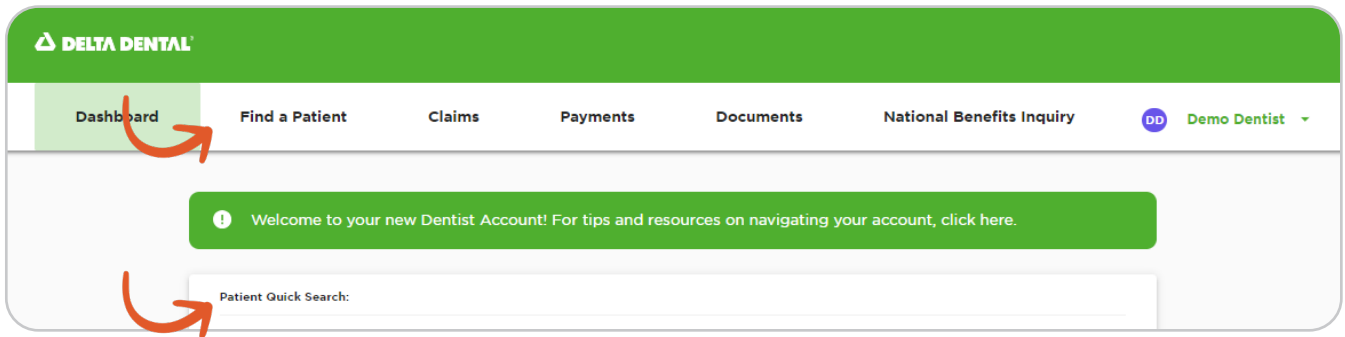


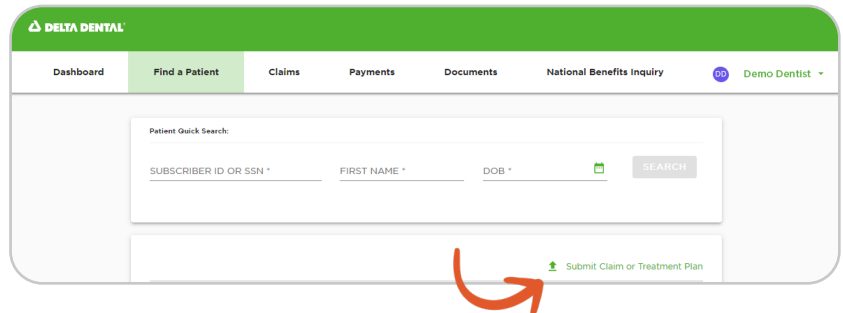
# Submitting a Pre-Determination Online Dentist Account

## ★ How to Submit a Pre-Determination

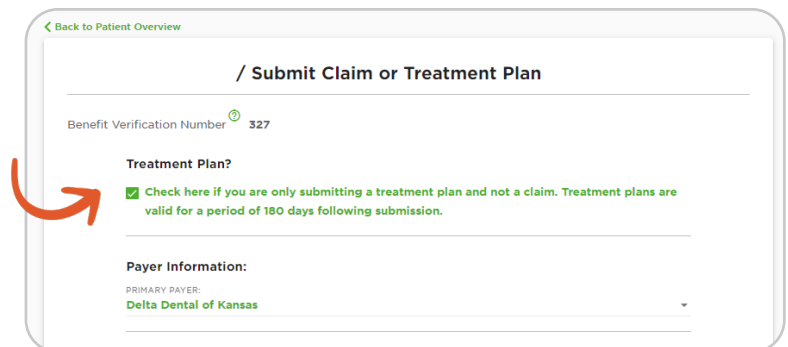
- 1 To submit a claim, pull up a patient using either **Patient Quick Search** from the dashboard or through the **Find a Patient** tab.



- 2 Click **Submit Claim or Treatment Plan**.



- 3 Since this is a Pre-Determination, check the box at the top of the form under Treatment Plan.



# Submitting a Pre-Determination

## Online Dentist Account

### ★ How to Submit a Pre-Determination

- 4 If the patient has secondary insurance coverage, including if Delta Dental of Kansas is not the patient's primary insurance, check **Patient has other Coverage?** under Additional Coverage Information. This will open fields for information concerning the patient's other insurance policy information.

**/ Submit Claim or Treatment Plan**

Benefit Verification Number 336

**Treatment Plan?**

Check here if you are only submitting a treatment plan and not a claim. Treatment plans are valid for a period of 180 days following submission.

**Payer Information:**

PRIMARY PAYER:  
Delta Dental of Kansas

**Additional Coverage Information:**

Patient has other Coverage?

CARRIER NAME: \*      GROUP NUMBER: \*

GROUP NAME: \*      SUBSCRIBER ID: \*

FIRST NAME: \*      LAST NAME: \*

DATE OF BIRTH: \*      GENDER \*

RELATIONSHIP TO SUBSCRIBER \*

- 5 Select the Treating Dentist and Business from the drop-down menus. These fields are required to submit, even if your office only has one dentist and one office location.

**Dentist Information:**

TREATING DENTISTS NPI: \*

BILLING / BUSINESS NPI: \*

# Submitting a Pre-Determination

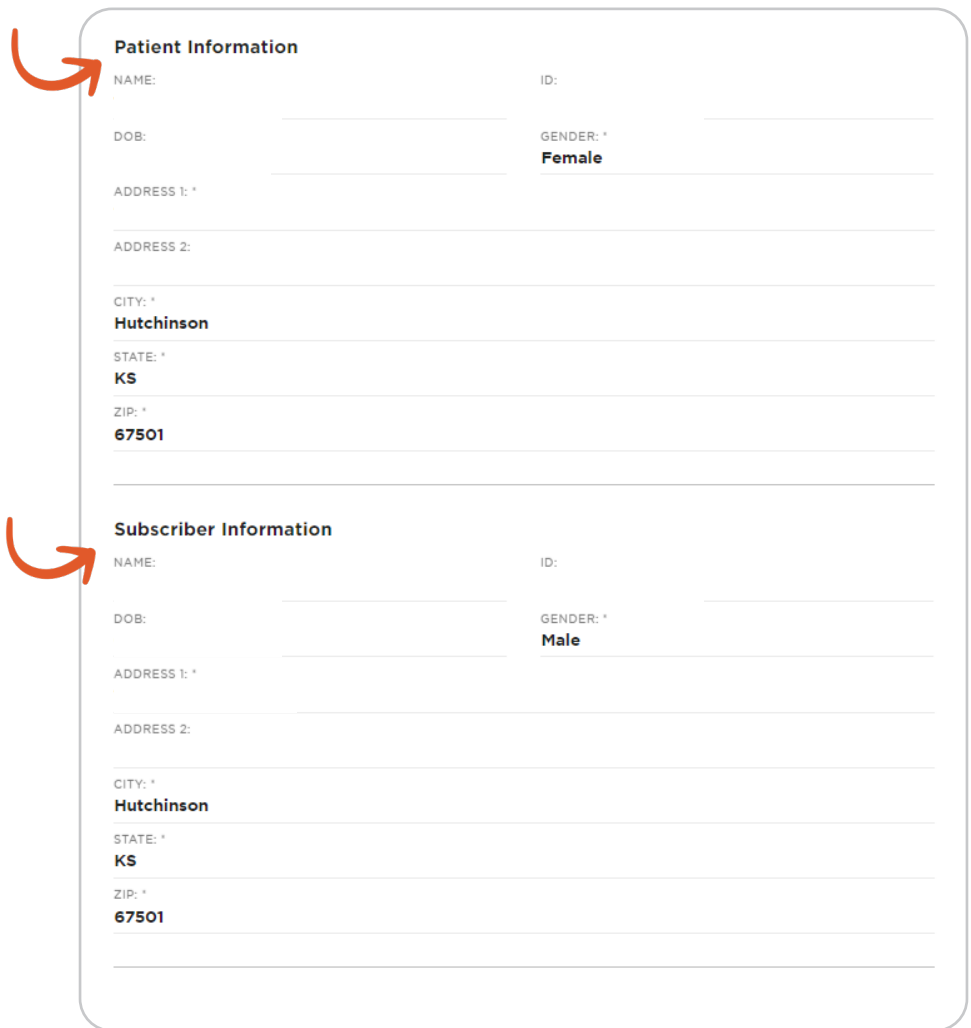
## Online Dentist Account

### ★ How to Submit a Pre-Determination

6

The form will auto populate a patient and subscriber information based on the patient you had pulled up when you selected **Submit Claim or Treatment Plan**.

*(If this is not a patient you are needing to submit a claim for, simply return to the **Patient Quick Search** and search for a patient you want to submit a claim for.)*



**Patient Information**

NAME: \_\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER: \*  
**Female**

ADDRESS 1: \* \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \*  
**Hutchinson**

STATE: \*  
**KS**

ZIP: \*  
**67501**

**Subscriber Information**

NAME: \_\_\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER: \*  
**Male**

ADDRESS 1: \* \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \*  
**Hutchinson**

STATE: \*  
**KS**

ZIP: \*  
**67501**

7

Below **Subscriber Information** box is a set of fields where you can list the NEA number, Additional Remarks and ICD 10 codes for the claim. *Please know that Delta Dental of Kansas does **not** require ICD 10 codes.*



**Additional Claim Information**

NEA NUMBER: \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

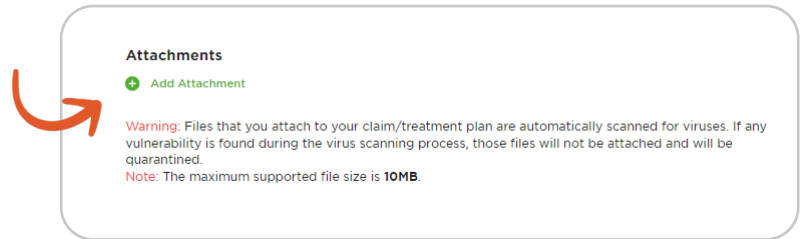
ICD-10 CODES: \_\_\_\_\_

# Submitting a Pre-Determination

## Online Dentist Account

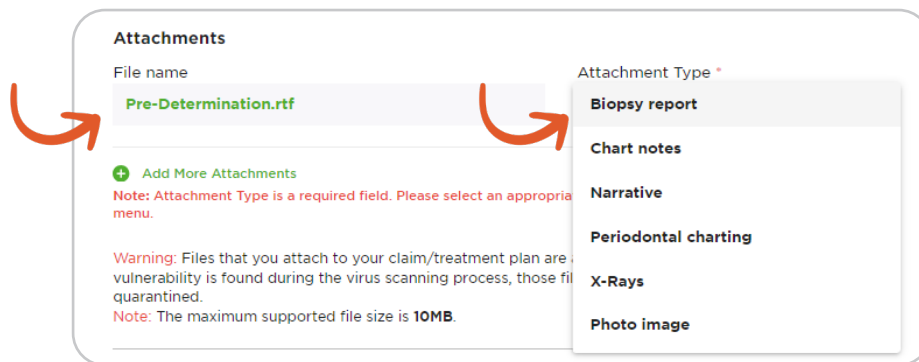
### ★ How to Submit a Pre-Determination

- 8 Click **Add Attachment**. A box will open allowing you to select a file to attach from your computer. Once you have selected the necessary files, click the **Open** to attach the file.

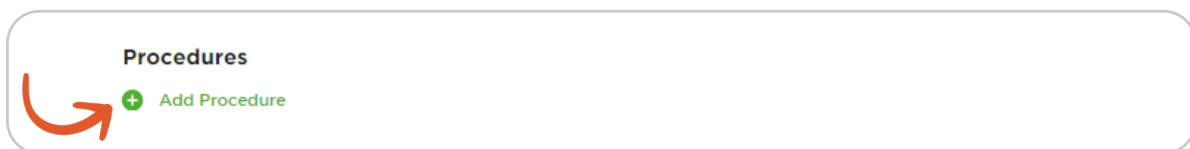


- 9 Two boxes will appear for each attachment listing the **File name**. Next, select an **Attachment Type**.

*Please note if you add any attachments, that the program will not allow you to submit the claim until an attachment type is listed for each attachment.*



- 10 To begin listing your procedure codes click **Add Procedure**.



# Submitting a Pre-Determination Online Dentist Account

## ★ How to Submit a Pre-Determination

- 11 Since this is an in-for-payment claim, the date field will be blank. Add the date the patient received the treatment under **Date of Service**. You will see fields for the Procedure Code, Tooth, Area, Surface and your office Fee. Complete all relevant fields for the CDT codes you are submitting.

**Procedures**

DATE OF SERVICE: \_\_\_\_\_

TOOTH: \_\_\_\_\_

AREA: \_\_\_\_\_

SURFACE: \_\_\_\_\_

PROCEDURE CODE: \*

FEE: \*

\$ \_\_\_\_\_

+ Add Procedure

\* Remove Procedure

- 12 If the Claim is for Orthodontic treatment, check the **Is Treatment for Orthodontics** in the Ancillary Treatment Information section.

**Ancillary Treatment Information:**

Is treatment for orthodontics?

DATE OF PLACEMENT: \* \_\_\_\_\_

ESTIMATED TREATMENT TIME (IN MONTH...)

\$ INITIAL BANDING FEE: \*

- 13 Review the Legal section and check the boxes noting that you have reviewed these sections.

Click **Submit** to submit the pre-determination for processing. If the Submit button remains gray, review the claim for any fields highlighted with red text that require information for submission.

**Legal:**

I have informed the patient of the treatment plan and associated fees and they agree to be responsible for all charges for dental services and materials not paid by the dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with the plan prohibiting all or a portion of such charges.

I hereby certify that procedures indicated by date are in progress (for procedures that require multiple visits) or have been completed, or procedures with no date are being submitted for predetermination. The fees submitted are the actual fees I have charged and intent to collect for those procedures.

SUBMIT

# Submitting a Pre-Determination

## Online Dentist Account

### ★ How to Submit a Pre-Determination

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Once you click **Submit**, you will be brought back to that patient's Claims tab.

Some Pre-Determinations are available with immediate processing. Instant Pre-Determinations will list **Final** next to the Pre-Determination Treatment Plan number and have **Convert to Claim** option.

The screenshot displays a patient search interface with the following elements:

- Patient Quick Search:** Fields for SUBSCRIBER ID OR SSN, FIRST NAME, and DOB, with a SEARCH button.
- Navigation:** A link to "Submit Claim or Treatment Plan" and a menu with options: Dental Benefits, Limitations, Coverage, Claims, and Treatment Plans (circled in red).
- Filters:** "SHOWING FROM: 02/21/2023" and "SHOWING TO: 02/21/2024".
- Treatment Details:** "Treatment: (Final)" (circled in red) and "Entered on: 02/13/2024".
- Actions:** "View Treatment Plan", "Edit/Void", and "Convert to Claim" (indicated by a red arrow).
- Table:** A table with columns for Code, Procedure, We Pay, and Patient Pays.
- Summary:** "Total \$127.00" and "Patient Pays \$0.00".
- Footer:** "Expires in 171 days", "Items per page: 10", and "1 - 1 of 1".

Code	Procedure	We Pay	Patient Pays
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$39.00	\$0.00
D1120	PROPHYLAXIS - CHILD	\$54.00	\$0.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$34.00	\$0.00
<b>Total</b>		<b>\$127.00</b>	<b>\$0.00</b>

# Submitting a Pre-Determination

## Online Dentist Account

### ★ How to Submit a Pre-Determination

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If the Pre-Determination is not available for an Instant Pre-Determination, it will list as **In Process** next to the Pre-Determination Treatment Plan number. All Pre-Determinations have a Red bar at the top giving a visual of how close they are to expiring, in addition to listing the number days remaining until the Pre-Determination's expiration.

The screenshot displays a patient search form at the top with fields for 'SUBSCRIBER ID OR SSN', 'FIRST NAME', and 'DOB', and a 'SEARCH' button. Below the search form, there is a 'Submit Claim or Treatment Plan' button. The main content area shows 'Benefit Verification Number 328' and tabs for 'Dental Benefits', 'Limitations', 'Coverage', 'Claims', and 'Treatment Plans'. The 'Treatment Plans' tab is active, showing a date range from '02/21/2023' to '02/21/2024'. A red bar at the top of the treatment plan entry indicates it is 'Expires in 171 days'. The status '(In Process)' is circled in orange. Below this, there is a table of procedures with columns for 'Code', 'Procedure', 'We Pay', and 'Patient Pays'. The table lists three procedures: D0120 (PERIODIC ORAL EVALUATION ESTABLISHED PATIENT) for \$39.00, D1120 (PROPHYLAXIS - CHILD) for \$54.00, and D1206 (TOPICAL APPLICATION OF FLUORIDE VARNISH) for \$34.00. The total amount is \$127.00. At the bottom, there is a pagination control showing 'Items per page: 10' and '1 - 1 of 1'.

Code	Procedure	We Pay	Patient Pays
D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT	\$39.00	\$0.00
D1120	PROPHYLAXIS - CHILD	\$54.00	\$0.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$34.00	\$0.00
<b>Total</b>		<b>\$127.00</b>	<b>\$0.00</b>

### ▶ Submitting a Pre-Determination

Watch Video

Watch this video to learn how to submit a pre-determination on your new online Dentist Account.