ProviderOne generates a TCN for the new claim and displays the Submitted Dental Claim Details page.

To print this information click Print.

Click OK to finalize this transaction. Failure to click OK will void this transaction.
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Submitting Claims Backup Documentation

If you responded OK to the Internet Explorer prompt after clicking the Submit Claim button, ProviderOne displays the Claims Backup Documentation form.

To submit additional backup documentation, click the Add Attachment button.

ProviderOne displays the Claims Backup Documentation form.

![Figure 10 - Claims Backup Documentation]

Select the Attachment Type and Transmission Code.

**If the Transmission Code is BM: By Mail**

If the Transmission Code is BM: By Mail, click the OK button.

**If the Transmission Code is FX: By Fax**

If the Transmission Code is FX: By Fax, click the OK button.

**If the Transmission Code is EL: Electronically Only**

Click the Browse button.

ProviderOne displays a Windows Choose File dialog.
Select the file to attach and click the Open button.

ProviderOne displays the file in the Filename field.

Click the OK button.

ProviderOne generates a TCN and displays the Submitted Dental Claim Details page. The new attachment appears in the attachment list.

To print this information, click Print.

Click OK to finalize this transaction. Failure to click OK will void this transaction.
Figure 11 - Submitted Dental Claim Details

WARNING: You must click the OK button to complete the claims submission.

CAUTION “READ THIS”: If you don’t click OK, the claim is not transmitted.
Printing the Attachment Cover Page

Click the Print Cover Page button.

ProviderOne displays a PDF preview of the Cover Page.

Fill in the information required, print this cover page, and include with mailed attachments.

NOTE: After entering data into a field on the form, you must press the tab key or click outside of a data field to update the bar code with the date entered. Updated bar codes will be wider than bar codes that have not been updated.

DO NOT use previously saved cover pages, each page has a bar coding unique to the current claim.

Printing the Claim Details

To print a copy of the claim, click the Print button.

ProviderOne displays a PDF preview of the claim details.

Print or Save this PDF file.
Submitting an Online Batch Claim

Before Uploading Your Document

You must be enrolled as a Trading Partner in the ProviderOne system.

You must be authorized (tested and approved by CNSI) to submit HIPAA files over the web to ProviderOne.

The file you are uploading must be less than or equal to 50MB in size.

Accessing the Batch Attachment Response Page

From the Provider Portal, click the On-line Batch Claims Submission (837) link.

![Batch Attachment Response](image)

ProviderOne displays the Batch Attachment Response page.

![Batch Attachment Response](image)

Figure 12 - Batch Attachment Response
This page is intentionally blank.
Submitting the Document

Click the Upload button.

ProviderOne displays the Attachment page.

![Attachment Page](image)

Click the Browse button, select the file to upload, and click the OK button.

If the Upload was successful, ProviderOne displays the Upload File Response.

![Upload File Response](image)

Click the Close button.

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Appendix

Other Claim Info and Other Service Line Info sections are not required for Direct Data Entry Claims submission using ProviderOne.

This section is for reference only.
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## Completing the Other Claim Info Section

The Other Claim Info section has one sub-section.

<table>
<thead>
<tr>
<th>CLAIM INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>- REFERRING PROVIDER INFORMATION</td>
</tr>
<tr>
<td>- ORTHODONTIC TOTAL MONTHS OF TREATMENT</td>
</tr>
<tr>
<td>- TOOTH STATUS</td>
</tr>
<tr>
<td>- SERVICE FACILITY</td>
</tr>
<tr>
<td>- SUPERVISING PROVIDER</td>
</tr>
</tbody>
</table>
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Accessing Other Claim Info

You must complete the Basic Info form before you can access the Other Claim Info form.

Access the Other Claim Info form by clicking the Other Claim Info tab.

ProviderOne displays the Other Claim Info form.

After completing the form, return to the Basic Claim Info form by clicking the Basic Claim Info tab or Basic Claim Form button.
CLAIM INFORMATION

Figure 15 - Dental Claim - Other Claim Info - CLAIM INFORMATION

Complete the REFERRING PROVIDER INFORMATION segment.

Complete ORTHODONTIC TOTAL MONTHS OF TREATMENT segment.

Complete the TOOTH STATUS segment.

Use the Add Another link to enter information on multiple Tooth Numbers.

Complete the SERVICE FACILITY segment.

Complete the SUPERVISING PROVIDER segment.
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Completing the Other Service Info Section

The Other Service Info section consists of the following sub-sections.

CLAIM INFORMATION

- TREATMENT DATES

SERVICE LINE PROVIDER INFORMATION

- RENDERING PROVIDER INFORMATION
- SERVICE LINE ADJUDICATION INFO
Accessing Other Service Info

Other Service Info is applied to individual Service Lines.

To open the Other Service Info form for an individual Service Line, click the Other Service Info hyperlink for the Service Line.

ProviderOne displays the Other Service Info form.

<table>
<thead>
<tr>
<th>Line No</th>
<th>Proc. Code</th>
<th>Submitted Charges</th>
<th>Modifier</th>
<th>Diagnosis Code</th>
<th>Oral Cavity</th>
<th>Units</th>
<th>Service Date</th>
<th>Appliance</th>
<th>Tooth/ Surface</th>
<th>PA Number</th>
<th>Delete or Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0123</td>
<td>65</td>
<td>1 2 3 4 1 2 3 4</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td>Delete or Other</td>
</tr>
<tr>
<td>2</td>
<td>01120</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Delete or Other</td>
</tr>
</tbody>
</table>

Figure 16 - Dental Claim – Other Service Info
CLAIM INFORMATION

Figure 17 - Dental Claim - Other Claim Info – CLAIM INFORMATION

Complete the TREATMENT DATES segment.

<table>
<thead>
<tr>
<th>TREATMENT DATES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Start Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Completion Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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