Wyoming Department of Health

# Dental Claims

Claim Submission

# Course Content

- Dental Claim Overview
- Dental Claim Submissions
- Dental Claims with Third Party Liability (TPL)
- Dental Claims Tertiary Claim
- Dental Claim Attachments

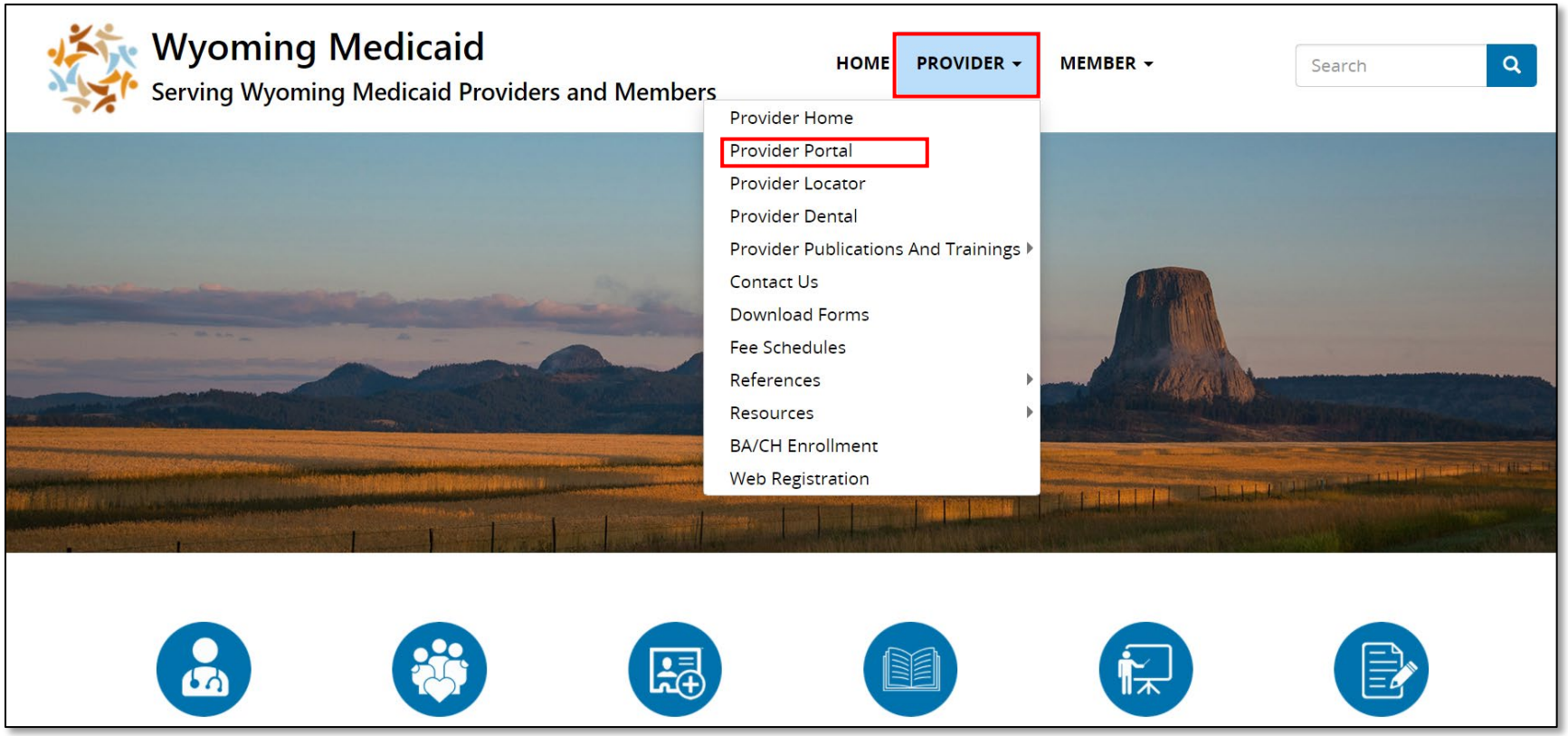
# *Dental Claims Overview*

- Dental Claims are submitted by dentists and oral surgeons for dental services
  - Member receives a service
  - Provider submits a claim
  - Claims include information about the Member, Provider, and service
  - The claim is submitted to the State Medicaid Agency
  - The claim is approved and paid or denied

# Dental Claims

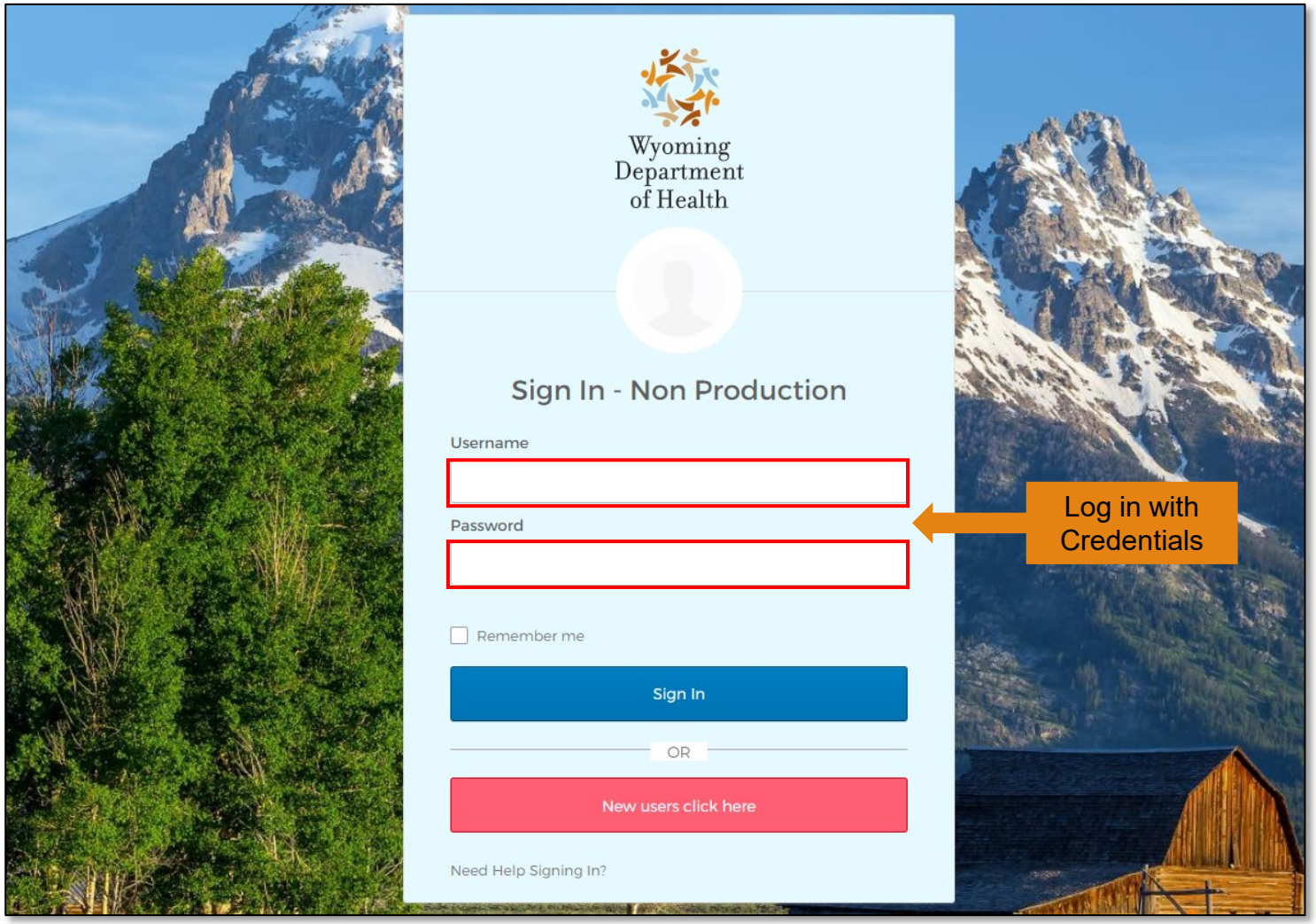
How to complete the process of entering a Dental Claim

# Dental Claims Submission




- Access the Medicaid Website at: https://www.wyomingmedicaid.com/
- Select **Provider** at the top of the page. A drop-down list appears
- Select **Provider Portal** from the options in the menu

# Dental Claims Submission

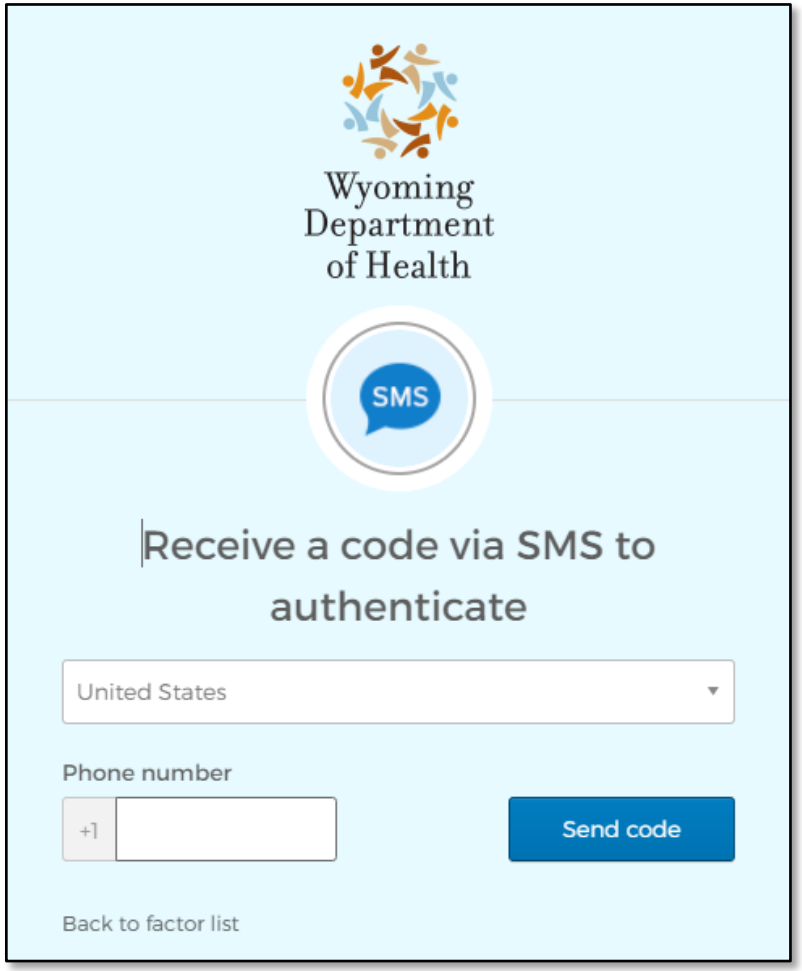


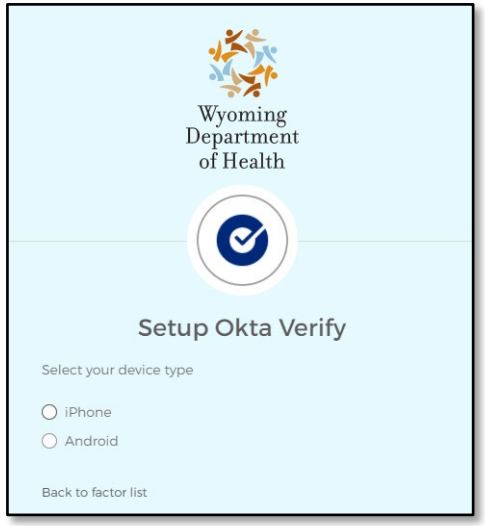

Log in to the BMS system:

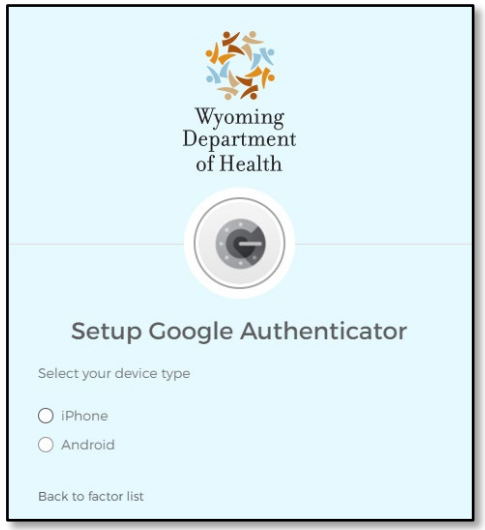
- Log in to the Provider Portal with your Single Sign-On (SSO) username and password

After logging in, an authentication screen displays to authenticate access to the system.

# Dental Claims Submission




After logging in, the Multi-Factor Authentication (MFA) appears to authenticate access to the system:

Verify authentication based on your setup selection:

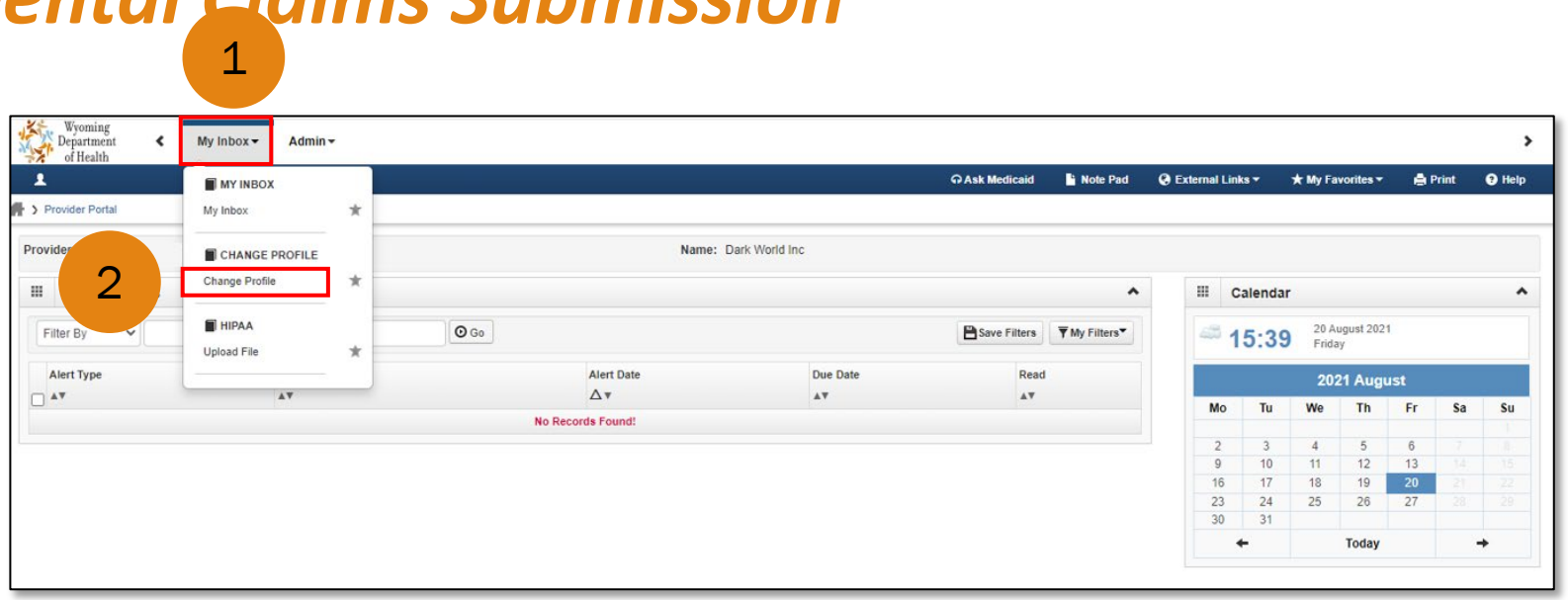
- Select **Send code** for SMS
- If you chose Google Authenticator, enter that code
- If you did an OKTA push, accept the push

# Dental Claims Submission


Next, choose the domain and role:

- Select the applicable domain from the **Domain** drop-down list
- Select **Claims Access** from the **Profile** drop-down list
- Select **Go**

# Dental Claims Submission





If you are already logged in to the Provider Portal, you can change your profile:

1. Select **My Inbox**.
2. Select **Change Profile**.

Next, choose the domain and role:

- Select the applicable domain from the **Domain** drop-down list
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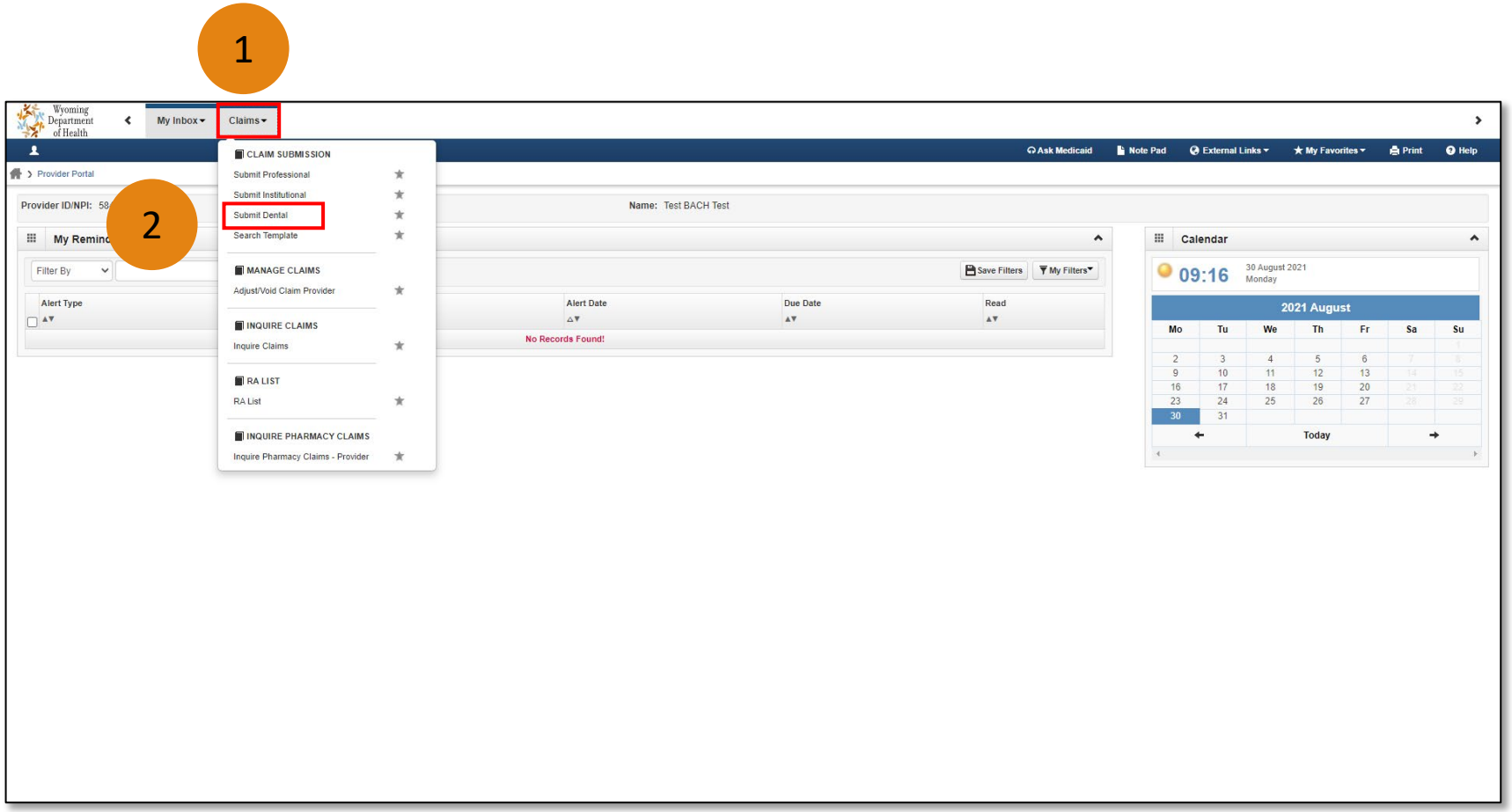
- Select **Go**

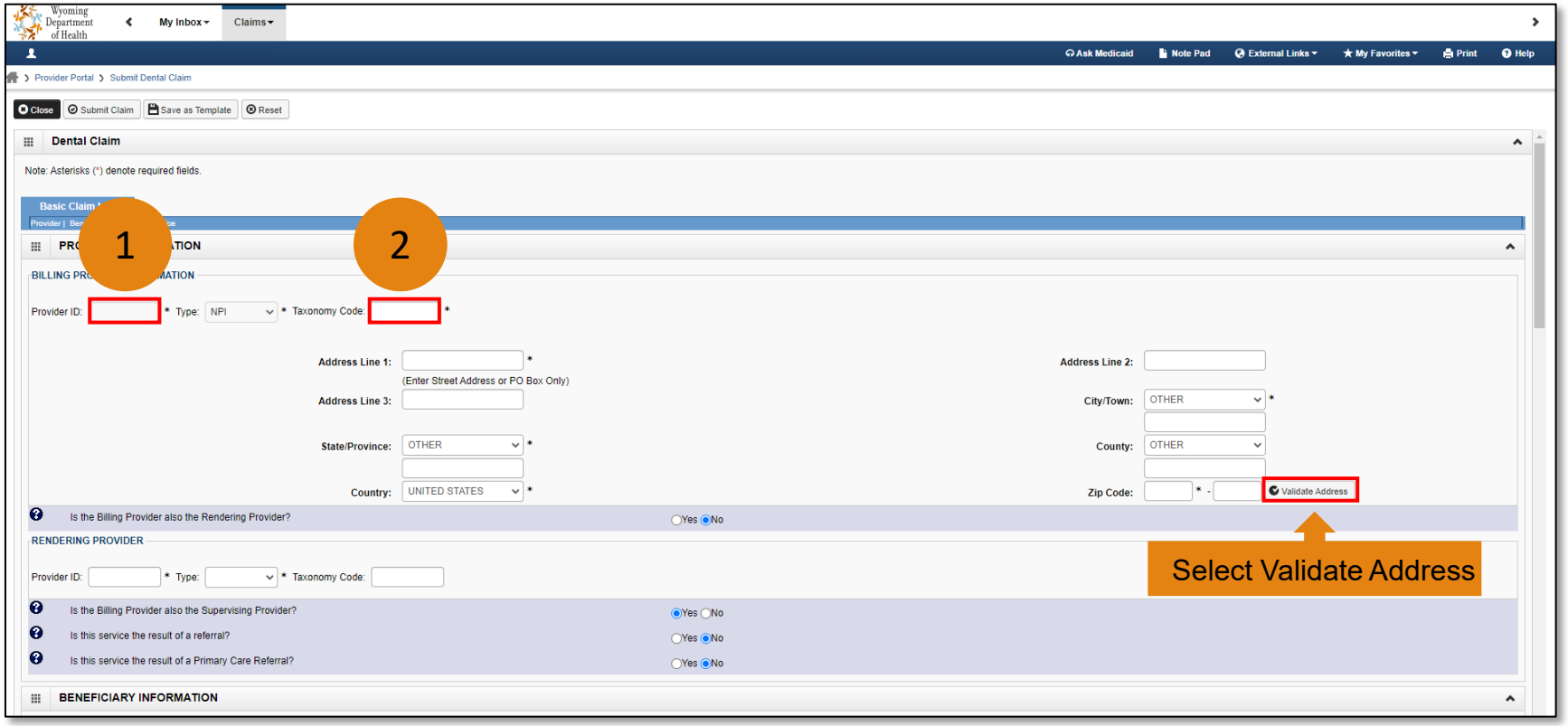
# Dental Claims Submission




To enter Dental Claims in BMS:

1. Select **Claims**.
2. Select **Submit Dental**.

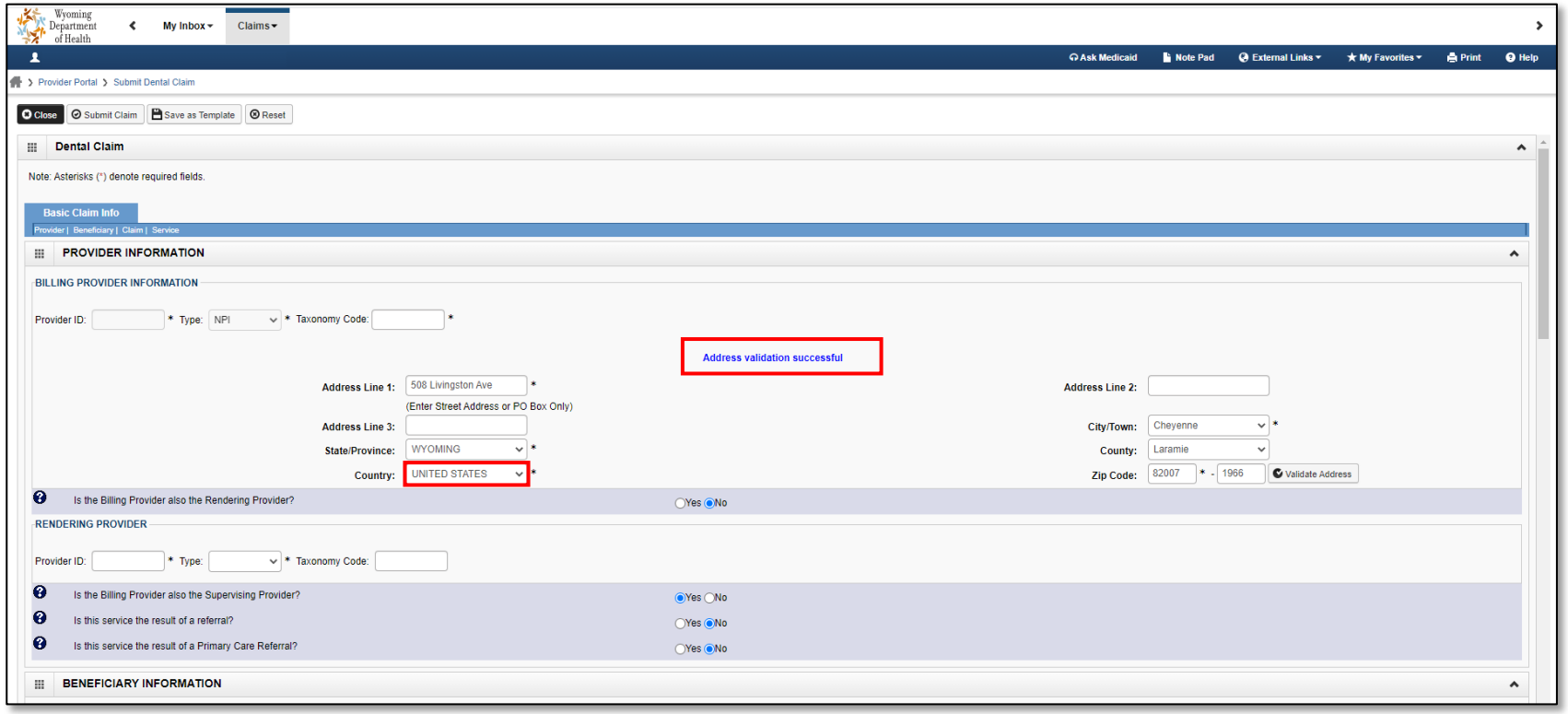
# Dental Claims Submission




To enter Dental Claims information, required fields are indicated with an *.

1. Provider ID, National Provider Identifier (NPI), or Provider # is auto-populated. Confirm this is the correct NPI.
2. Enter in all caps the applicable Taxonomy Code associated with Provider.
3. For the address, enter Address Line 1 and Zip Code.
4. Select **Validate Address**.

# Dental Claims Submission

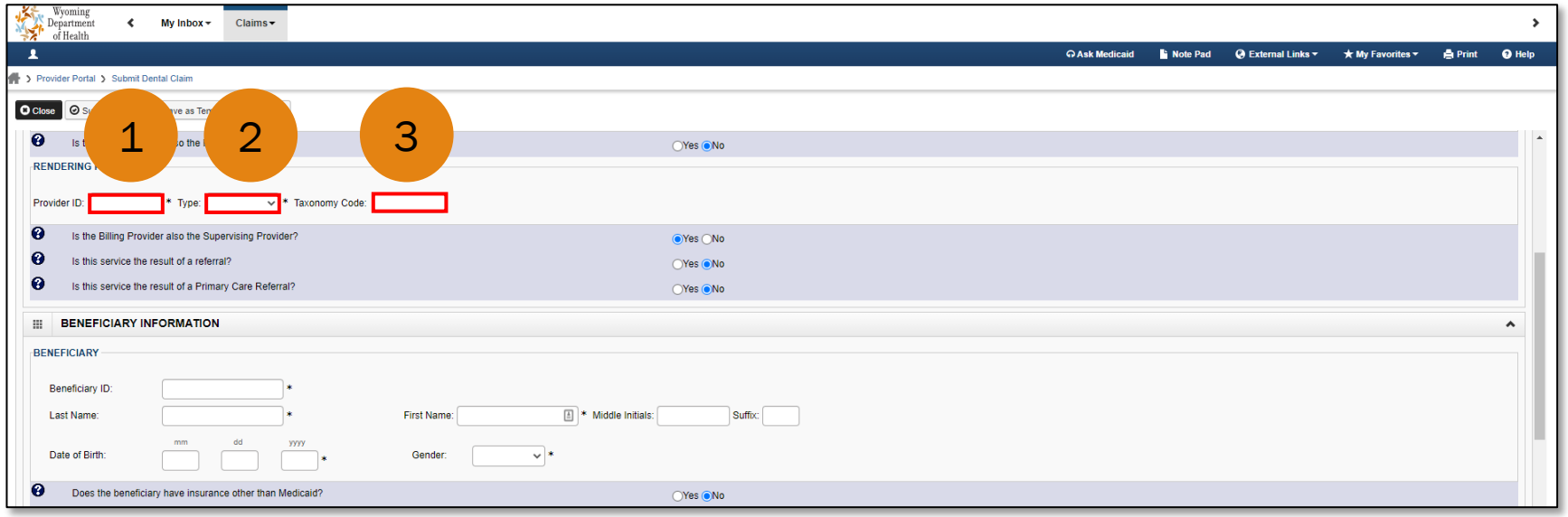



BMS validates the address information and displays the following message:

"Address validation successful" message is displayed

- If a message displays "International Address," change the Country to **United States** and re-validate.

# Dental Claims Submission

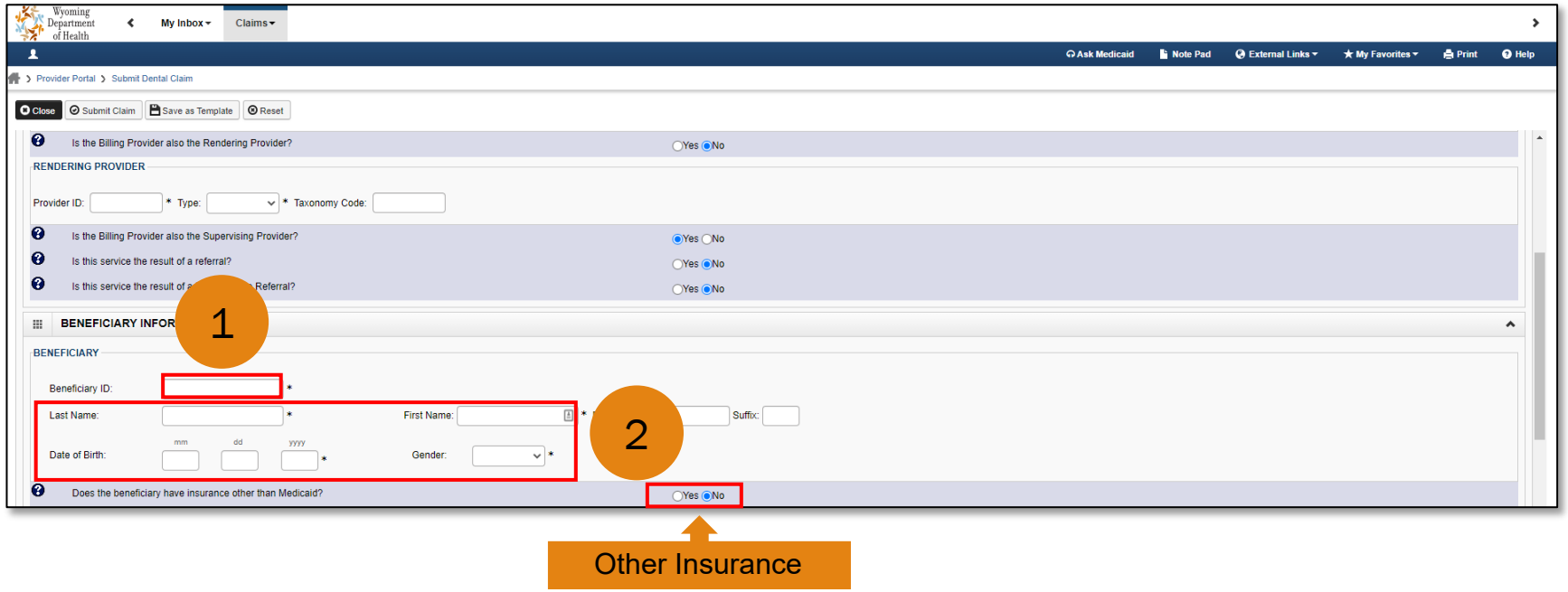



If the Rendering Provider is not the Billing Provider, enter information as follows:

1. Enter the NPI.
2. Select the type from the **Type** drop-down list—NPI.
3. Enter the Taxonomy Code of Rendering Provider.

If care is a result of a referral, enter referring Provider's information.

# Dental Claims Submission

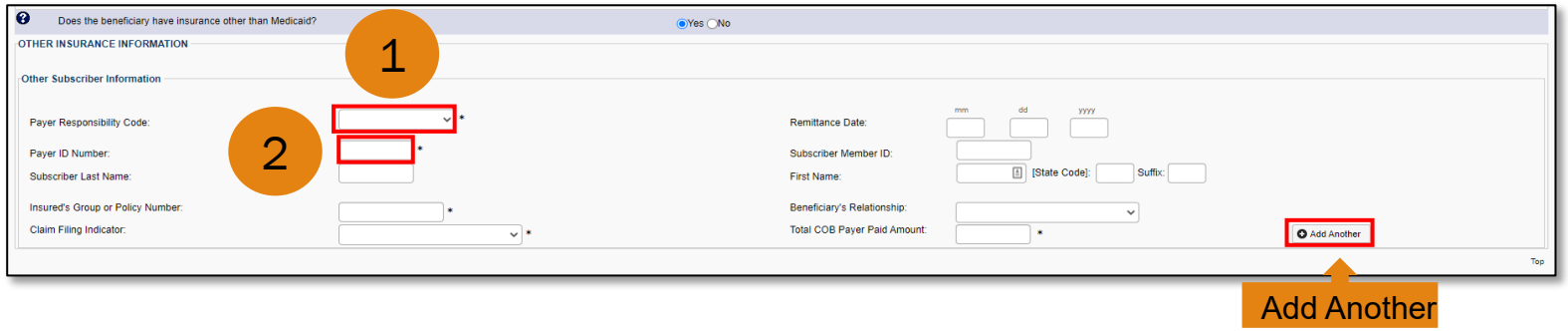



Under Beneficiary Information, required fields are indicated with an *:

1. Enter **Beneficiary ID**. This is the Member's Medicaid ID. These numbers begin with 0600/0800/00000.
2. Enter **First** and **Last Name**, **Date of Birth (DOB)**, and **Gender**.

- If other insurance besides Medicaid, select **Yes**.

# Dental Claims Submission



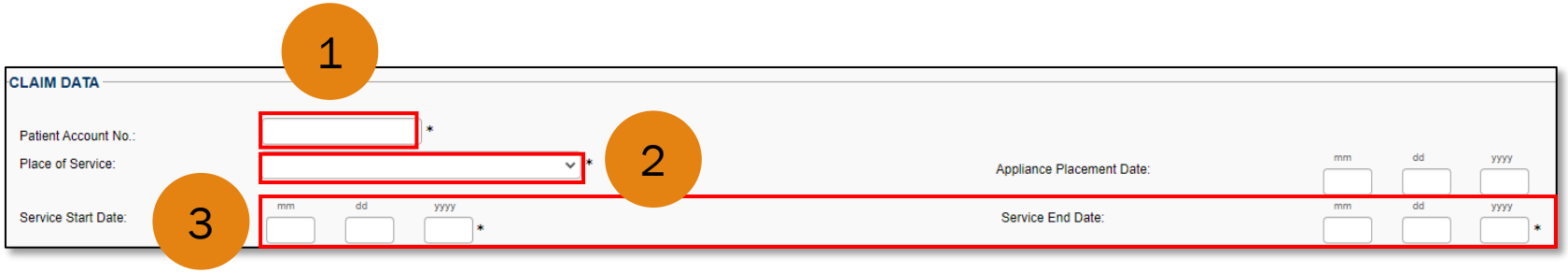

Under **Other Insurance Information** section, required fields are indicated with an *.

1. Select **Primary** from the **Payer Responsibility Code** drop-down list.
2. If the **Payer ID** number is not known, then enter **99999**. There are no system validations for the Payer ID and Group/Policy Number fields.

Complete all required fields indicated with an *.

- To add Secondary Payer Information, select **Add Another**.

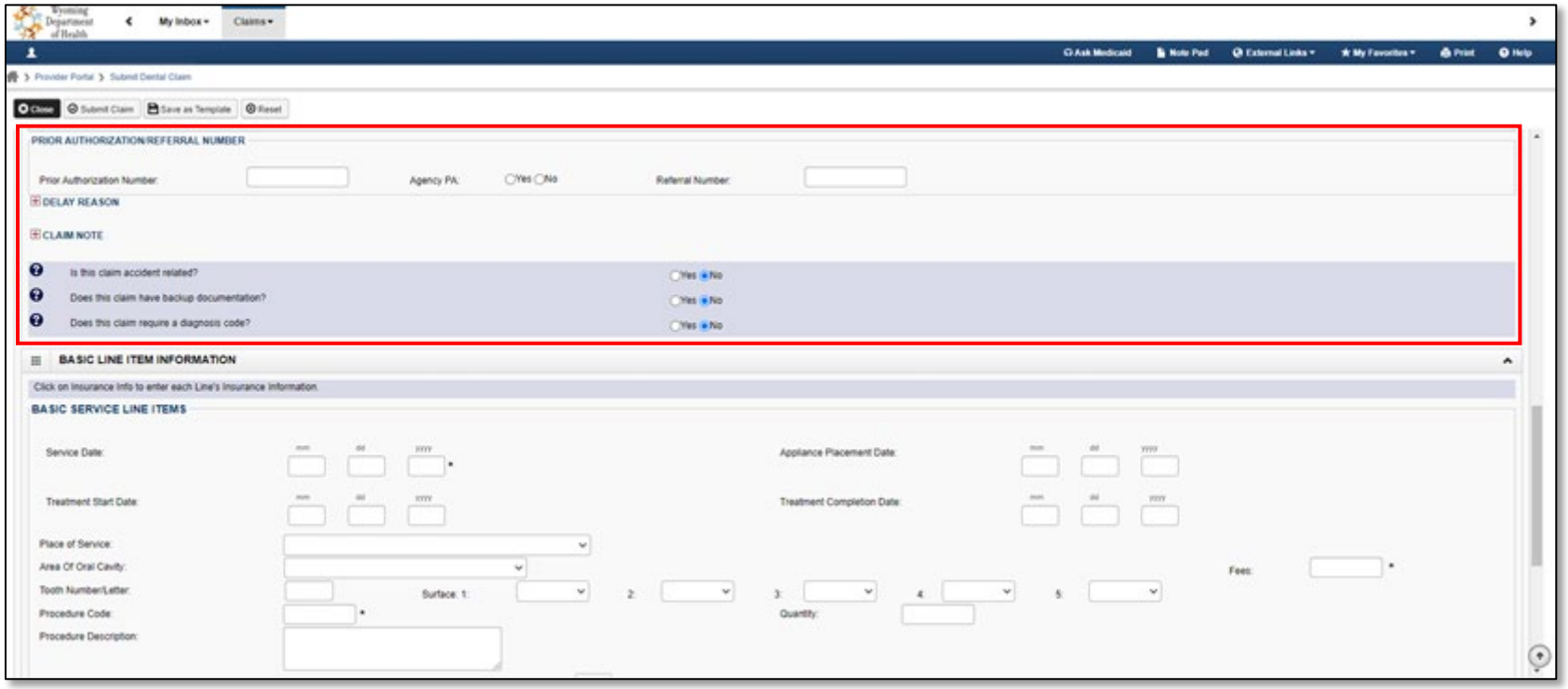
# Dental Claims Submission




Under **Claim Information**, required fields are indicated with an *:

1. Enter the **Patient Account No.** to identify the Member.
2. Select the applicable location from **Place of Service** drop-down list.
3. Enter the **Service Start** and **End Dates**.

# Dental Claims Submission

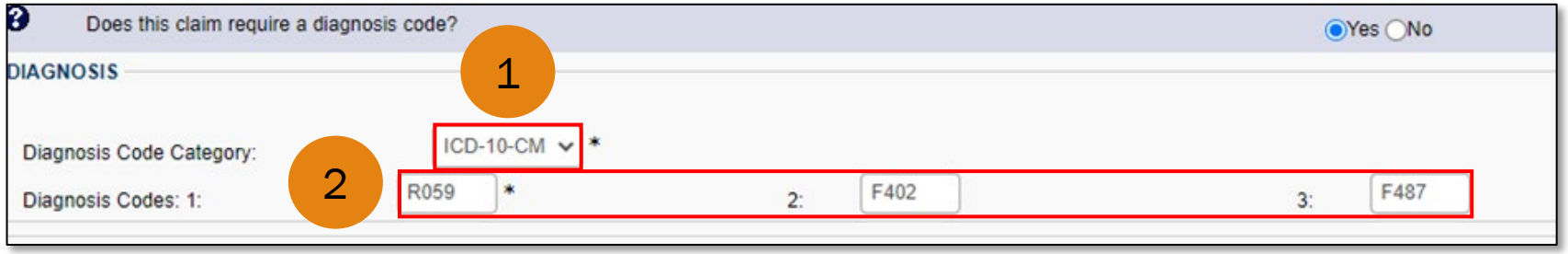



If your claim requires a Prior Authorization (PA), complete the fields for the PA information:

1. Enter the PA number in the **Prior Authorization Number** field.
2. For **Agency PA**, select **Yes** or **No**.
3. Under the **Claim Note** section, answer the questions as applicable, select **Yes** or **No**.

If the claim has back up documentation, select **Yes**. This suspends the claim for 30 days for processing.

# Dental Claims Submission



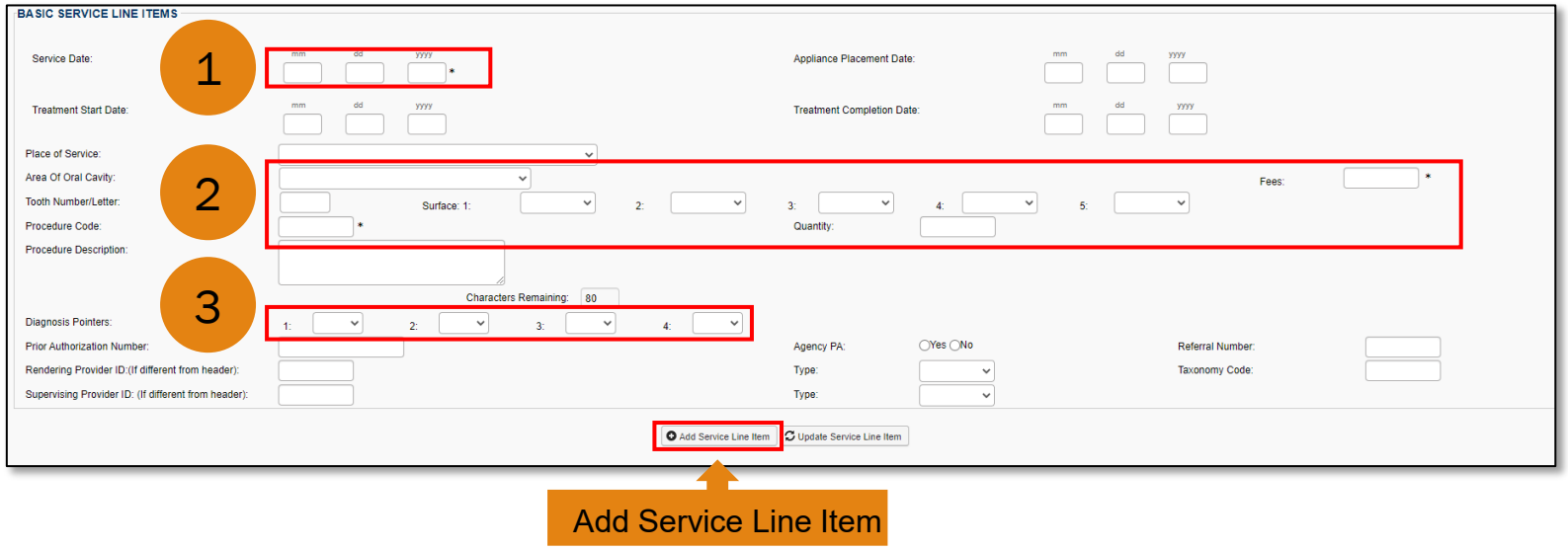

When answer is **Yes** to “Does this claim require a diagnosis code?”, required fields are indicated with an *:

1. The only option for **Diagnosis Code Category** is **ICD-10-CM**.
2. Enter the applicable codes in the **Diagnosis Codes** fields.

Do not place additional characters (.) when adding information as the system will not recognize the diagnosis code as valid.
For example: Enter F402 instead of F4-02.

When diagnosis codes are added, diagnosis pointers will be needed in Basic Claim Information.

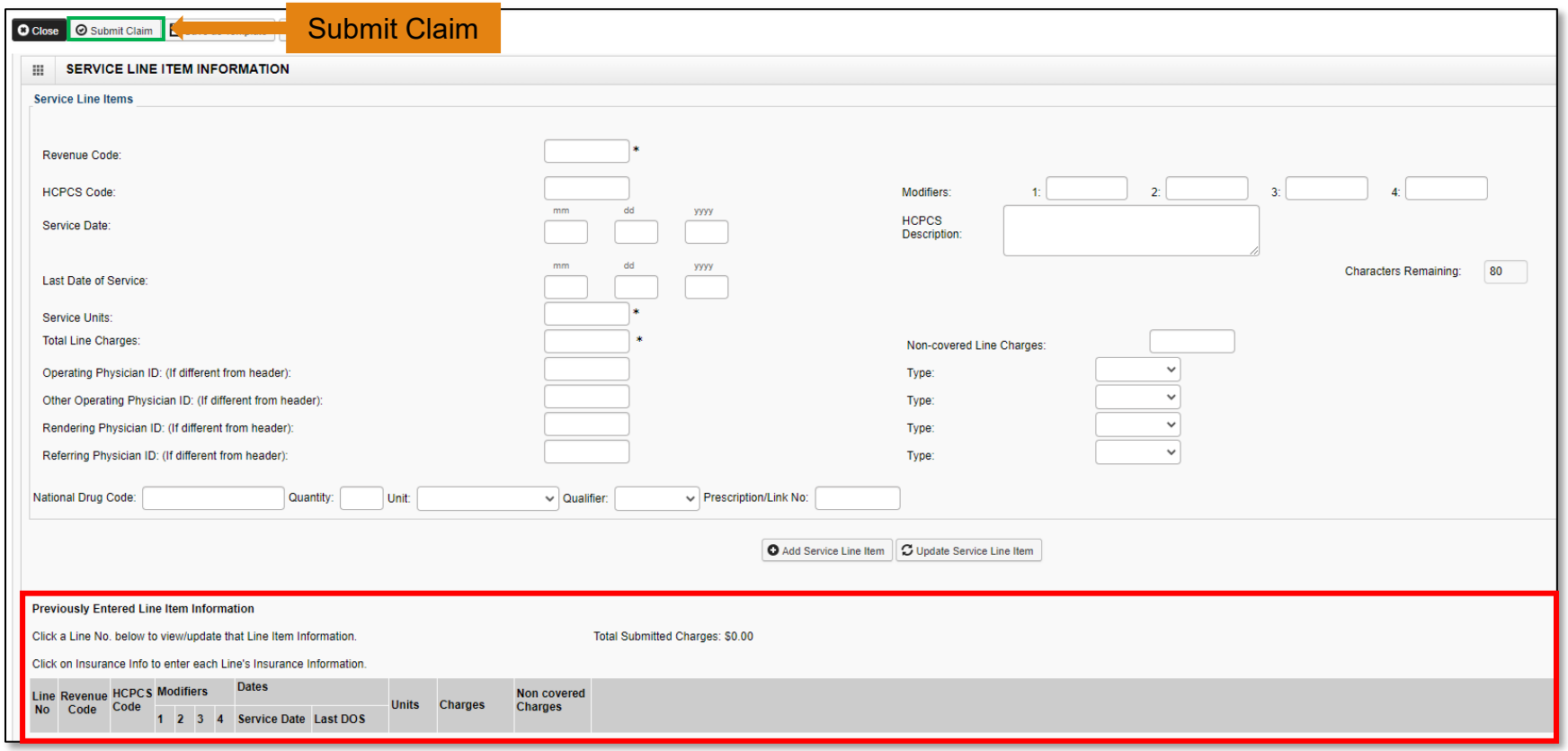
# Dental Claims Submission




Complete the **Basic Service Line-Item** information, required fields are indicated with an *:

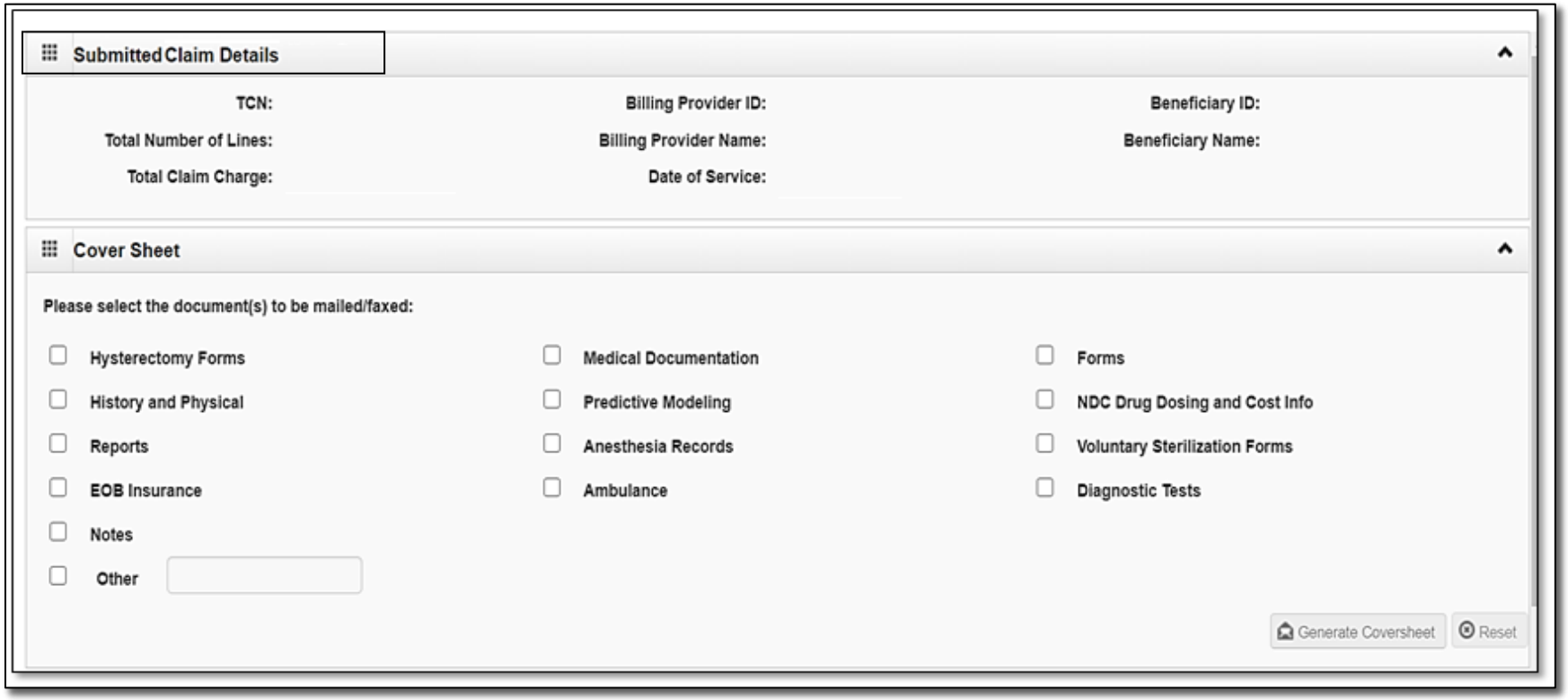
1. Enter the service date from in the **Service Date** fields.
2. Enter **Procedure Code, Fees** and **Units/Quantity**.
   - Place of Service is not needed.
3. Enter **Diagnosis Pointers**.
   - Prior Authorization only needs entered at the header of the claim, unless line specific.
4. Select **Add Service Line Item**.
   - The claim automatically returns to the top of the claim.

# Dental Claims Submission



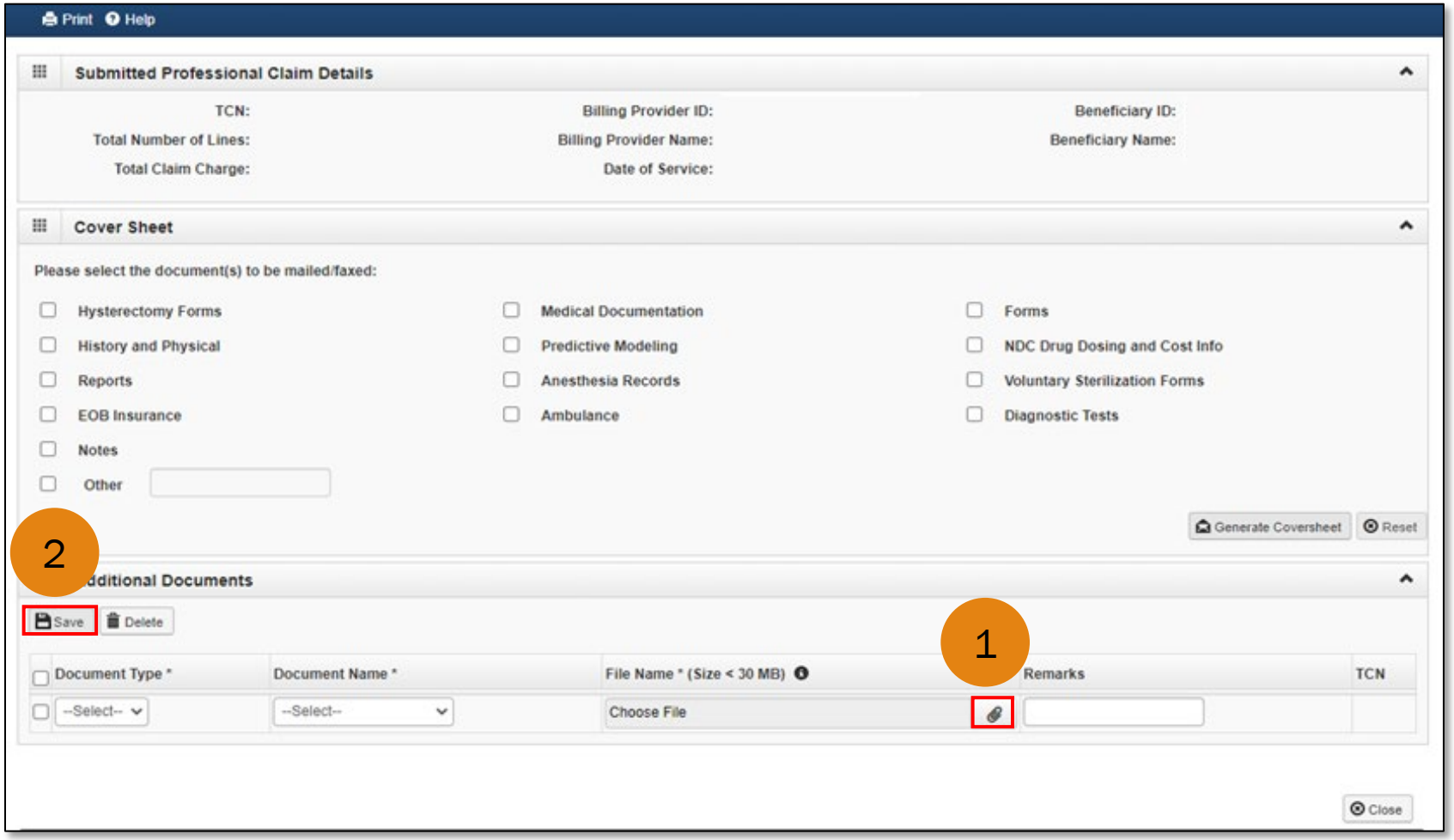

- At the bottom of the Claims page, Service Line items must be entered before Claim Submission
- After all lines of the claim are entered at the bottom of the claim submission form, if no primary insurance is being billed, select **Submit Claim**
- A pop-up window opens with claim information and the option to attach documents, if needed

# Dental Claims Submission




Once the submitted information is validated in BMS, the system displays the Dental **Submitted Claim Details** page.

# Dental Claims Attachment




Select the type of electronic document to attach from the options listed or choose a file from your computer:

Documents size is limited to 25 pages per attachment.

1. Select the paper clip icon, then search for and select a file to upload from your computer.
2. Select **Save** to save the file. A message displays “File Uploaded Successfully”.

Repeat these steps if you have multiple documents to attach to a claim.

# Dental Claims with TPL

How to complete the process of entering a Dental Claim with Third Party Liability (TPL)

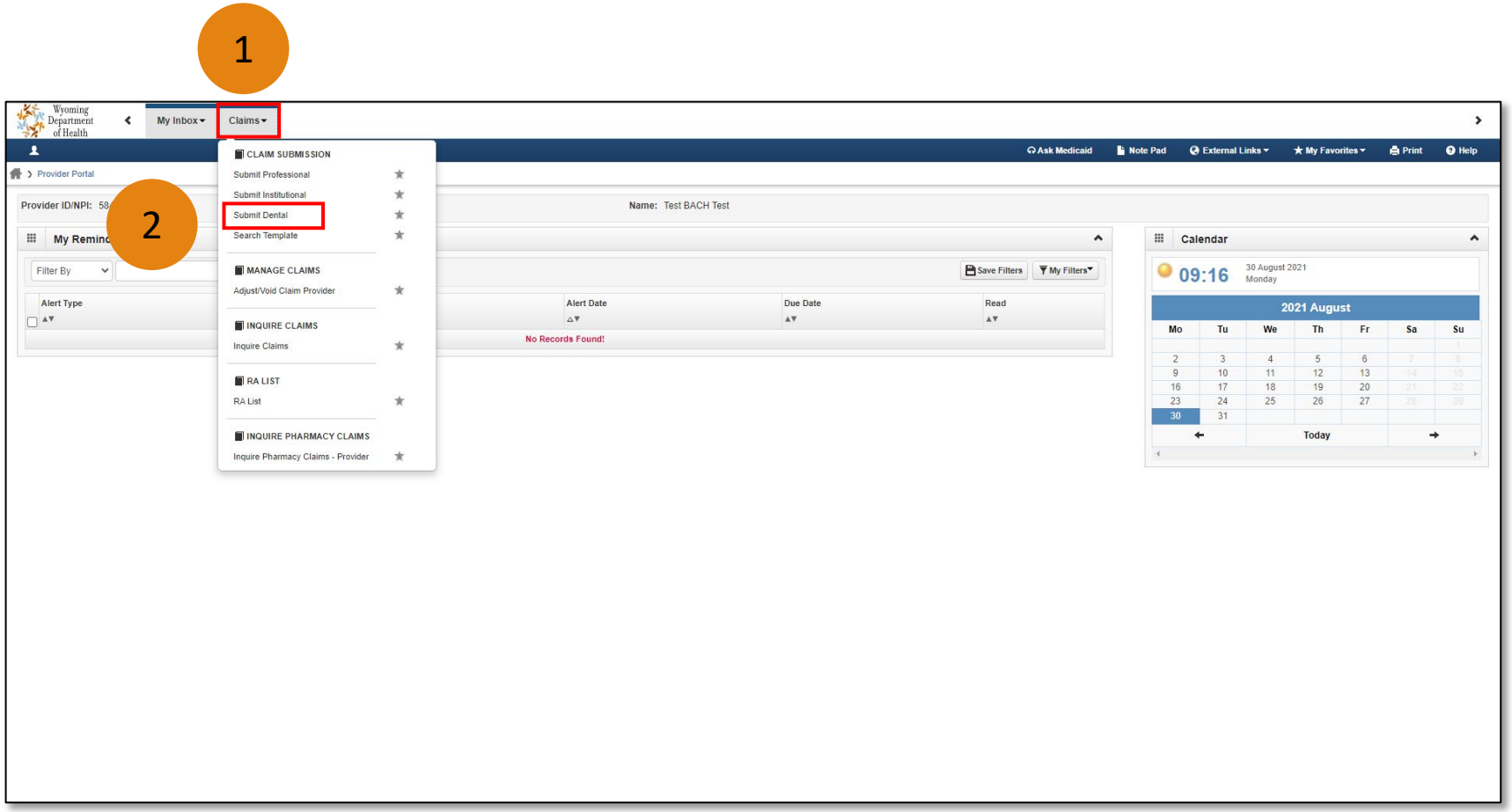
# *Dental Claims Submission*

- TPL (Third-Party Liability) is: Other insurance, other health insurance, other medical coverage, or other insurance coverage
- Medicare, Medicare replacement, Medicare supplemental plans, commercial companies like Blue Cross Blue Shield or Cigna, Disability and Workman's comp are all examples of TPL.
- HMS is our TPL vendor and can be reached at 1-888-996-6223

    - Within the IVR, say **Report TPL** or **Update insurance** to speak with someone.

- TPL can be direct billed, through a clearing house or from Medicare, if applicable
- An EOB or Explanation of Benefits, is a document that is acquired from a primary insurance that explains what was paid and what reason or adjustment codes were applied to the overall payment

# Dental Claims Submission

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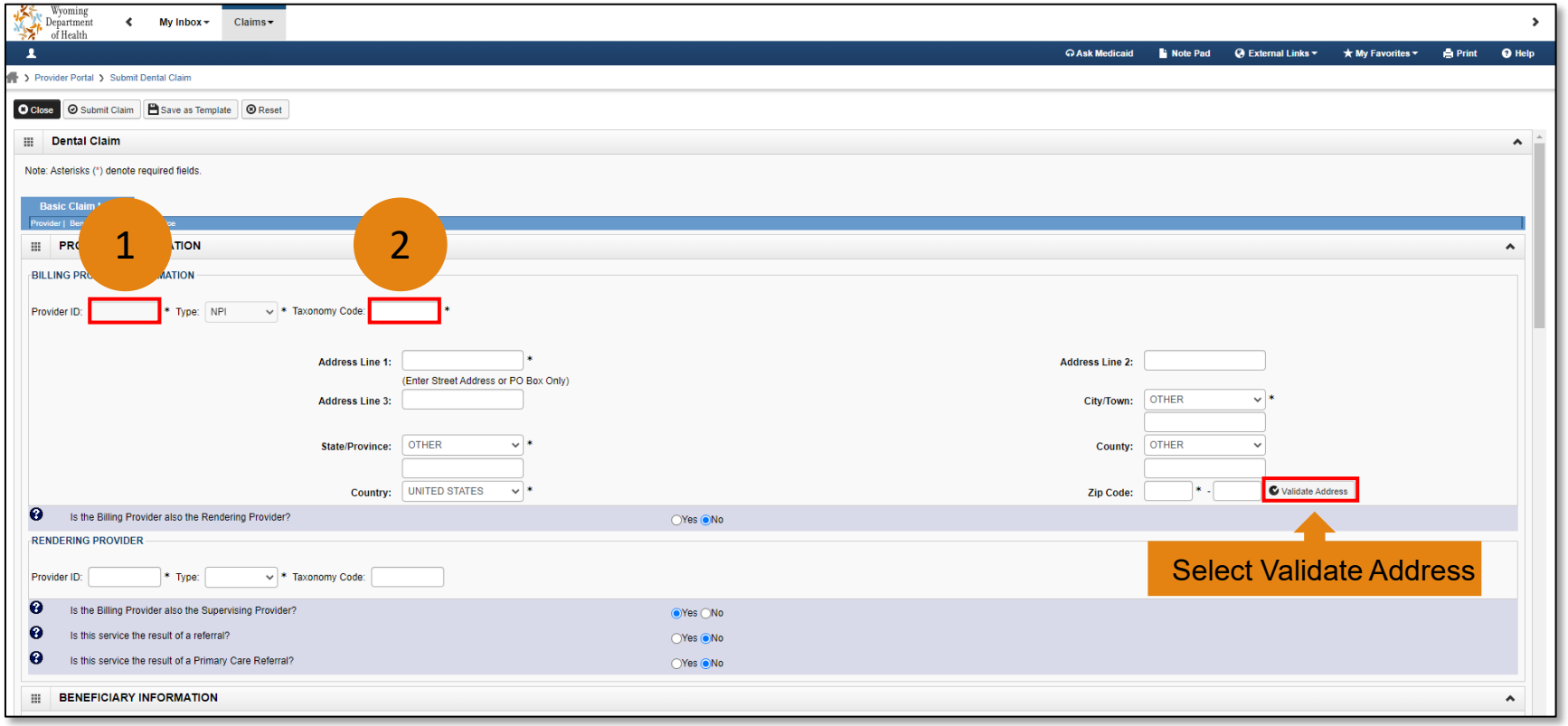


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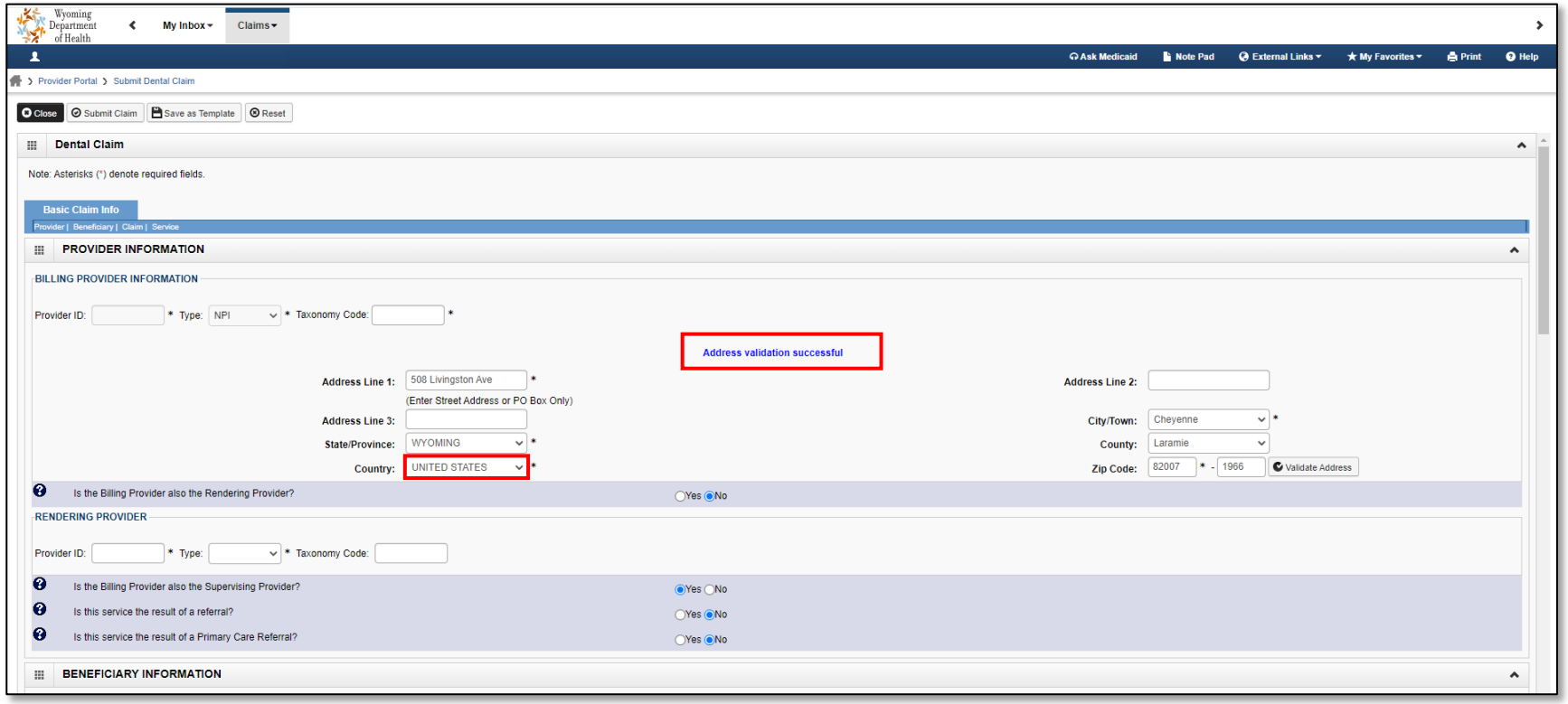
# Dental Claims Submission

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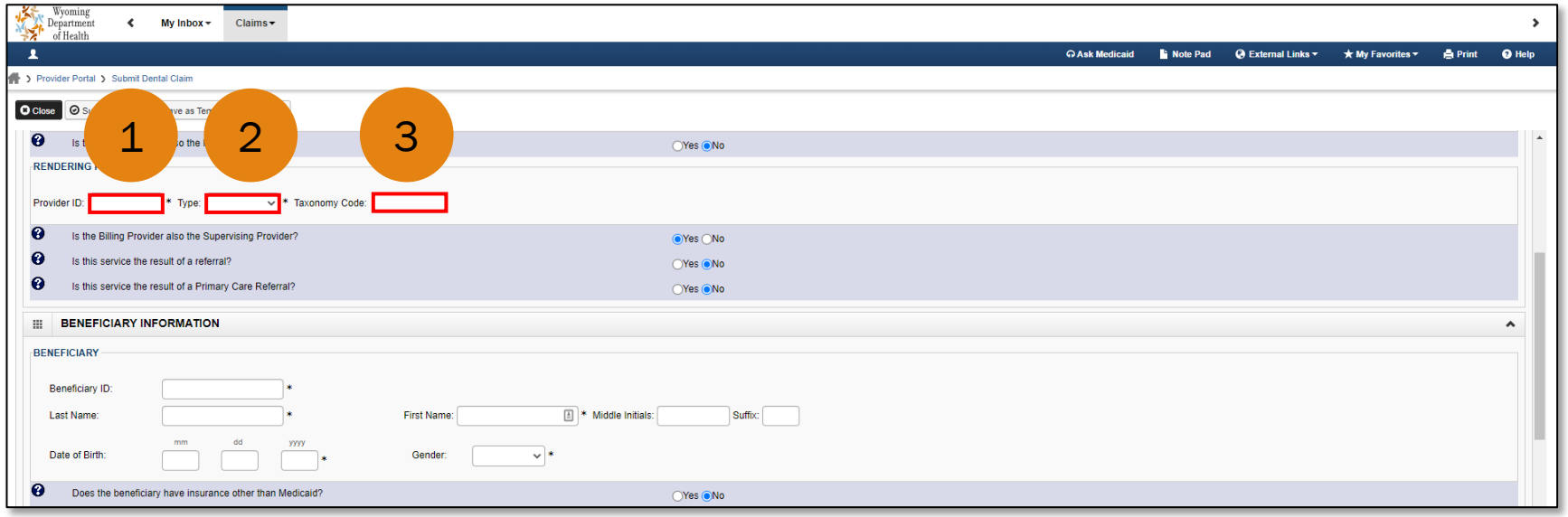


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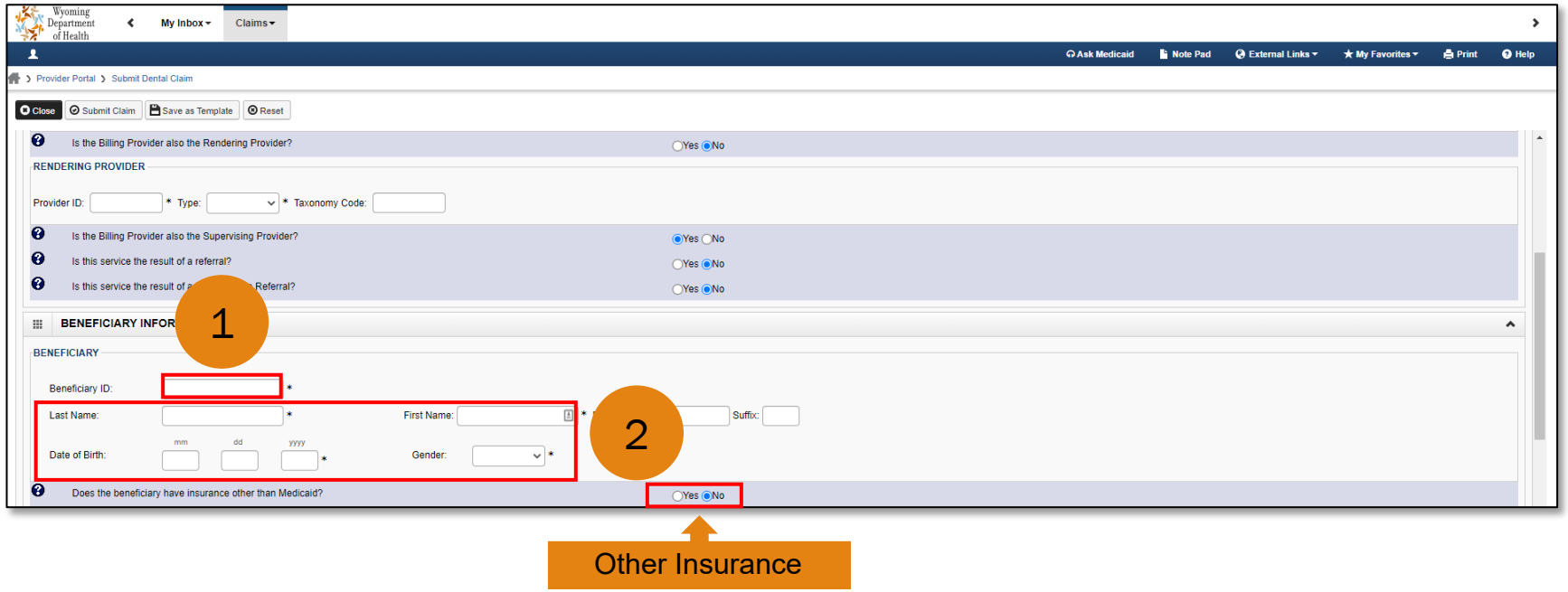


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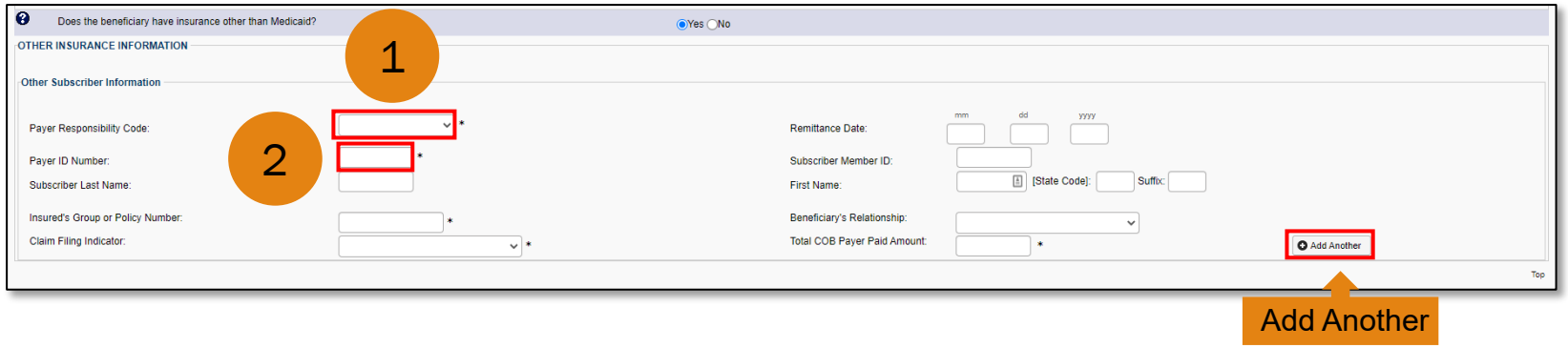


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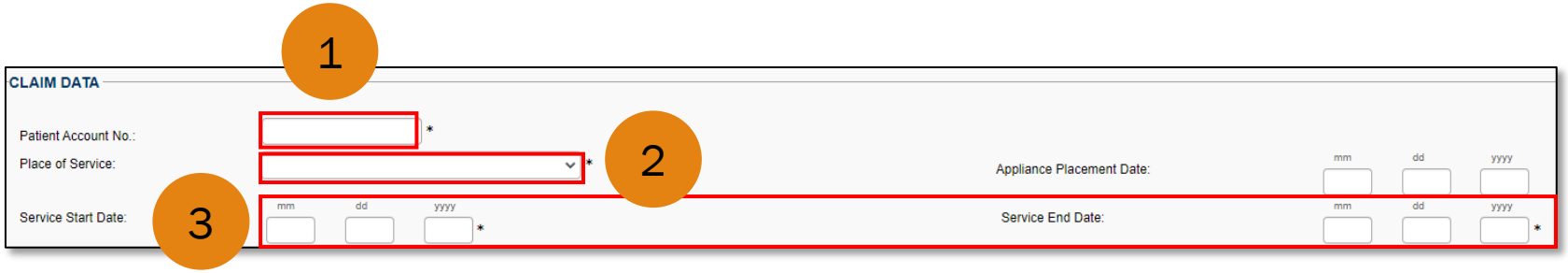


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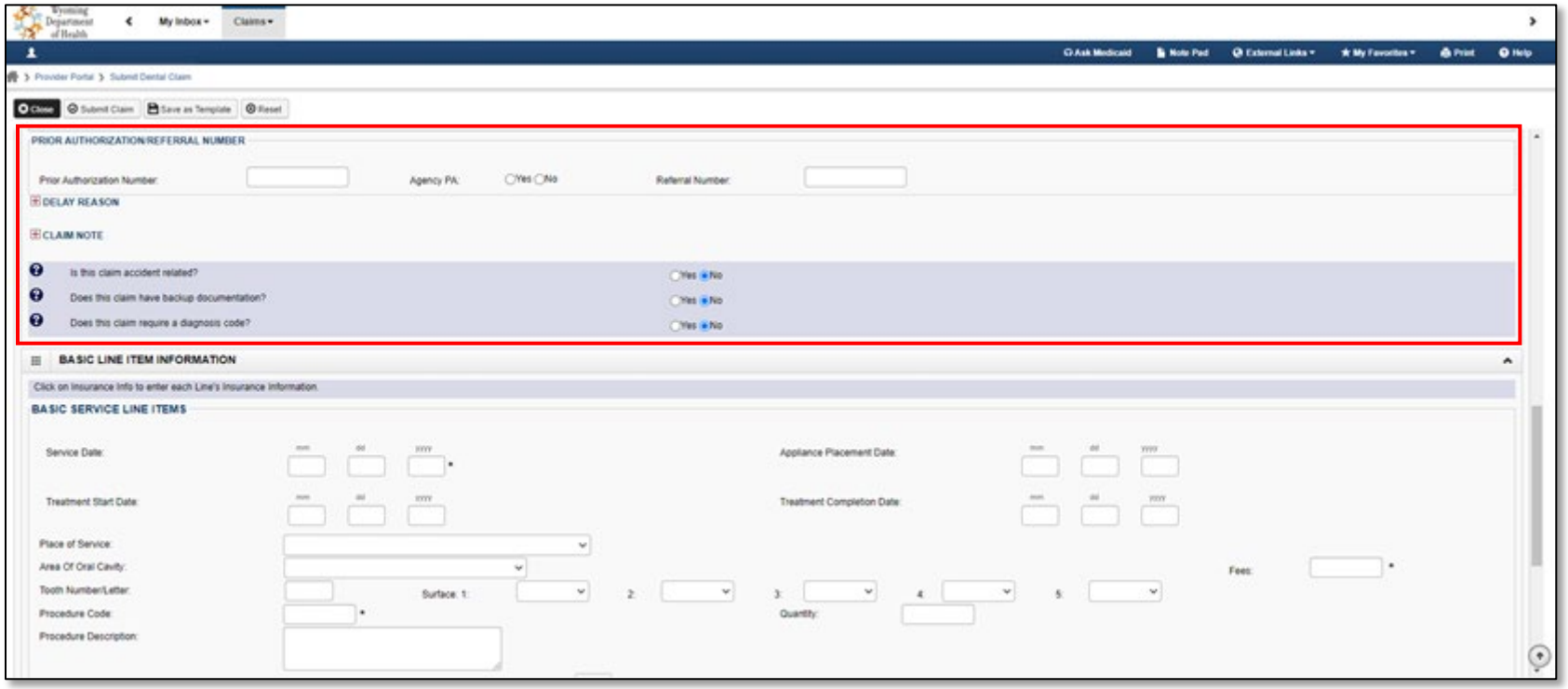
3. Enter the **Service Start** and **End Dates**.

# Dental Claims Submission

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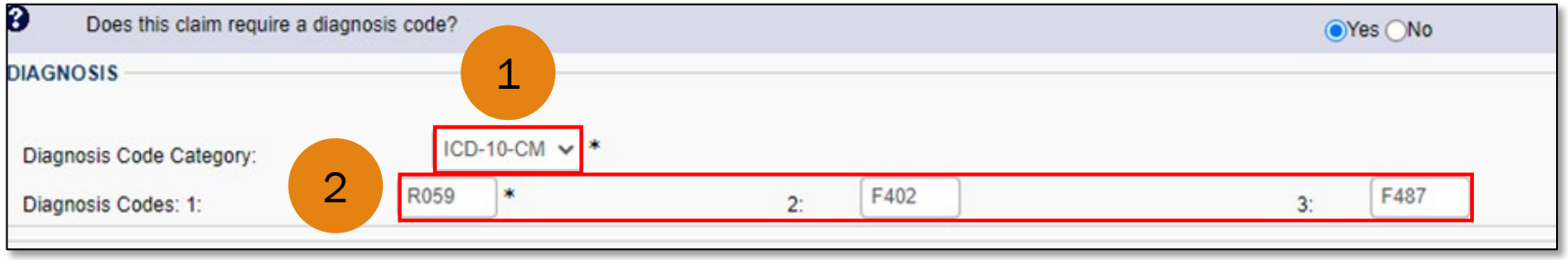


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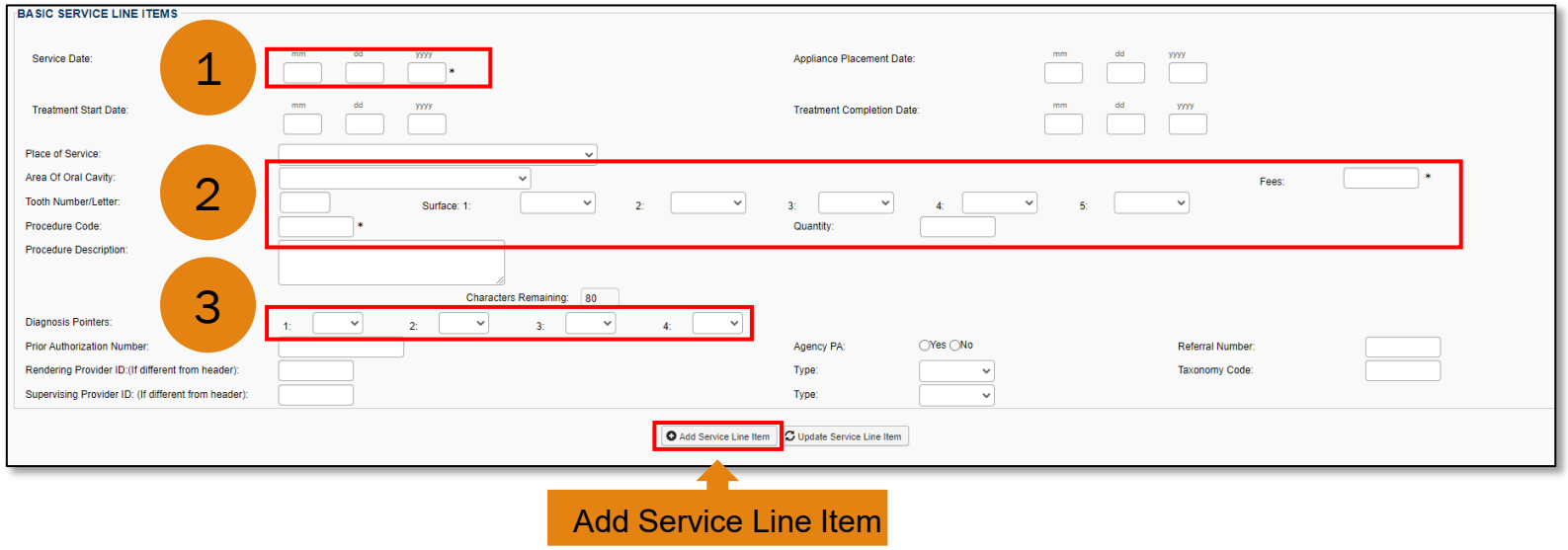


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4. Select **Add Service Line Item**.

- The claim automatically returns to the top of the claim.

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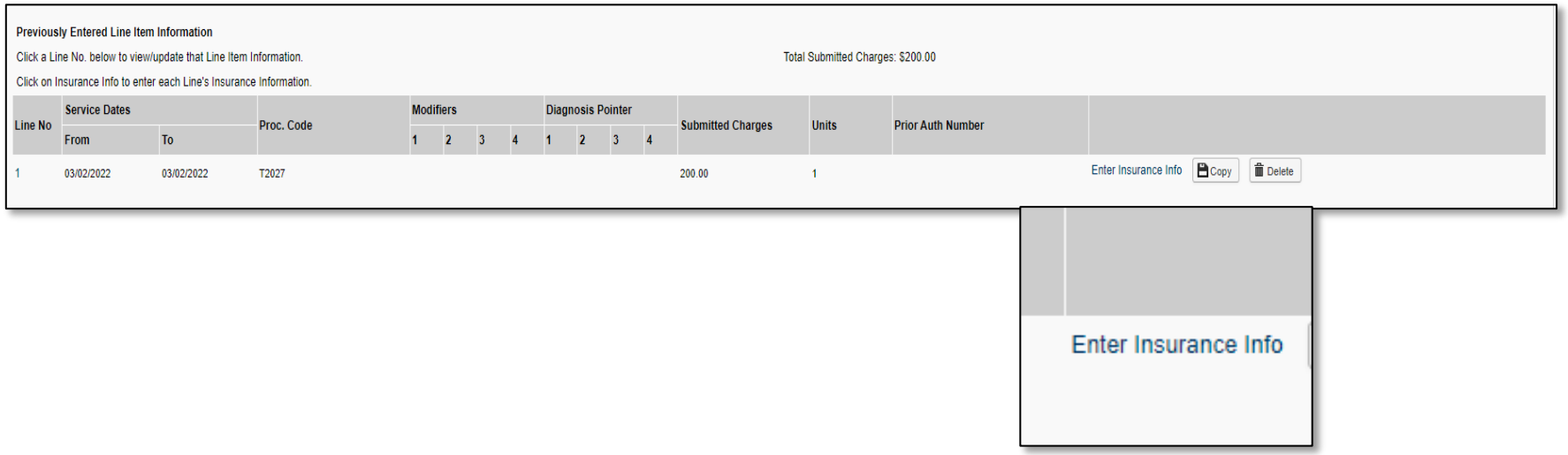


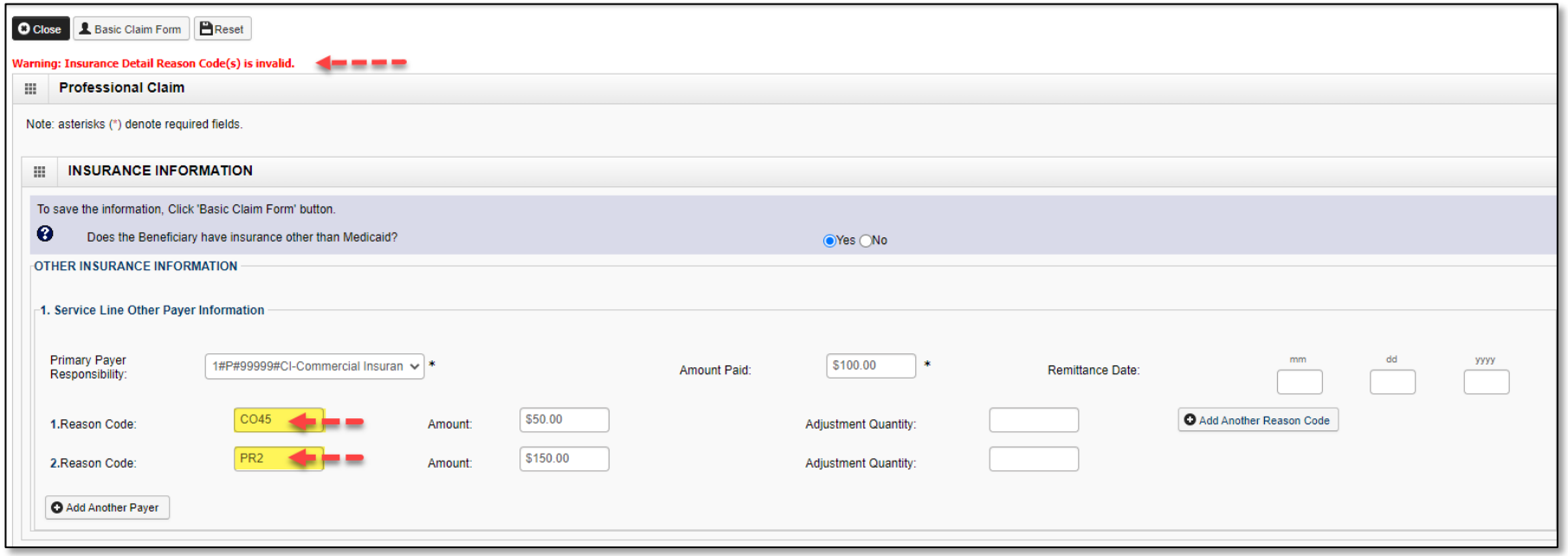




At the bottom of the **Claims** page, enter each Claim Line's insurance information:

1. Select **Insurance Info** to enter the other insurance payments and adjustments.

# Dental Claims Submission




- If you see this error code: “Warning: Insurance Detail Reason Code(s) is Invalid”
- Check to make sure you did not enter the letters of the reason code as shown in the example

# Dental Claims Submission

## Delta Dental -Sample EOB

Delta Dental

123 Smile St

Cheyenne, Wy

82009

| | |
|---|---|
| **Claim Number:** | AB-445-24445 |
| **Group Name:** | Delta Dental Plans Assoc |
| **Subscriber:** | John Wright |
| **Subscriber ID:** | XXXX5555 |
| **Patient:** | John Wright |
| **Patient DOB:** | 1/1/1950 |
| **Dentist:** | AJ M. Dentist |

| TH | SURF | SERVICE Date | Procedure Code | Submitted amount | Approved Amount | Contract Allowed | Delta Dental Payment | Remark Code Amount | Remark Codes |
|---|---|---|---|---|---|---|---|---|---|
| 4 | M | 01/18/2022 | D1110 | 116.00 | 116.00 | 116.00 | 100 | 16.00 | 45 |

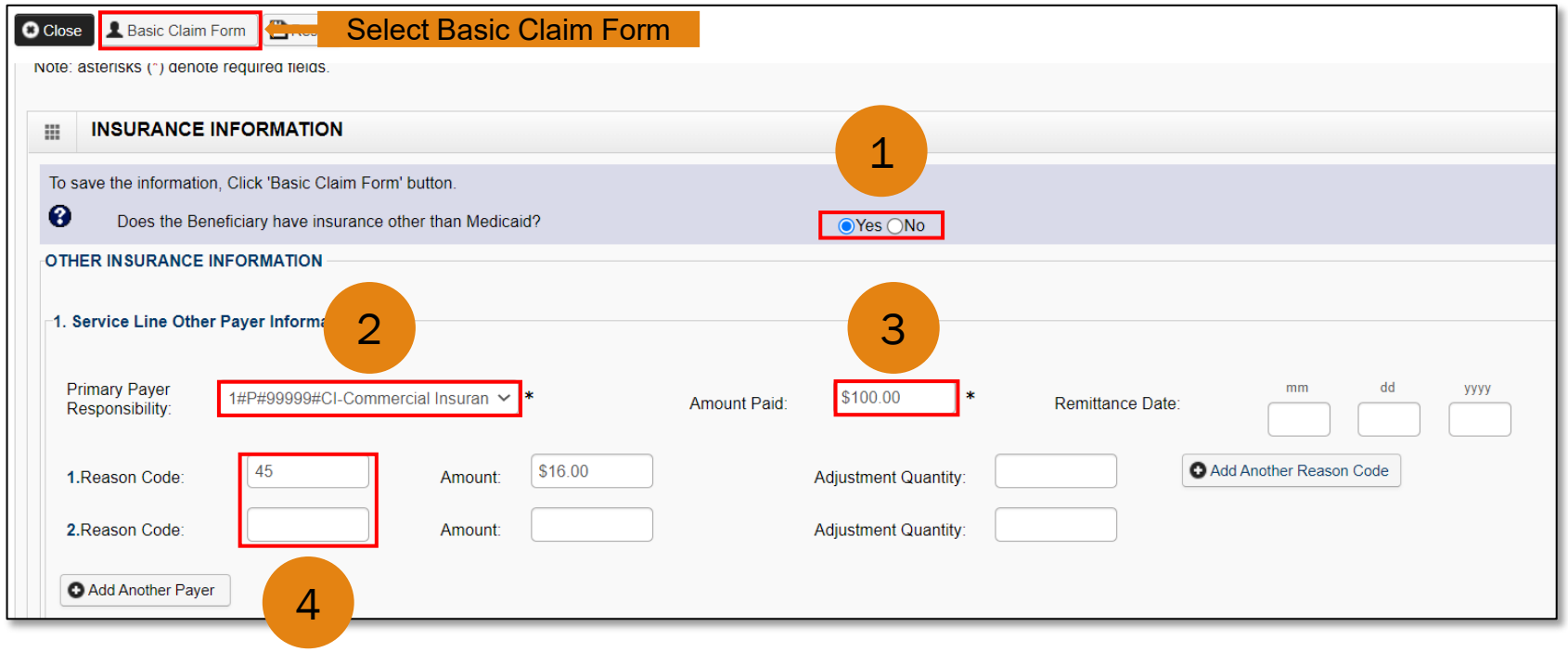
**For benefit year starting 1/1/2018**
$25.00 of $25.00 Annual Deductible Met to Date
$180.80 of $2,500.00 Annual Maximum Used to Date

**Reference Code:**

45: Contractual Agreement

Proprietary codes and their descriptions are shown in this sample Explanation of Benefits (EOB), this is used for adjustment reasons.

# Dental Claims Submission




If the Beneficiary has insurance other than Medicaid:

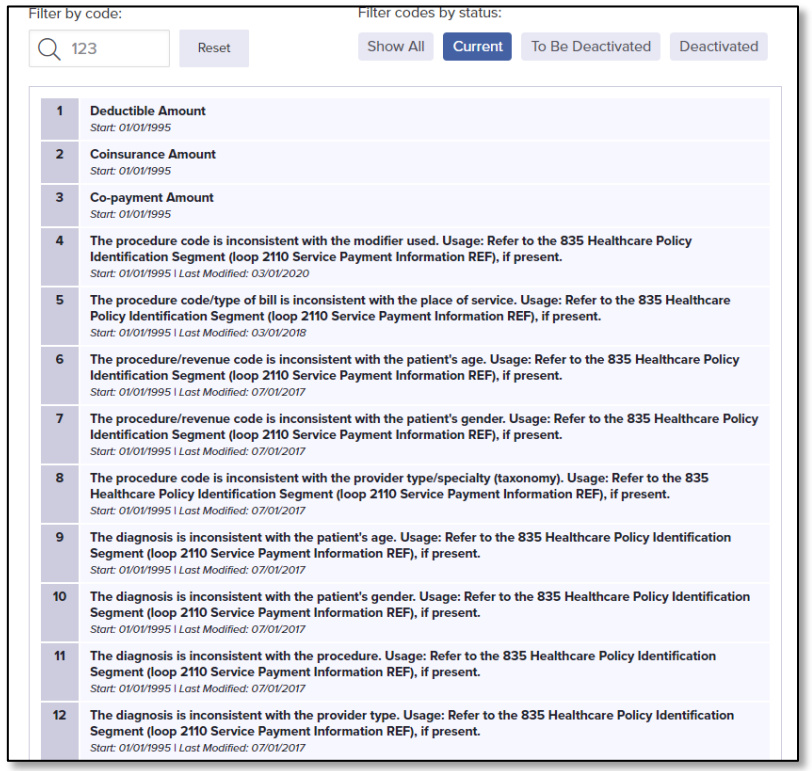
1. Select **Yes**.
2. **Primary Payer Responsibility** auto-populates.
3. Enter total **Amount Paid** from primary payer.
4. Enter all proprietary reason codes from the EOB in the **Reason Code** fields.

- When finished, select **Basic Claim Form**.

# Dental Claims Submission


1


2

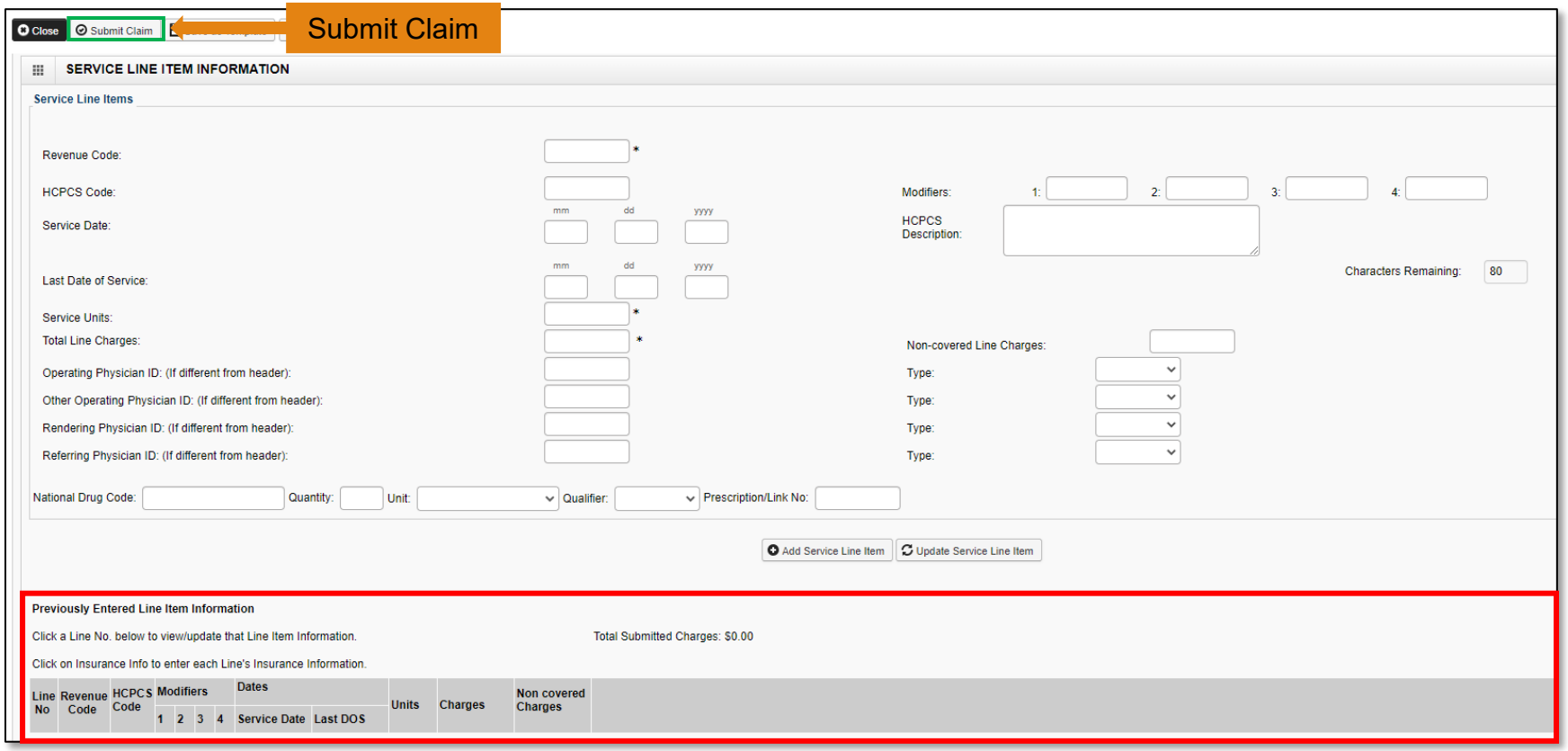



3

Adjustment codes must be proprietary and not from the commercial insurance. Go to x12.org

1. Go to **Reference**, in the top right-hand corner.
2. Go to **Claim Adjustment Reason Codes**.
3. Scroll down to the proprietary code list and select a remark code that most accurately compares to the commercial code.
4. Enter this for the **Reason Code** on the other insurance form.

# Dental Claims Submission




- At the bottom of the **Claims** page, Service Line items must be entered before Claim Submission
- After all lines of the claim are entered at the bottom of the claim submission form, if no primary insurance is being billed, select **Submit Claim**
- A pop-up window opens with claim information and the option to attach documents if needed

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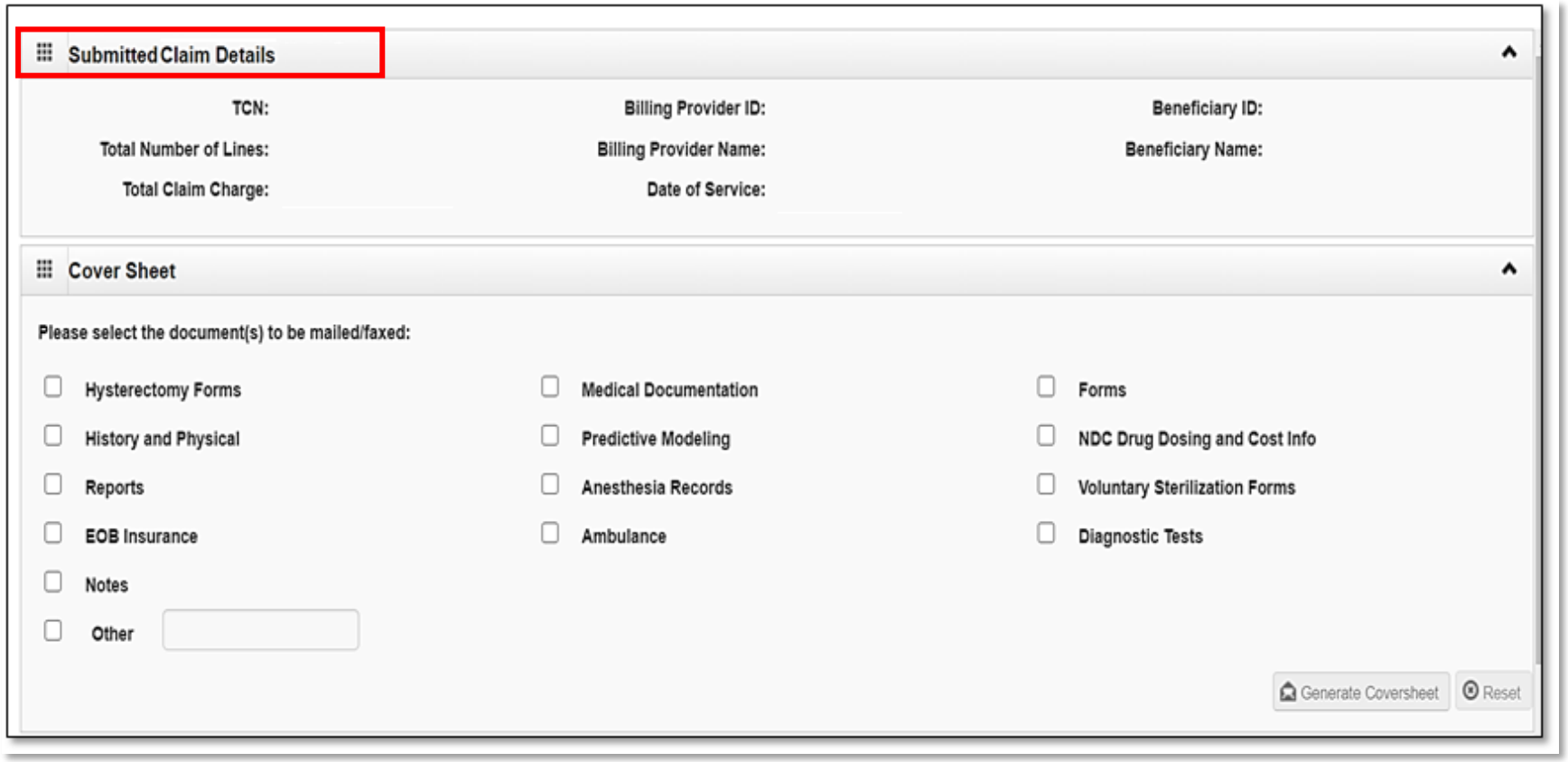
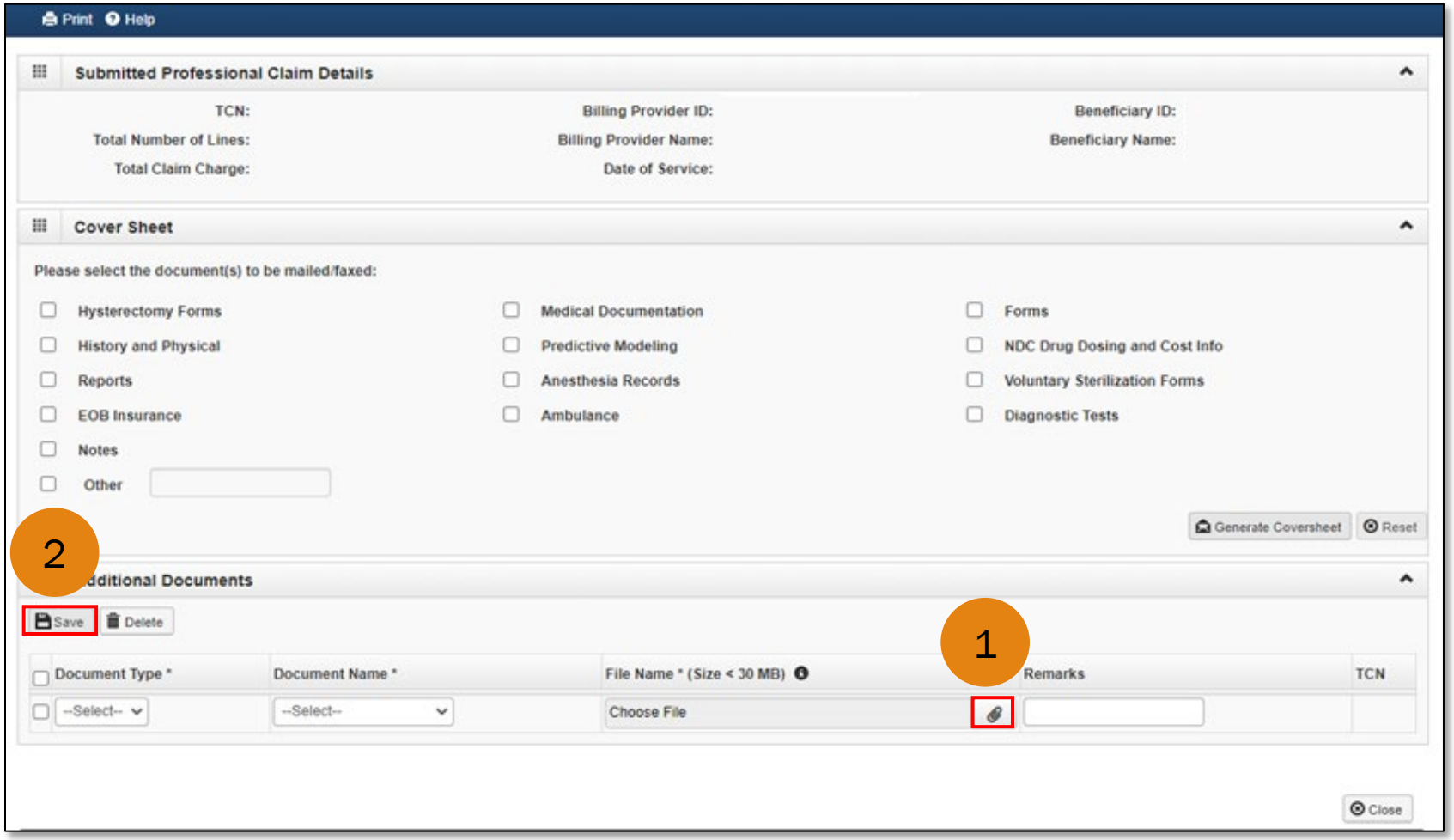



Once the submitted information is validated in BMS, the system displays the Dental **Submitted Claim Details** page.

# Dental Claims Attachment




Select the type of electronic document to attach from the options listed or choose a file from your computer:

Documents size is limited to 25 pages per attachment.

1. Select the paper clip icon, then search for and select a file to upload from your computer.
2. Select **Save** to save the file. A message displays “File Uploaded Successfully”.

Repeat these steps if you have multiple documents to attach to a claim.

# Dental Claims Tertiary Claim

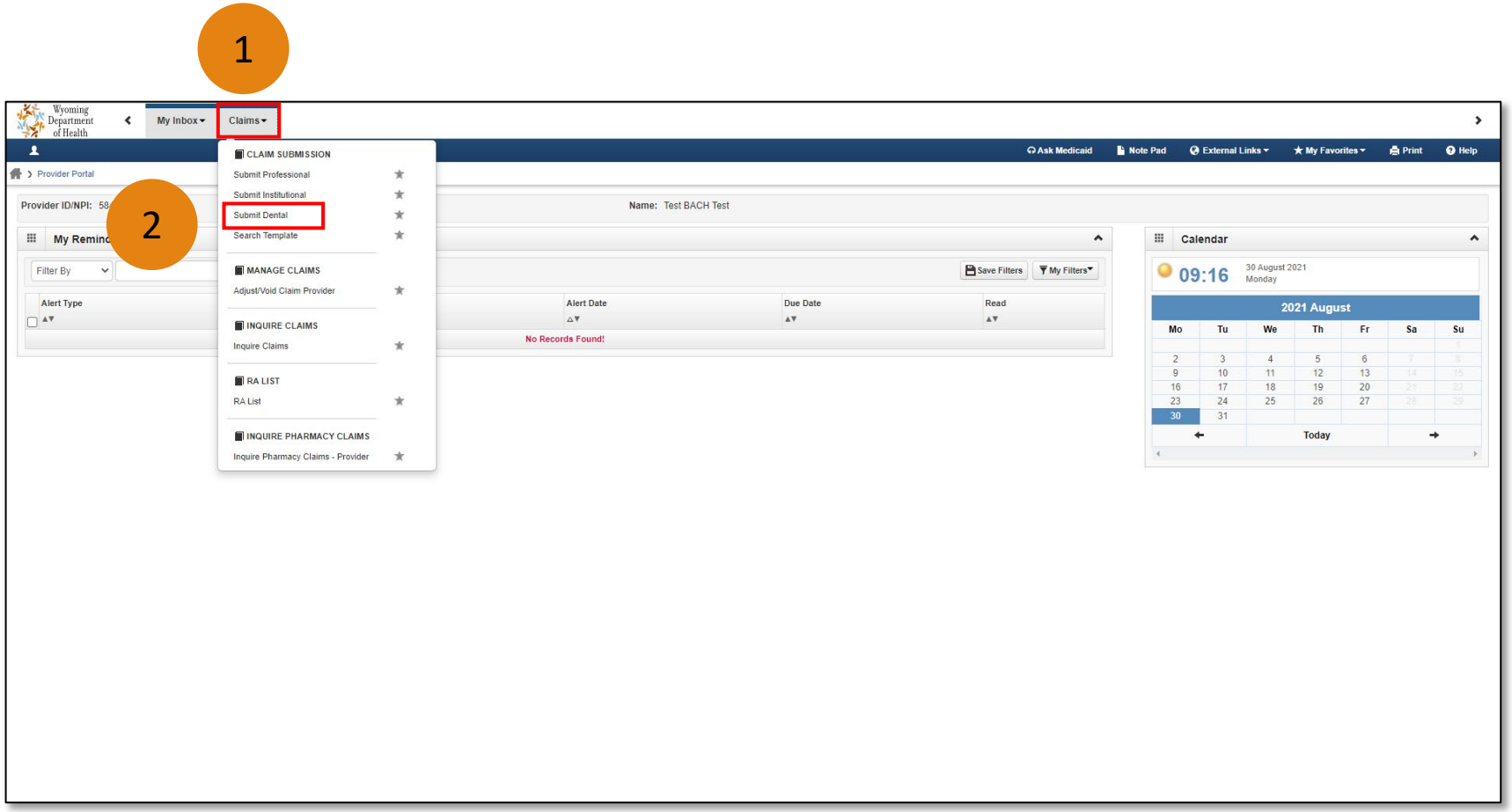
How to bill a Tertiary Claim

# *Dental Claims Submission*

- TPL (Third-Party Liability) is: Other insurance, other health insurance, other medical coverage, or other insurance coverage
- Medicare, Medicare replacement, Medicare supplemental plans, commercial companies like Blue Cross Blue Shield or Cigna, Disability and Workman's comp are all examples of TPL.
- HMS is our TPL vendor and can be reached at 1-888-996-6223

  - Within the IVR say Report TPL or Update insurance to speak with someone.
- TPL can be direct billed, through a clearing house or from Medicare, if applicable
- An EOB or Explanation of Benefits, is a document that is acquired from a primary insurance that explains what was paid and what reason or adjustment codes were applied to the overall payment

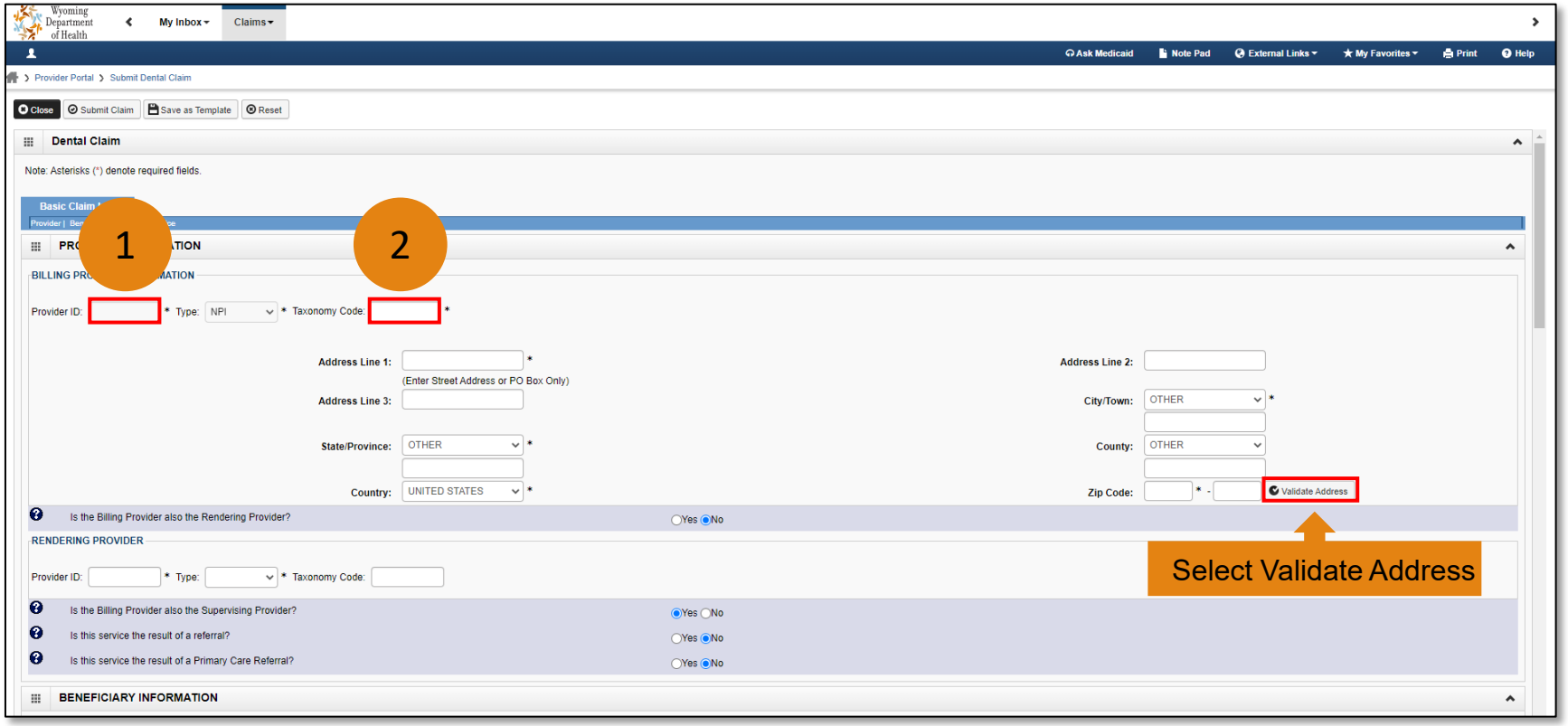
# Dental Claims Submission




To enter Dental Claims in BMS:

1. Select **Claims**.
2. Select **Submit Dental**.

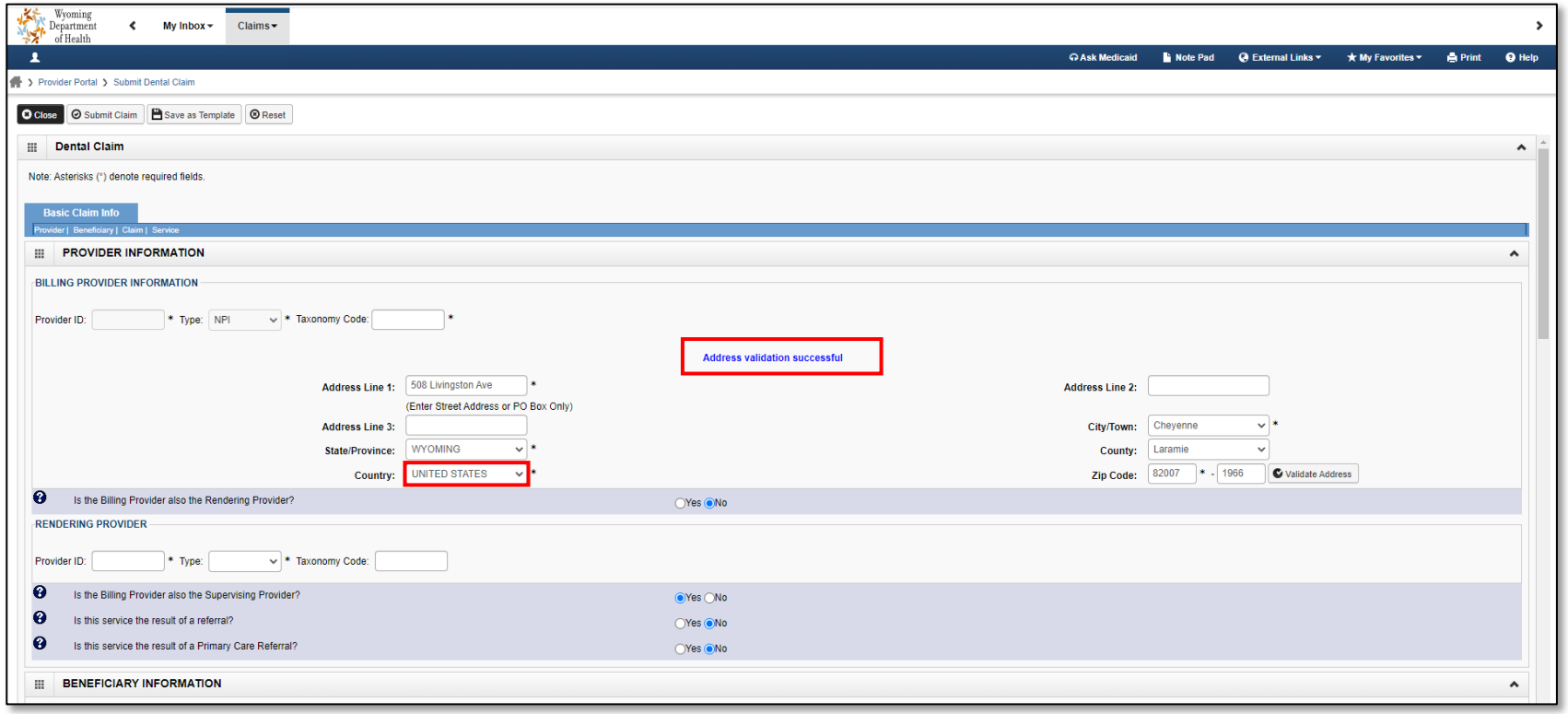
# Dental Claims Submission




To enter Dental Claims information, required fields are indicated with an *.

1. Provider ID, National Provider Identifier (NPI), or Provider # is auto-populated. Confirm this is the correct NPI.
2. Enter in all caps the applicable Taxonomy Code associated with Provider.
3. For the address, enter Address Line 1 and Zip Code.
4. Select **Validate Address**.

# Dental Claims Submission

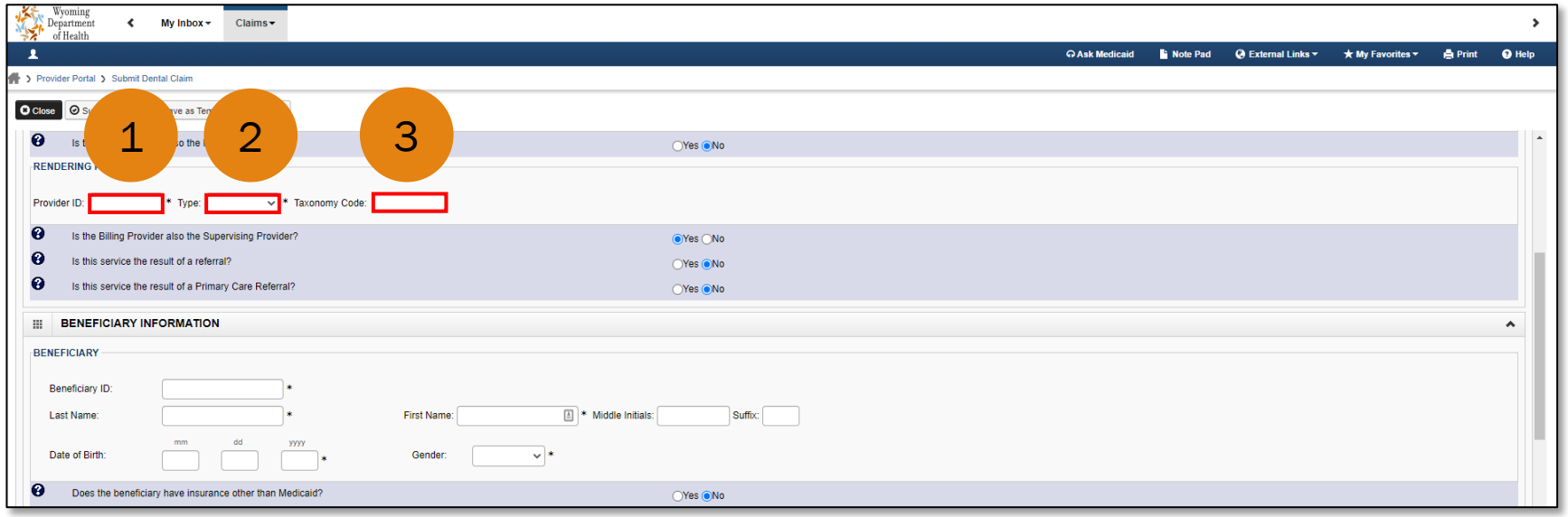



BMS validates the address information and displays the following message:

"Address validation successful" message is displayed

- If a message displays "International Address," change the Country to **United States** and re-validate.

# Dental Claims Submission

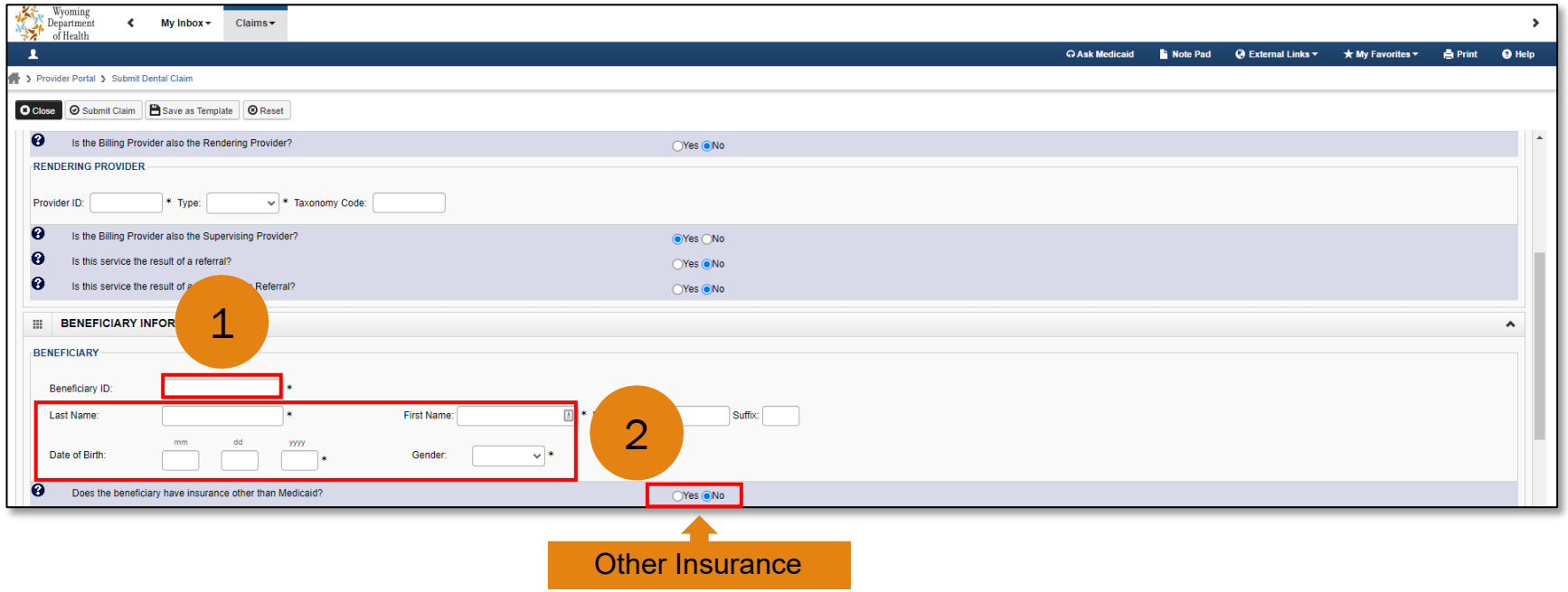



If the Rendering Provider is not the Billing Provider, enter information as follows:

1. Enter the NPI.
2. Select the type from the **Type** drop-down list—NPI.
3. Enter the Taxonomy Code of Rendering Provider.

If care is a result of a referral, enter referring Provider's information.

# Dental Claims Submission

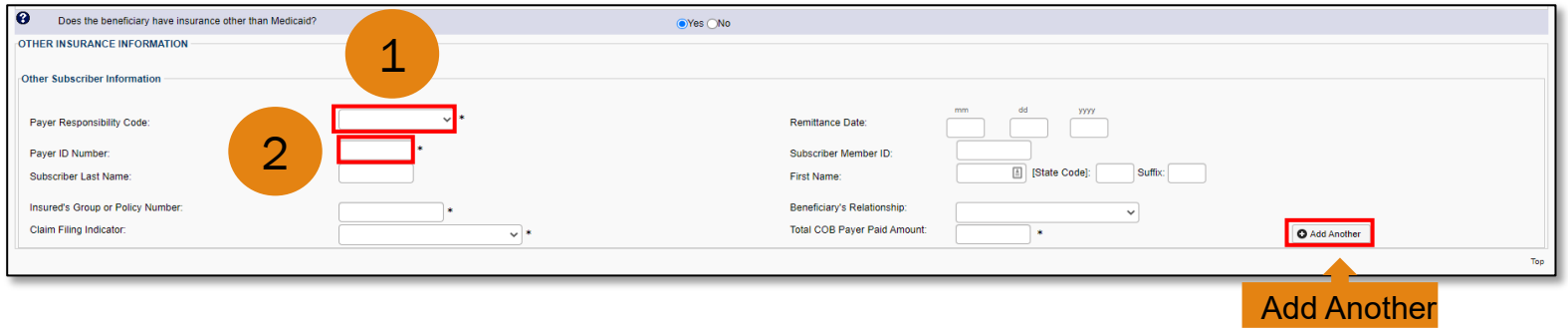



Under Beneficiary Information, required fields are indicated with an *:

1. Enter **Beneficiary ID**. This is the Member's Medicaid ID. These numbers begin with 0600/0800/00000.
2. Enter **First** and **Last Name**, **Date of Birth (DOB)**, and **Gender**.

- If other insurance besides Medicaid, select **Yes**.

# Dental Claims Submission



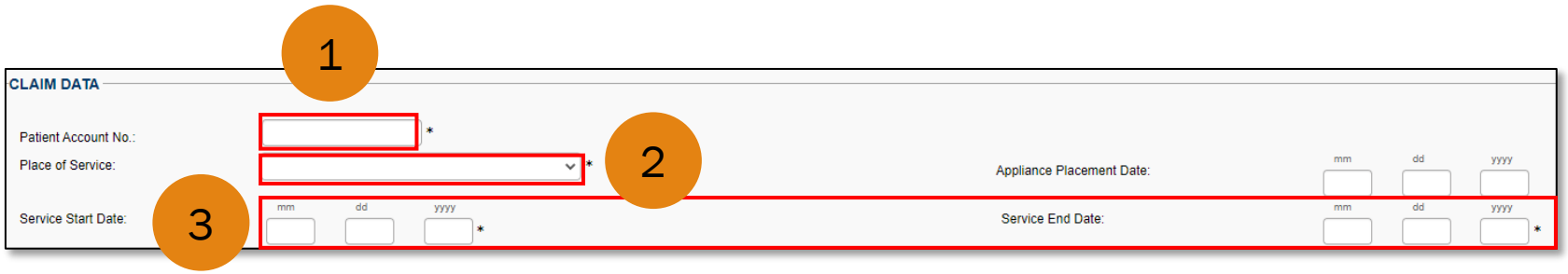

Under **Other Insurance Information** section, required fields are indicated with an *.

1. Select **Primary** from the **Payer Responsibility Code** drop-down list.
2. If the **Payer ID** number is not known, then enter **99999**. There are no system validations for the Payer ID and Group/Policy Number fields.

Complete all required fields indicated with an *.

- To add Secondary Payer Information, select **Add Another**.

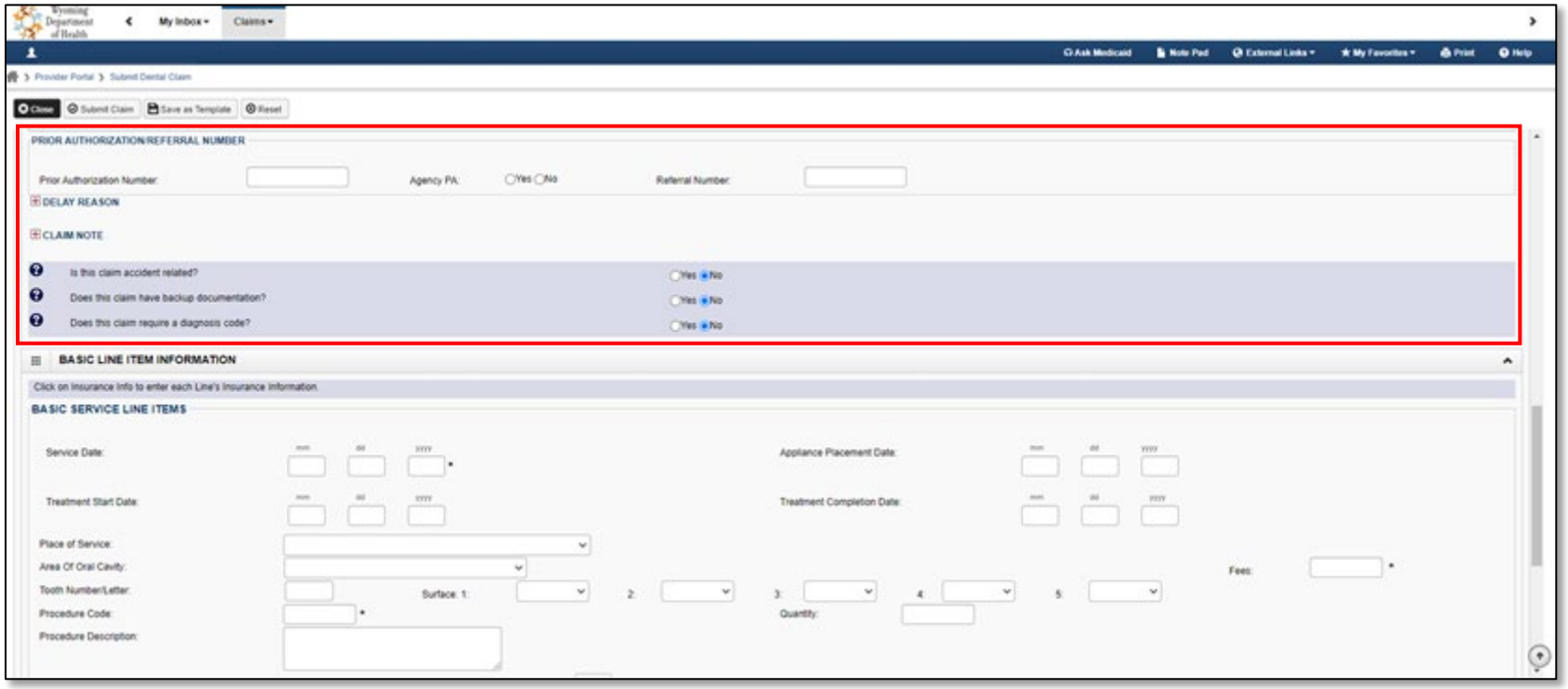
# Dental Claims Submission




Under **Claim Information**, required fields are indicated with an *:

1. Enter the **Patient Account No.** to identify the Member.
2. Select the applicable location from **Place of Service** drop-down list.
3. Enter the **Service Start** and **End Dates**.

# Dental Claims Submission

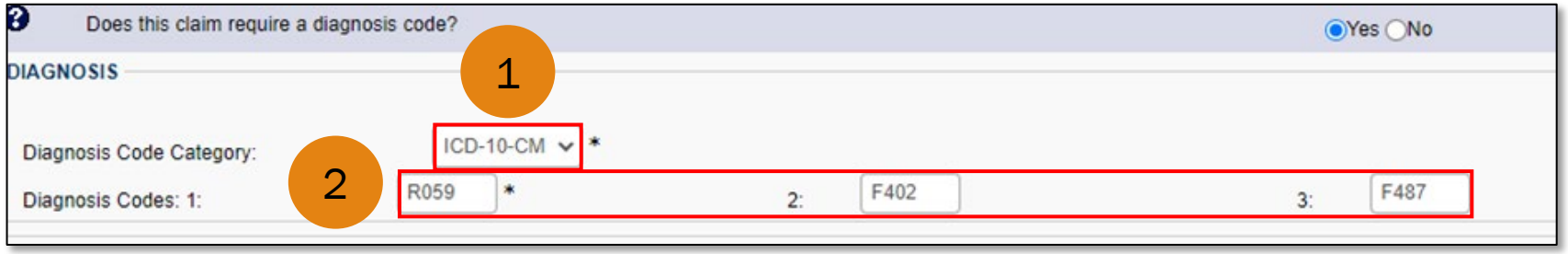



If your claim requires a Prior Authorization (PA), complete the fields for the PA information:

1. Enter the PA number in the **Prior Authorization Number** field.
2. For **Agency PA**, select **Yes** or **No**.
3. Under the **Claim Note** section, answer the questions as applicable, select **Yes** or **No**.

If the claim has back up documentation, select **Yes**. This suspends the claim for 30 days for processing.

# Dental Claims Submission



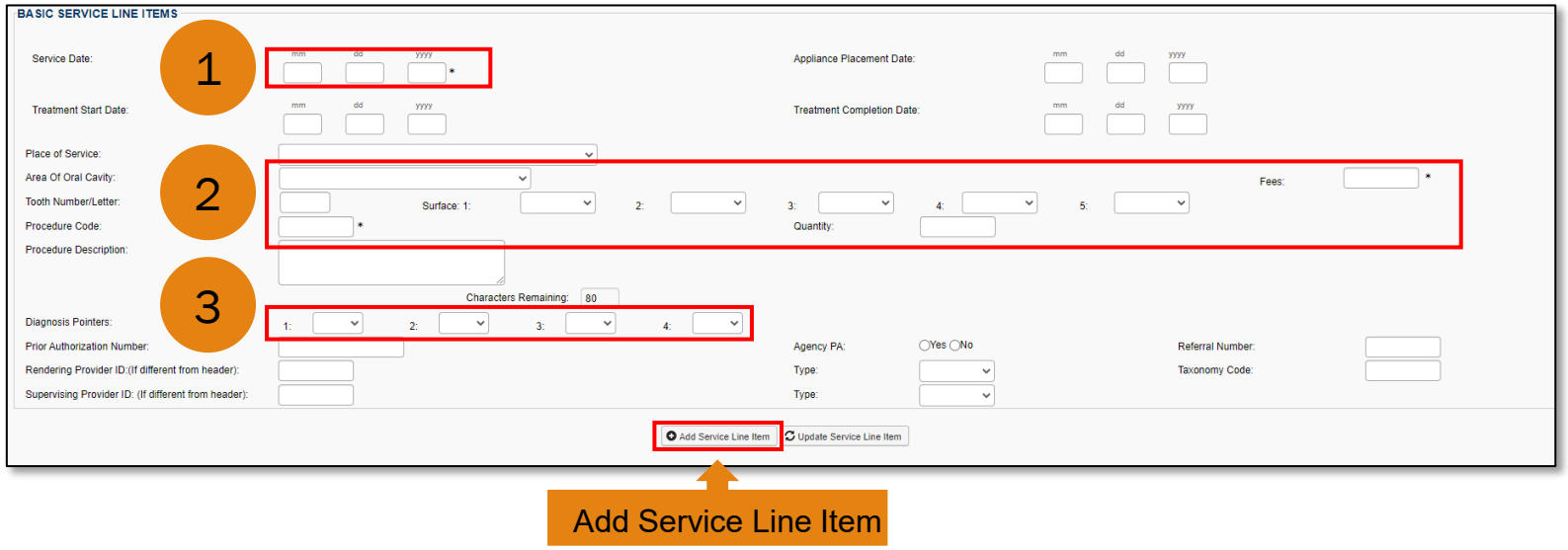

When answer is **Yes** to “Does this claim require a diagnosis code?”, required fields are indicated with an *:

1. The only option for **Diagnosis Code Category** is **ICD-10-CM**.
2. Enter the applicable codes in the **Diagnosis Codes** fields.

Do not place additional characters (.) when adding information as the system will not recognize the diagnosis code as valid.
For example: Enter F402 instead of F4-02.

When diagnosis codes are added, diagnosis pointers will be needed in Basic Claim Information.

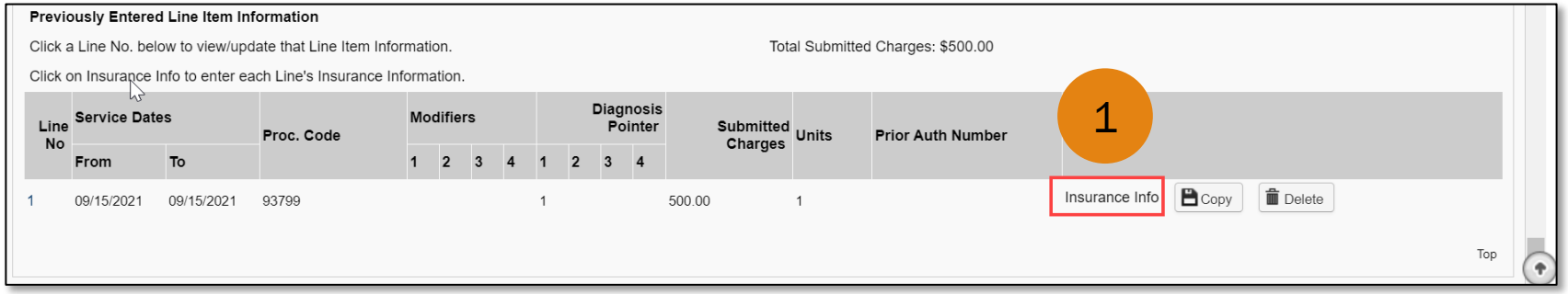
# Dental Claims Submission




Complete the **Basic Service Line-Item** information, required fields are indicated with an *:

1. Enter the service date from in the **Service Date** fields.
2. Enter **Procedure Code, Fees** and **Units/Quantity**.
   - Place of Service is not needed.
3. Enter **Diagnosis Pointers**.
   - Prior Authorization only needs entered at the header of the claim, unless line specific.
4. Select **Add Service Line Item**.
   - The claim automatically returns to the top of the claim.

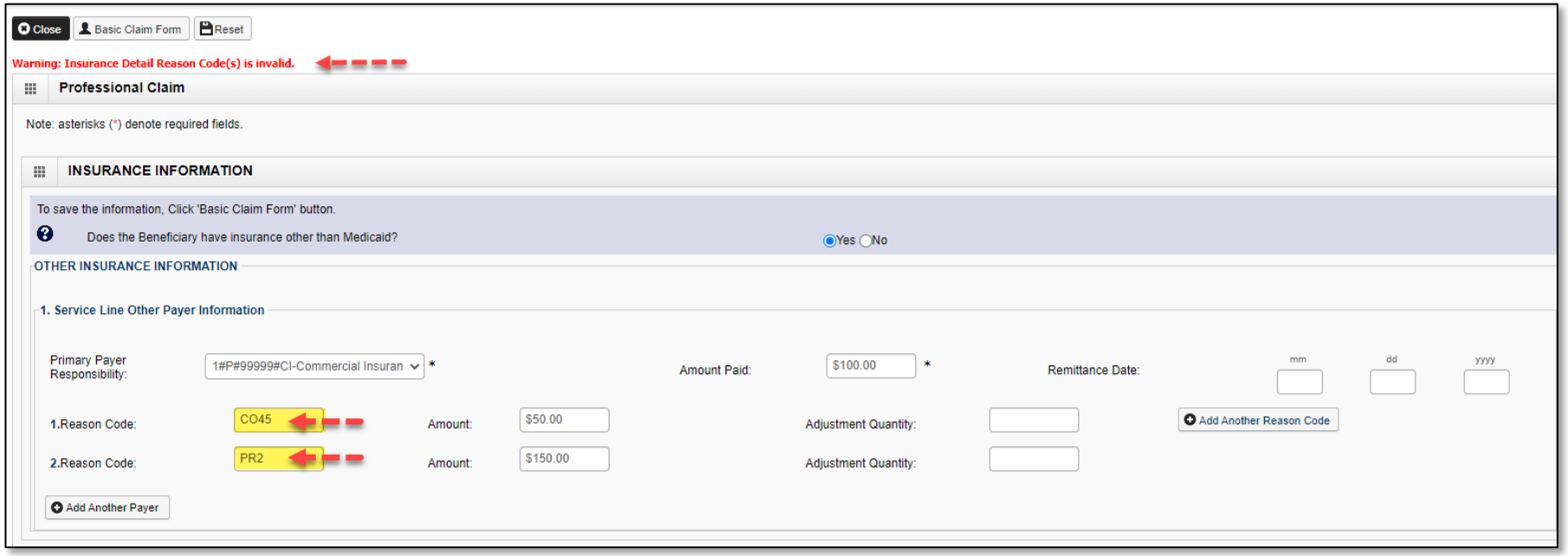
# Dental Claims Submission




At the bottom of the **Claims** page, enter each Claim Line's insurance information:

1. Select **Insurance Info** to enter the other insurance payments and adjustments.

# Dental Claims Submission




- If you see this error code: “Warning: Insurance Detail Reason Code(s) is Invalid”
- Check to make sure you did not enter the letters of the reason code as shown in the example

# Dental Claims Submission

This is an example of what two Explanation of Benefits (EOB) will look like and how you will bill for a Tertiary Claim.

## Delta Dental -Sample EOB

Delta Dental

123 Smile St

Cheyenne, Wy

82009

**Claim Number:** AB-445-24445
**Group Name:** Delta Dental Plans Assoc
**Subscriber:** John Wright
**Subscriber ID:** XXXX5555
**Patient:** John Wright
**Patient DOB:** 1/1/1950
**Dentist:** AJ M. Dentist

| TH | SURF | SERVICE Date | Procedure Code | Submitted amount | Approved Amount | Contract Allowed | Delta Dental Payment | Remark Code Amount | Remark Codes |
|---|---|---|---|---|---|---|---|---|---|
| 4 | M | 01/18/2022 | D1110 | 116.00 | 116.00 | 116.00 | 100 | 16.00 | 45 |

**For benefit year starting 1/1/2018**
$25.00 of $25.00 Annual Deductible Met to Date
$180.80 of $2,500.00 Annual Maximum Used to Date

**Reference Code:**

45: Contractual Agreement

## Other Insurance Co- Example

Dr. Dentist

123 Smile St

Cheyenne, Wy

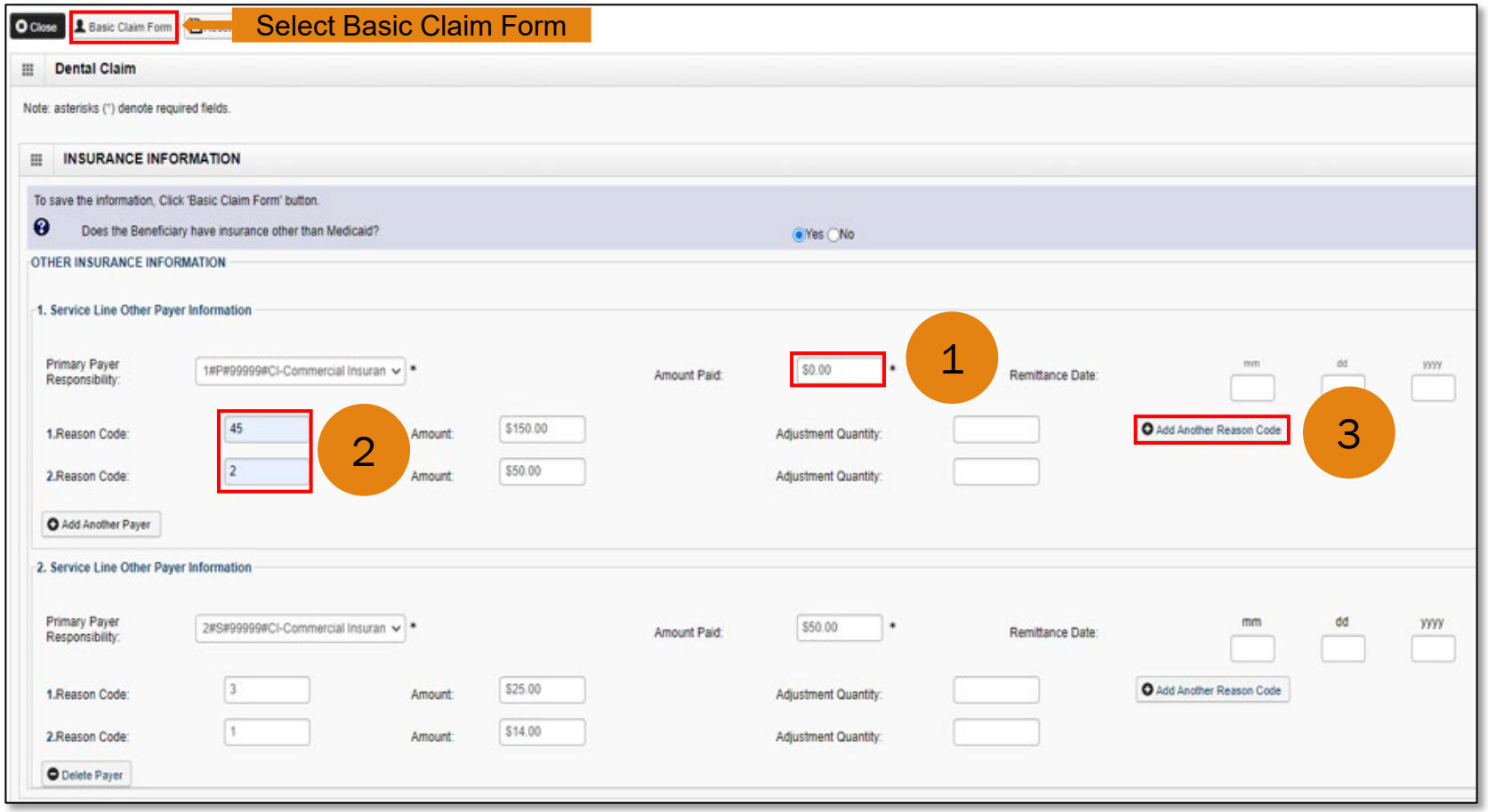
82009

| BILLED CHARGES | ALLOWED AMOUNT | PROVIDER ADJUSTMENT / DISALLOWED | OTHER INSURANCE ADJUSTMENT | PATIENT LIABILITY | PAYABLE AMOUNT |
|---|---|---|---|---|---|
| $474.00 | $82.89 | $391.11 | $0.00 | $0.00 | $82.89 |
| | | | | LESS PAID TO CODES LISTED AS "S" OR "C" | $0.00 |
| | | | | TOTAL RECOVERED THIS PAYMENT CYCLE | $0.00 |
| | | | | TOTAL PAYABLE | $82.89 |

**Reference Code:**

23: Other Paid amount

# Dental Claims Submission




Upon opening this screen, select **Yes** for "Other Insurance information"

- The Primary Payer Responsibility auto-populates

1. Enter **Amount Paid**.
2. Enter all reason codes in the **Reason Code** fields.
3. To add more than one reason code, select **Add Another Reason Code**.

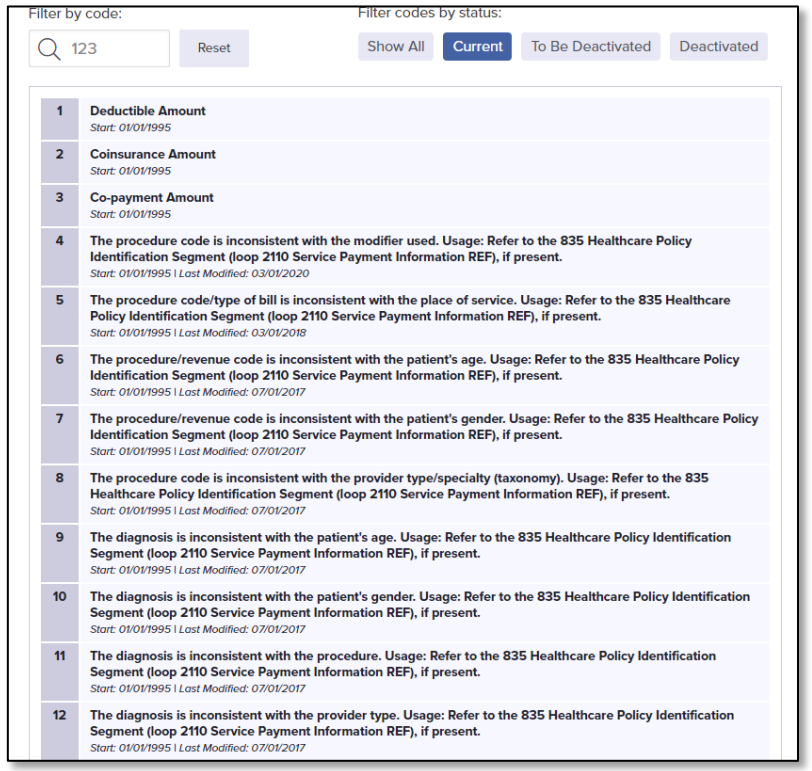
- When finished, select **Basic Claim Form**.

You will want your Total Paid plus your total Adjustments to equal the total paid for Medicaid. This is how your primary insurance will balance.

# Dental Claims Submission


1


2

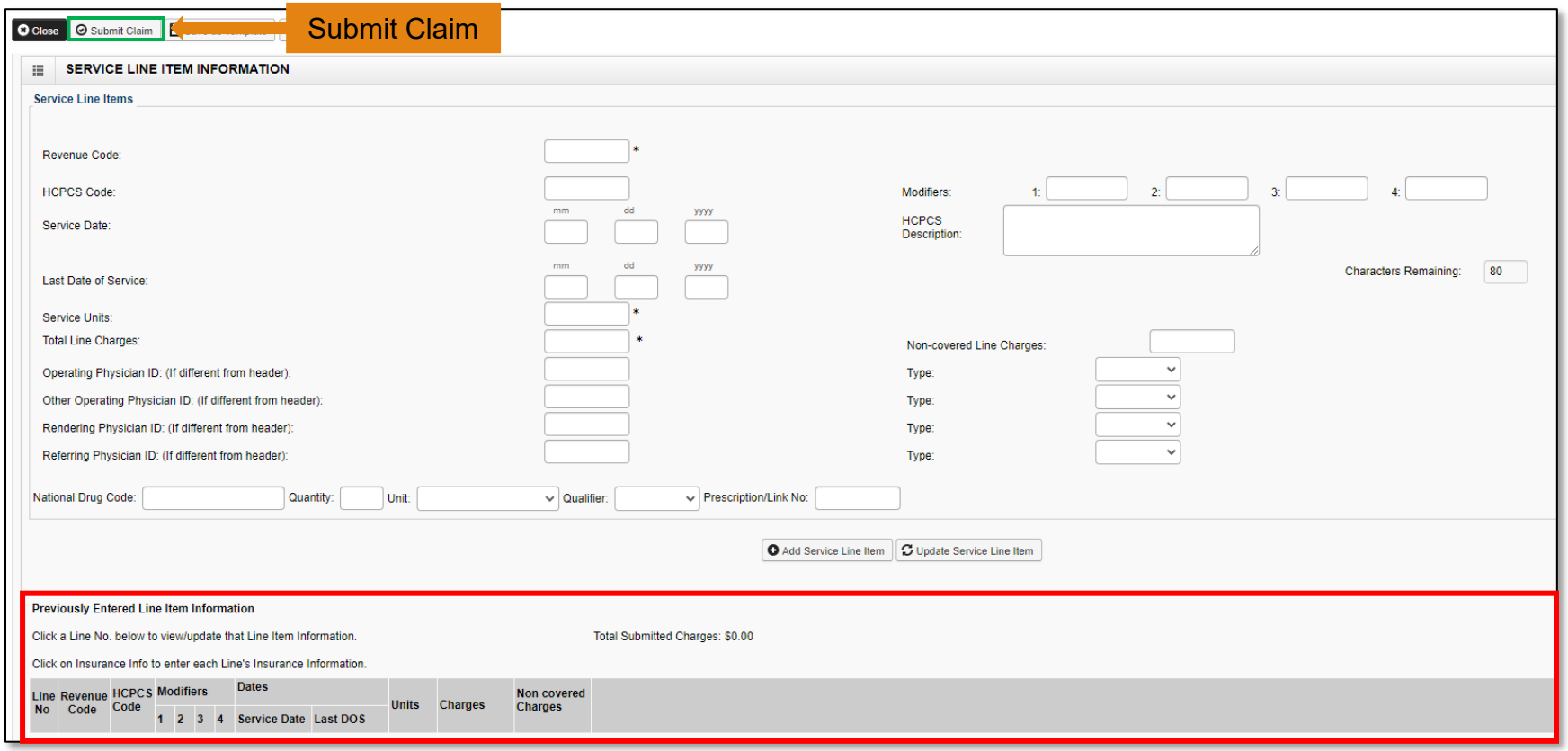



3

Adjustment codes must be proprietary and not from the commercial insurance. Go to x12.org

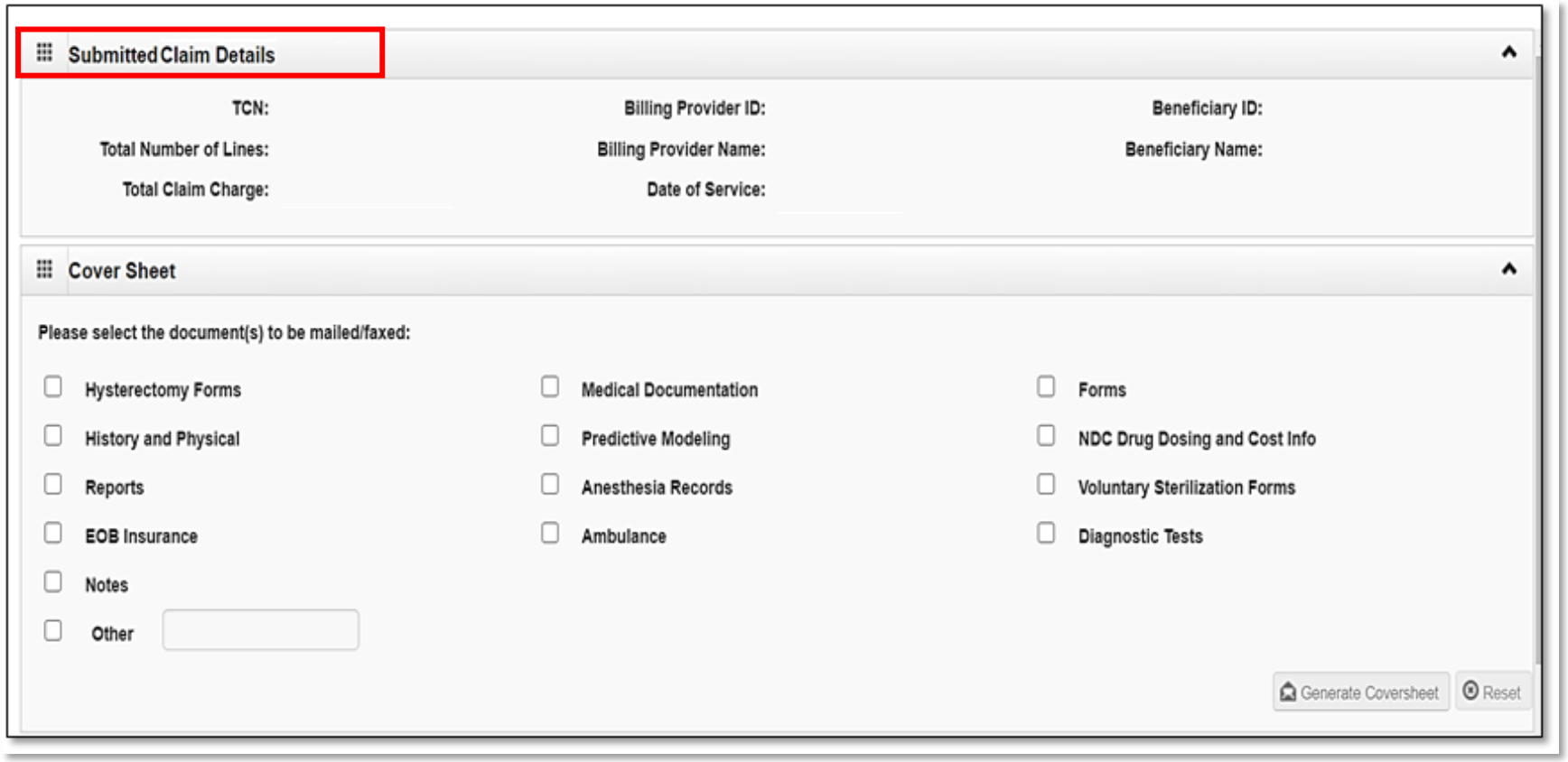
1. Go to **Reference**, in the top right-hand corner.
2. Go to **Claim Adjustment Reason Codes**.
3. Scroll down to the proprietary code list and select a remark code that most accurately compares to the commercial code.
4. Enter this for the **Reason Code** on the other insurance form.

# Dental Claims Submission




- At the bottom of the **Claims** page, Service Line items must be entered before Claim Submission
- After all lines of the claim are entered at the bottom of the claim submission form, if no primary insurance is being billed, select **Submit Claim**
- A pop-up window opens with claim information and the option to attach documents if needed

# Dental Claims Submission

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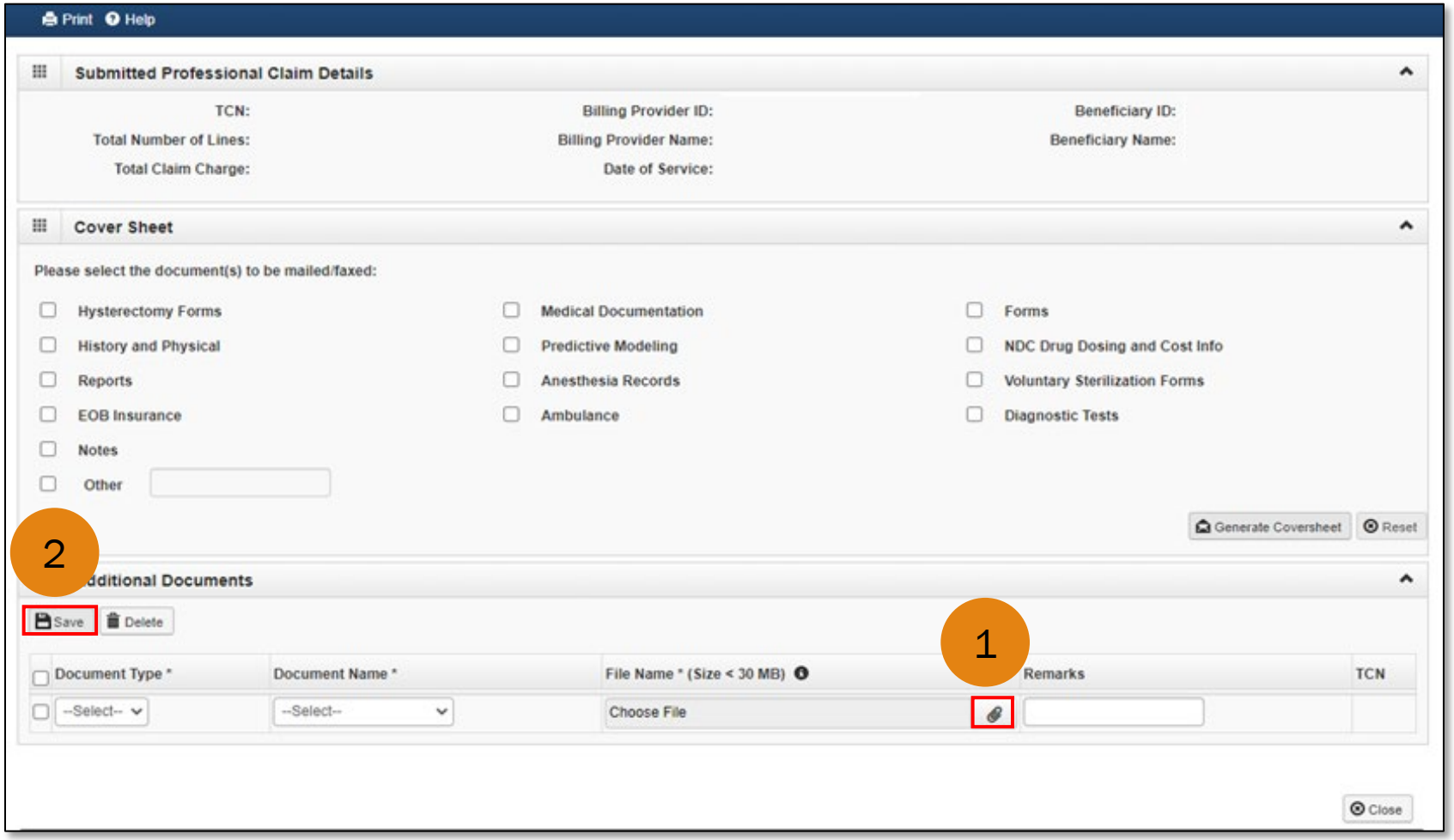
# Dental Claims Attachment

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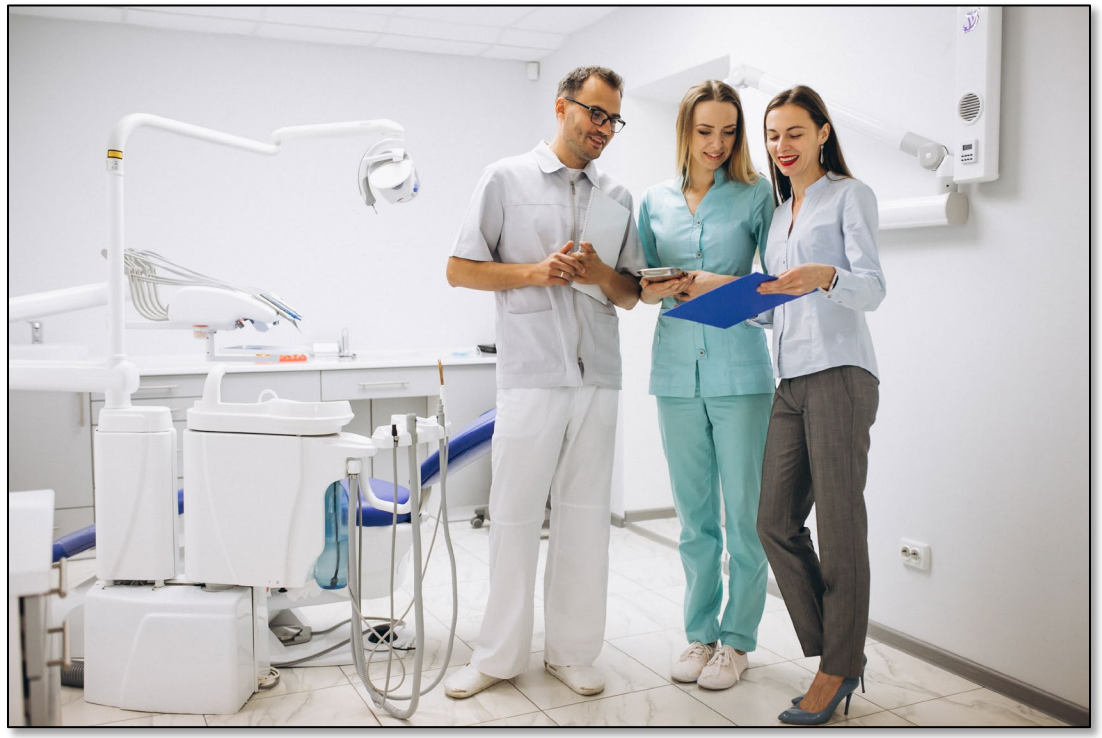
# *Course Review*

- Dental Claim Overview
- Dental Claim Submissions
- Dental Claims with Third Party Liability (TPL)
- Dental Claim Tertiary Claim
- Dental Claim Attachments



Wyoming Department of Health

# Thank you

Claim Submission