

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number

This is the most important identifier for the plan member.

#8 Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 Coordination of benefits for dental

The "No" box under #11 should be checked if no other **dental** coverage exists. If there is other dental coverage, the additional information requested is necessary for coordination of benefits. This information is required on every claim.

part 2 – dentist

Some dental claims require dental consultant review for accurate processing. To help expedite the claims process, please be sure to include:

#16 National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations including incorporated dental practices. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#17 and #24 Supporting Documentation

In addition to the following list, narratives or photos also may be submitted. Documents should be dated and legible. Original radiographs will be returned. Please label duplicate films left and right. All supporting documentation should be current within one year. Procedure codes listed are based on CDT © ADA.

- Pre-operative radiographs for D2510-D2664, D6600-D6634, D2710-D2794, D6710-D6794, D6205-D6252, D2950, D6973, D2952-D2954, D6970-D6972, D2960-D2962, D3346-D3348, D3351-D3353 and D6010.
- Pre-operative radiographs and legible surgical notes for D7210-D7241.
- Legible surgical notes only for D7310-D7321.
- Numerical 6-point periodontal charting for D4210-D4211, D4240-D4241, D4341-D4342 and D4381.
- Radiographs and numerical 6-point periodontal charting for D4260-D4261 and D4263-D4264.
- Gingival grafting procedures and measurements for D4270-D4271, D4273, D4275 and D4276.

#21 Prosthesis - Initial or Replacement

Required for crowns, onlays, bridges and partial or complete dentures. If a replacement, prior placement date is needed.

#23 Statement of actual services, or Pretreatment estimate

Appropriate box should be marked to ensure correct handling.

#24 Tooth number, letter, quadrant or arch

Site-specific information is required using the Universal/National Tooth Numbering System.

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the dental work to be expensive. A pretreatment estimate lets both the member and dental provider know in advance how much insurance will pay.

If dental coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for benefit information, electronic forms, a dental provider list and more.

Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

electronic claims and attachments

Dental providers, with electronic claims we can process the same day received and send a check within seven business days. Plus, most software can submit claims and attachments while simultaneously creating accounting records. For more information, please visit the following websites:

ndedic.org
ez2000dental.com
nea-fast.com