

Online Dentist Account

How to Look Up a Procedure Code

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The Procedure Code Look Up feature can be found in the **Coverage** tab of a patient's Benefits & Eligibility. First, pull up your patient either in the **Patient Quick Search** section on the Dashboard or through the **Find a Patient** tab.

ELTA DENTAL	-						
Dashboard	Find a Patient	Payments	Documents	National Benef	fits Inquiry	00	Demo Dent
	45						
	• Welcome to your new Dentist	Account! For tips and reso	urces on navigating your a	ccount, click he			
	Patient Quick Search:						
	Patient Guick Search: SUBSCRIBER ID OR SSN *	FIRST NAME *	DOB *				
		FIRST NAME *	DOB *	Provider:			
9	SUBSCRIBER ID OR SSN *			Provider:			
9	SUBSCRIBER ID OR SSN *	Pending Claim:	Date of Service:				
9	SUBSCRIBER ID OR SSN * Recently-viewed name//D: BOB SMITH(12345678901-23)	Pending Claim:	Date of Service:	-			
	SUBSCRIBER ID OR SSN * Recently-viewed name//D: BOB SMITH(12345678901-23) ANY SMITH(12345678901-24)	Pending Claim:	Date of Service:	-			

2

For either of these avenues, you will need the patient's Subscriber ID or SSN, First Name, and Date of Birth.

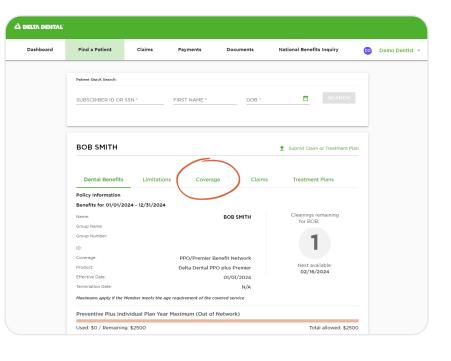
Dashboard	Find a Patient Clain	ns Payments	Documents	National Benef	its Inquiry	•	Demo Denti
1	Welcome to your new Dentis	st Account! For tips and reso	urces on navigating your a	ccount, click he	re.		
	Patient Guick Search:						
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1_	SUBSCRIBER ID OR SSN *	FIRST NAME *	DOB *				
6		FIRST NAME *	DOB *	Provider:			
6	SUBSCRIBER ID OR SSN *	7	7	Provider:			
6	SUBSCRIBER ID OR SSN *	Pending Claim:	Date of Service:				
4	SUBSCRIBER ID OR SSN * Recently-viewed name/ID: BOB SMITH(1234567890I-23)	Pending Claim:	Date of Service:	-			
6	SUBSCRIBER ID OR SSN * Recently-viewed name/ID: BOB SMITH(12345678901-23) AMY SMITH(12345678901-24)	Pending Claim:	Date of Service:	-			



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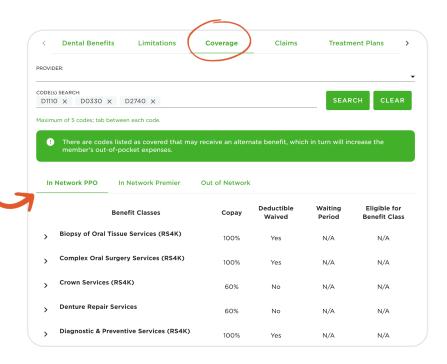
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3 Once you have your patient's Benefits & Eligibility pulled up, navigate to the **Coverage** tab, by clicking on the word **Coverage** in green text.



4 The **Coverage** tab provides the group coverage percentage by Benefit Classes, this does default to PPO coverages.

> For Premier and Out of Network offices, click the corresponding coverage tab for your network participation.





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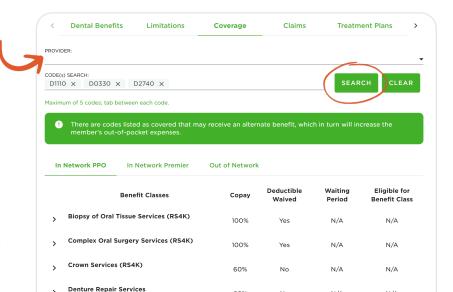
5

Click the arrow next to each Benefit Class to view the CDT codes within the Benefit Class.

< Dental Be	nefits Limitations	Coverage	Claims	Treatm	ent Plans
PROVIDER:					
CODE(s) SEARCH: D1110 X D033	0 x D2740 x			SEAR	сн сіе
Maximum of 5 codes; I	tab between each code.				
	odes listed as covered that m out-of-pocket expenses.	nay receive an alterr	nate benefit, whic	h in turn will inc	crease the
member's	out-of-pocket expenses.				
	In Network Premier	Out of Network			
In Network PPC	In Network Premier	Out of Network			
In Network PPC	Benefit Classes	Сорау	Deductible Waived	Waiting Period	
			Deductible		
Pieneu of O	Benefit Classes ral Tissue Services (RS4K)	Сорау	Deductible Waived	Period	Benefit Cl
Biopsy of O Code	Benefit Classes ral Tissue Services (RS4K)	Сорау 100%	Deductible Waived	Period	Benefit Cl
Biopsy of O Code D7285 Bi	Benefit Classes ral Tissue Services (RS4K) Description	Сорау 100%	Deductible Waived	Period	Benefit Cl
Biopsy of O Code D7285 Bi D7286 Bi	Benefit Classes ral Tissue Services (RS4K) Description	Сорау 100%	Deductible Waived	Period	Eligible fr Benefit Cl N/A

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- To utilize the Procedure Code Look Up feature in the Coverage Tab, select your dentist from the drop down for **Provider.** Type the CDT code(s) into the Code Search field and click the **Search** button.

You can search for up to five codes at a time. Be sure to add a space between each CDT Code using the space bar or tab button.



60%

100%

Diagnostic & Preventive Services (RS4K)

No

Yes

N/A

N/A

N/A

N/A



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A box will pop up with coverage information for those codes. The Benefit Class will list the payable provider networks followed by the benefit class and if the deductible applies or the CDT code is deductible exempt. These are divided by a backslash.

Age limitations will list under Age Limit. If there is no age limit, this will list as N/A.

Member Frequency Limitation lists any CDT code specific frequency limitations.

Copay lists the benefit coverage percentage.

If the plan has Deductible Waived, it will list **Yes** or **No** to indicate if the deductible is waived for the CDT code.

Eligibility Class lists if a waiting period applies for the CDT code.

Dent	al Benefits	Limitations	Coverage	Claims	Treatment Plans	:
R:						
SEARCH X	+: D0330 × D	22740 X			SEARCH CL	EAR
				•		
	Service Code	s List:				
C	D1110 - PRO	PHYLAXIS - ADULT			^	
e	In Network	PPO				
E	Benefit Clas PPO Prem O	s DN/Ben/D&P/Ded Exn	npt (RS4K)			or ass
В ,	Age Limit N/A			er Frequency Limita calendar year	tion	L
C	Copay 100%		Memb N/A	er's Copay		L
c	Deductible ^v Yes	Waived		lity Class iting period for this co	de	1
D ²¹	Benefit Note	3				
0	History				~	e (
3	D0330 - PA	NORAMIC RADIOGR	APHIC IMAGE		~	X
2	D2740 - CR	OWN - PORCELAIN/	CERAMIC		~	X
2						7
,					CLOSE	



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Toward the bottom of the box you will see **History** with a clickable arrow to the far right.

D1110 - PROPHYLAXIS - ADUL	Т
In Network PPO	
Benefit Class PPO Prem OON/Ben/D&P/Ded E	ixmpt (RS4K)
Age Limit N/A	Member Frequency Limitation 365/1 calendar year
Сорау 100%	Member's Copay N/A
Deductible Waived Yes	Eligibility Class No waiting period for this code
Benefit Note	
History	1
D0330 - PANORAMIC RADIOC	
D2740 - CROWN - PORCELAII	N/CERAMIC

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Clicking on the down arrow will extend the box to show the patient's claim history for that CDT code for their plan history with Delta Dental of Kansas. This includes the date of service and any applicable area information.

History	
Dracedure	Procedure Code Description PROPHYLAXIS - ADULT
DOS 07/26/2021	Tooth N/S
Tooth Description	Tooth Area
Tooth Surface null	
טוווכ	Procedure Code Description PROPHYLAXIS - ADULT
DOS 01/13/2021	Tooth N/S
Tooth Description	Tooth Area
Footh Surface null	



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Once you close the box, you can clear the Code(s) Search field and search 10 additional codes.

-	Dental Benefits	Limitations	Coverage	Claims	Treatm	ient Plans >
OVIE	DER:					
	s) search: 0 × D0330 ×	D2740 X			SEAR	CH CLEAR
xim	um of 5 codes; tab betw	een each code.				
•	There are codes lis member's out-of-p	ited as covered that ma bocket expenses.	y receive an alterna	ate benefit, whic	h in turn will in	crease the
In	Network PPO	n Network Premier	Out of Network			
	Be	nefit Classes	Copay	Deductible	Waiting	Eligible for
				Waived	Period	Benefit Class
>	Biopsy of Oral Tiss	ue Services (RS4K)	100%	Waived Yes	Period N/A	
•		ue Services (RS4K) ery Services (RS4K)	100%			Benefit Class
> >		ery Services (RS4K)		Yes	N/A	Benefit Class N/A
>	Complex Oral Surg	ery Services (RS4K) S4K)	100%	Yes	N/A N/A	Benefit Class N/A N/A



Procedure Code Look Up Watch Video



Watch this video to learn how to look up a produce code via the online dentist account.