



How to: Submit a Dental Claim with Third-Party Liability (TPL) on the Portal

Follow the steps below to submit a dental claim with TPL on the Portal: [Log-in Steps](#), [Submit Claim Dental – Enter Claim Header Information](#), [Submit Claim Dental – Diagnosis and Primary Insurance \[HEADER\]](#) and [Submit Claim Dental – Service Details, Add Insurance and Add Attachment\(s\)](#).

Log-in Steps

1. Go to the Delaware Medical Assistance Portal: <https://medicaid.dhss.delaware.gov/>.
2. Click [Click here](#) to enter the Provider Portal.

State of Delaware
The Official Website of the First State

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

Home Wednesday 02/22/2017 04:55 PM EST

Welcome to the Delaware Medical Assistance Portal

The First State

MEMBERS - [Click here](#) to enter the Member Portal

PROVIDERS - [Click here](#) to enter the Provider Portal

Delaware.gov | Privacy | Contact | Phone Directory

Log-in Steps

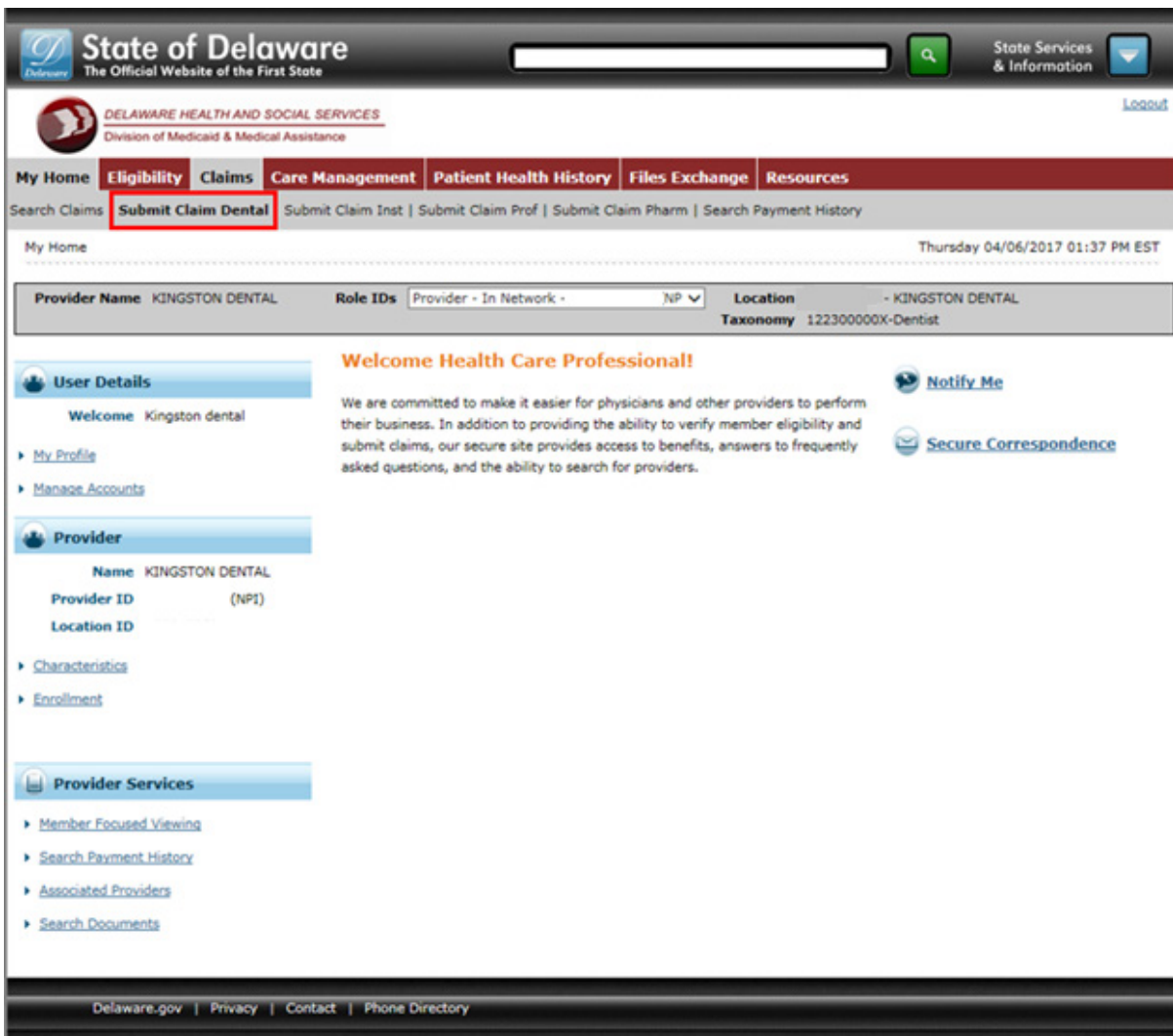
3. Log in by entering your User ID, Challenge Question, and Password for your **Billing Provider**.



Reminder: You may have more than one User ID. For submitting a dental claim with third-party liability, please log in the Portal using your **Billing Provider User ID**.

Submit Claim Dental – Enter Claim Header Information

4. From the Home Page hover over the Claims tab and click on the Submit Claim Dental link.



Submit Claim Dental – Enter Claim Header Information

The Billing Provider ID displays.

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

General Provider Header Instructions

Billing Provider ID	ID Type NPI	Name KINGSTON DENTAL
Taxonomy 122300000X-Dentist		
Performing Provider ID <input type="text"/>	ID Type NPI	Name _
Taxonomy _		
Service Facility Location ID <input type="text"/>	ID Type NPI	Name _
Taxonomy _		

5. Add the Performing Provider ID and the Service Facility Location ID, as applicable. You can add a provider by entering the NPI and pressing your Tab key. If the Provider has more than one Taxonomy, select the appropriate taxonomy.

Performing Provider ID <input type="text" value="5123456787"/>	ID Type NPI	Name HP
*Taxonomy		
Service Facility Location ID <input type="text"/>	ID Type NPI	Name _
Taxonomy _		

208000000X-Pediatrics
 261QF0400X-Clinic/Center - Federally Qualified Health Center (FQHC)
 302R00000X-Health Maintenance Organization

OR

You can search for the provider by NPI or Name by clicking the Magnifying Glass icon.

Provider ID Search Back to Claim ?

Search By ID Search By Name Search By Organization

* Indicates a required field.

***Provider ID**

Provider ID Type NPI

Taxonomy _

6. Enter Member's 10-digit ID, press your Tab key, and the Member Information auto-populates.

Patient Information

General Patient Instructions

***Member ID**

Last Name _ **First Name** _

Birth Date _

Address

Address Line 2

City

State

Zip Code

Submit Claim Dental – Enter Claim Header Information

7. Enter 'Header' Claim Information and click the 'Include Other Insurance' check box.

Claim Information

Accident Related Accident Date

*Place of Treatment

Patient Number

Initial X-Ray/Photo Date

*Does the provider have a signature on file? Yes No

*Does the provider accept assignment for claim processing? Yes No

*Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A

*Does the provider have a signed statement from the patient releasing their medical information? Yes No

Include Other Insurance

Total Charged Amount \$0.00

[Continue](#) [Cancel](#)

Click Continue to move to Submit Dental Claim: Step 2

Submit Claim Dental – Diagnosis and Primary Insurance [HEADER]

8. Adding a Diagnosis is optional. If you are not entering a diagnosis, continue to Other Insurance Details.

To add a diagnosis, select Diagnosis Type and type in Diagnosis Code, select appropriate code from drop-down box, then click Add.

Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
1			
1	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text" value="gingi"/>	
	Add Reset		

Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjust Details section.

Click the **Remove** link to remove the entire row.

Submit Claim Dental – Diagnosis and Primary Insurance [HEADER]

#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
1	HIGHMARK BCBS	A51	123456789	\$50.00	01/01/2017	Remove

Carrier Name: HIGHMARK BCBS Carrier Code: A51

*Subscriber Last Name: JONES *First Name: JOE

Subscriber Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

*Subscriber ID: ABC123DEF

*Group #: 123456789

Group Name: _____

Insurance Type: _____

*Payer Responsibility: P-Primary *Relationship to Subscriber: 18-Self

COB Payer Paid Amount: 50.00 *Remittance Date: 01/01/2017

Remaining Patient Liability: _____

Total Non-Covered Amount: _____ Payer Claim #: _____

*Claim Filing Indicator: BL-Blue Cross/Blue Shield

Release of Information: _____

Assignment of Benefits: _____

Outpatient Adjudication Information

Reimbursement Rate: _____ Claim HCPCS Payable Amount: _____

Remark Code 1: _____

Remark Code 2: _____

Remark Code 3: _____

Remark Code 4: _____

Remark Code 5: _____ Non-payable Professional Component Amount: _____

Claim ESRD Payment Amount: _____

Other Insurance Reasons

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
<input type="checkbox"/> Click to collapse.					
	*Group Code: _____	*Reason: _____	*Amount: 0.00	Units of Service: _____	
Add Reason		Cancel Reason			

[Save Insurance](#) [Cancel Insurance](#)

Tip: Choose the most appropriate Claim Filing Indicator available in the drop-down for the type of Primary Insurance being used.

Tip: Do not add Other Insurance Reasons at this time. Other Insurance Reasons will be added in the Service Detail section in Step 3 in the Portal.

Submit Claim Dental – *Diagnosis and Primary Insurance [HEADER]*

Click the Save Insurance button.

Click the Continue button to go to Submit Dental Claim: Step 3.

Submit Claim Dental – *Service Details, Add Insurance and Add Attachment(s)*

- Enter the Service Details on Svc # 1 (Service Line Number 1). Fill in all required fields, as well as any applicable fields.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1							

1 *Svc Date 12/01/2016 Oral Cavity Area Tooth#/Letter 19-1st Molar -LL-Permanent

Tooth Surface

*Procedure Code D2391-POST 1 SRFC RESINE Modifiers

*Units 1 *Charge Amount 192.00 Diagnosis

Performing Provider ID ID Type NPI Taxonomy

Add **Reset**

Click the Add button.

- Click the Service # to open the Other Insurance Details for the Service Detail.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1	12/01/2016		19-1st Molar -LL-Permanent	D2391	1	\$192.00	Remove
2							

2 *Svc Date Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount Diagnosis

Performing Provider ID ID Type NPI Taxonomy

Add **Reset**

Fill in the required fields, as well as any additional fields that are applicable.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Other Insurance Details for Svc. # 1

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
<input type="checkbox"/> Click to collapse.									
<p>*Other Carrier: A51-HIGHMARK BCBS Bundled into Line #: 0</p> <p>*Procedure Code: D2391-POST 1 SRFC RESINBASED CMPST</p> <p>Modifiers: [] [] [] [] [] [] [] [] [] []</p> <p>COB Payer Paid Amount: 50.00 *Remittance Date: 01/01/2017 *Paid Units: 1.00</p> <p>Remaining Patient Liability: []</p> <p>Add Insurance Cancel Insurance</p>									

Click Add Insurance.

12. Click the # on the Other Insurance Details for the Service Line to enter Other Insurance Reasons.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1	12/01/2016		19-1st Molar -LL-Permanent	D2391	1	\$192.00	Remove

1 *Svc Date: 12/01/2016 Oral Cavity Area: [] Tooth#/Letter: 19-1st Molar -LL-Permanent

Tooth Surface: Occlusal [] [] [] [] [] [] []

*Procedure Code: D2391-POST 1 SRFC RESINE Modifiers: [] [] [] [] [] [] [] [] [] []

*Units: 1 *Charge Amount: 192.00 Diagnosis Pointers: [] [] [] []

Performing Provider ID: [] ID Type: NPI Taxonomy: []

Other Insurance Details for Svc. # 1

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	A51	D2391-POST 1 SRFC RESINBASED CMPST		\$50.00	01/01/2017	1.00	\$0.00	0	Remove

Click to add a new other insurance.

Save Reset Cancel

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1	12/01/2016		19-1st Molar -LL-Permanent	D2391	1	\$192.00	Remove

1 *Svc Date Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Modifiers

*Units *Charge Amount Diagnosis

Performing Provider ID ID Type Taxonomy

Other Insurance Details for Svc. # 1

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	A51	D2391-POST 1 SRFC RESINBASED CMPST		\$50.00	01/01/2017	1.00	\$0.00	0	Remove

*Other Carrier Bundled into Line #

*Procedure Code

Modifiers

COB Payer Paid Amount *Remittance Date *Paid Units

Remaining Patient Liability

Other Insurance Reasons

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
<input type="checkbox"/> Click to collapse.					
	*Group Code <input type="text"/>	*Reason <input type="text"/>	*Amount <input type="text" value="0.00"/>	Units of Service <input type="text"/>	

Click to add a new other insurance.

Enter the Other Insurance Reasons.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Other Insurance Reasons

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
<input type="checkbox"/> Click to collapse.					
*Group Code <input type="text" value="CO-Contractual Obligations"/>					
*Reason <input type="text" value="1-Deductible Amount"/>					
*Amount <input type="text" value="50.00"/> Units of Service <input type="text"/>					
<input type="button" value="Add Reason"/> <input type="button" value="Cancel Reason"/>					

Click Add Reason.

Other Insurance Reasons

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
<u>1</u>	CO-Contractual Obligations	1-Deductible Amount	\$50.00		Remove
<input type="checkbox"/> Click to add a new claim reason.					

Tip: If you need to edit a row, click the numerical number of the row.

Tip: Click the Remove link, under Action, if you need to remove a row.

Tip: To add an additional Insurance Reason click the +.

Other Insurance Reasons

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

#	Group Code	Reason	Amount	Units of Service	Action
<u>1</u>	CO-Contractual Obligations	1-Deductible Amount	\$50.00		Remove
<input type="checkbox"/> Click to collapse.					
*Group Code <input type="text"/>					
*Reason <input type="text"/>					
*Amount <input type="text" value="0.00"/> Units of Service <input type="text"/>					
<input type="button" value="Add Reason"/> <input type="button" value="Cancel Reason"/>					

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Other Insurance Details for Svc. # 1									
Click the row number to edit the row. Click the Remove link to remove the entire row.									
#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
<u>1</u>	A51	D2391-POST 1 SRFC RESINBASED CMPST		\$50.00	01/01/2017	1.00	\$0.00	0	Remove
<p>*Other Carrier: <input type="text" value="A51-HIGHMARK BCBS"/> Bundled into Line #: <input type="text" value="0"/></p> <p>*Procedure Code: <input type="text" value="D2391-POST 1 SRFC RESINBASED CMPST"/></p> <p>Modifiers: <input type="text"/> <input type="text"/></p> <p>COB Payer Paid Amount: <input type="text" value="50.00"/> *Remittance Date: <input type="text" value="01/01/2017"/> *Paid Units: <input type="text" value="1.00"/></p> <p>Remaining Patient Liability: <input type="text"/></p>									
Other Insurance Reasons									
You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.									
Click the Remove link to remove the entire row.									
#	Group Code	Reason	Amount	Units of Service	Action				
<u>1</u>	CO-Contractual Obligations	1-Deductible Amount	\$50.00		Remove				
<u>2</u>	PR-Patient Responsibility	3-Co-payment Amount	\$92.00		Remove				
<input type="checkbox"/> Click to add a new claim reason.									
<p><input type="button" value="Save Insurance"/> <input type="button" value="Cancel Insurance"/></p>									

Important: A Group Code of Patient Responsibility (PR) needs to be added. Use the appropriate Reason of 1-Deductible, 2-Coinsurance or 3-Copay.

Once you have completed entering all the Other Insurance Reasons, click Save Insurance to save the insurance details to the Service Detail line.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Procedure Code	Units	Charge Amount	Action
1	12/01/2016		19-1st Molar -LL-Permanent	D2391	1	\$192.00	Remove

1 *Svc Date Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount Diagnosis

Performing Provider ID ID Type NPI Taxonomy ...

Other Insurance Details for Svc. # 1

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier Code	Procedure Code	Modifiers	COB Payer Paid Amount	Remittance Date	Paid Units	Remaining Patient Liability	Bundled Line	Action
1	A51	D2391-POST 1 SRFC RESINBASED CMPST		\$50.00	01/01/2017	1.00	\$0.00	0	Remove

Click to add a new other insurance.

Click Save to save the Service Detail with the Other Insurance Information.

13. Repeat steps 11-12 to add additional service detail lines.

Important: The Other Insurance Reasons Amounts plus the COB Payer Paid Amount **must equal** the charge amount of the detail line.

Important: The COB Payer Paid Amounts on each service detail line together **must equal** the COB Payer Amount entered on the Other Insurance Details entered in the Portal Step 2 (HEADER).

14. If documentation needs to be included in the claim submission, upload it in the Attachments section.

Attachments

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input style="border: 2px solid red; border-radius: 5px; padding: 2px 5px;" type="button" value="Click to add attachment."/>					

Add the documentation by uploading the file under Attachments by clicking +.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

Attachments ⊞

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="text" value=""/> Browse...					
*Attachment Type <input type="text"/>					
Description <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

Click the Browse link to choose the file.

Attachments ⊞

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="text" value="C:\Users\dunfords\Desktop\TEST Files\This is a test.pdf"/> Browse...					
*Attachment Type <input type="text"/>					
Description <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

Select the Attachment Type from the drop-down box and include the Description of file chosen, then click the Add button.

Attachments ⊞

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="text" value="C:\Users\dunfords\Desktop\TEST Files\This is a test.pdf"/> Browse...					
*Attachment Type <input type="text"/>					
Description <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

*Attachment Type

Description

- B4-Referral Form
- DA-Dental Models
- DG-Diagnostic Report
- EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
- OZ-Support Data for Claim
- P6-Periodontal Charts
- RB-Radiology Films
- RR-Radiology Reports

Click the Add button.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

15. Review your row(s).

Attachments					
Click the Remove link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	This is a test.pdf (122K)	20170406608126	RB-Radiology Films	Remove
<input type="checkbox"/> Click to add attachment.					
Back to Step 1 Back to Step 2			Submit Cancel		

Click Submit.

Review the information before clicking Confirm to submit the claim.

Confirm Dental Claim								
Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.								
Provider Information								
Billing Provider ID	122300000X-Dentist	ID Type	NPI	Name	KINGSTON DENTAL			
Performing Provider ID	-	ID Type	-	Name	-			
Service Facility Location ID	-	ID Type	-	Name	-			
Patient Information								
Member ID	000011111	Member	Joe Smith	Gender	Male			
Birth Date	01/01/1990	Address	-	Address Line 2	-			
City	-	State	-	Zip Code	-			
Claim Information								
Accident Related	-	Accident Date	-	Place of Treatment	11-Office			
Patient Number	-	Initial X-Ray/Photo Date	-	Does the provider have a signature on file? Yes Does the provider accept assignment for claim processing? Yes Are benefits assigned to the provider by the patient or their authorized representative? Yes Does the provider have a signed statement from the patient releasing their medical information? Yes				
				Total Charged Amount	\$192.00			
Expand All Collapse All								
Other Insurance Details								
#	Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date			
1	HIGHMARK BCBS	AS1	123456789	\$50.00	01/01/2017			
Service Details								
Select the row number to edit the row. Click the Remove link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
1	12/01/2016		19-1st Molar -LL- Permanent	O-Occlusal	D2391		1	\$192.00
Attachments								
#	Transmission Method	File	Control #	Attachment Type				
1	FT-File Transfer	This is a test.pdf (122K)	20170406608126	RB-Radiology Films				
No Diagnosis Codes exist for this claim								
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview			Confirm Cancel					

Click Confirm.

Submit Claim Dental – Service Details, Add Insurance and Add Attachment(s)

16. After clicking Confirm, a Dental Claim Receipt with a Claim ID displays.

17. Click Print Preview to view the dental claim details and receipt.

The screenshot shows a confirmation page titled "Submit Dental Claim: Confirmation". Below the title is a section labeled "Dental Claim Receipt". The text on the page reads: "Your Dental Claim was successfully submitted. The claim status is FinalizedPayment. The Claim ID is 231700100111". Below this text are instructions: "Click **Print Preview** to view the claim details as they have been saved on the payer's system. Click **Copy** to copy member or claim data. Click **Edit** to resubmit the claim. Click **New** to submit a new claim. Click **View** to view the details of the submitted claim." At the bottom of the page, there are five buttons: "Print Preview" (highlighted with a red border), "Copy", "Edit", "New", and "View".

18. Click Print and follow the prompts for your printer to print a copy of the submission.

Reminder: Follow your procedures for handling protected health information (PHI).

Need assistance? Please contact Provider Services at **1-800-999-3371**; Option **0**, then Option **2**.