



DELAWARE HEALTH
AND SOCIAL SERVICES

DIVISION OF MEDICAID &
MEDICAL ASSISTANCE

Delaware Medical Assistance Program



How-To: Submit a Dental Claim *without TPL* on the Portal

Please Note: This document contains fictitious information and does not contain protected health information (PHI) or personally identifiable information (PII) data.

INTRODUCTION: This user guide provides the steps required to submit a dental claim without Third-Party Liability (TPL) on the Portal: [Log-in Steps](#), [Submit Claim Dental – Enter Claim Header Information](#), [Submit Claim Dental – Diagnosis \[HEADER\]](#) and [Submit Claim Dental – Service Details and Add Attachment\(s\)](#).

Need Assistance?

Call Us: Provider Relations at **1-800-999-3371**; Option **0**, then Option **4**.

Message Us: Secure Correspondence: Log in to the [Provider Portal](#).

Email* Us: delawarepret@gainwelltechnologies.com – *Reminder: Do not send any correspondence that has protected health information (PHI) to this mailbox.

Log-in Steps

1. Go to the Delaware Medical Assistance Portal: <https://medicaid.dhss.delaware.gov/>.

Log-in Steps

2. Click [Click here](#) to enter the Provider Portal.



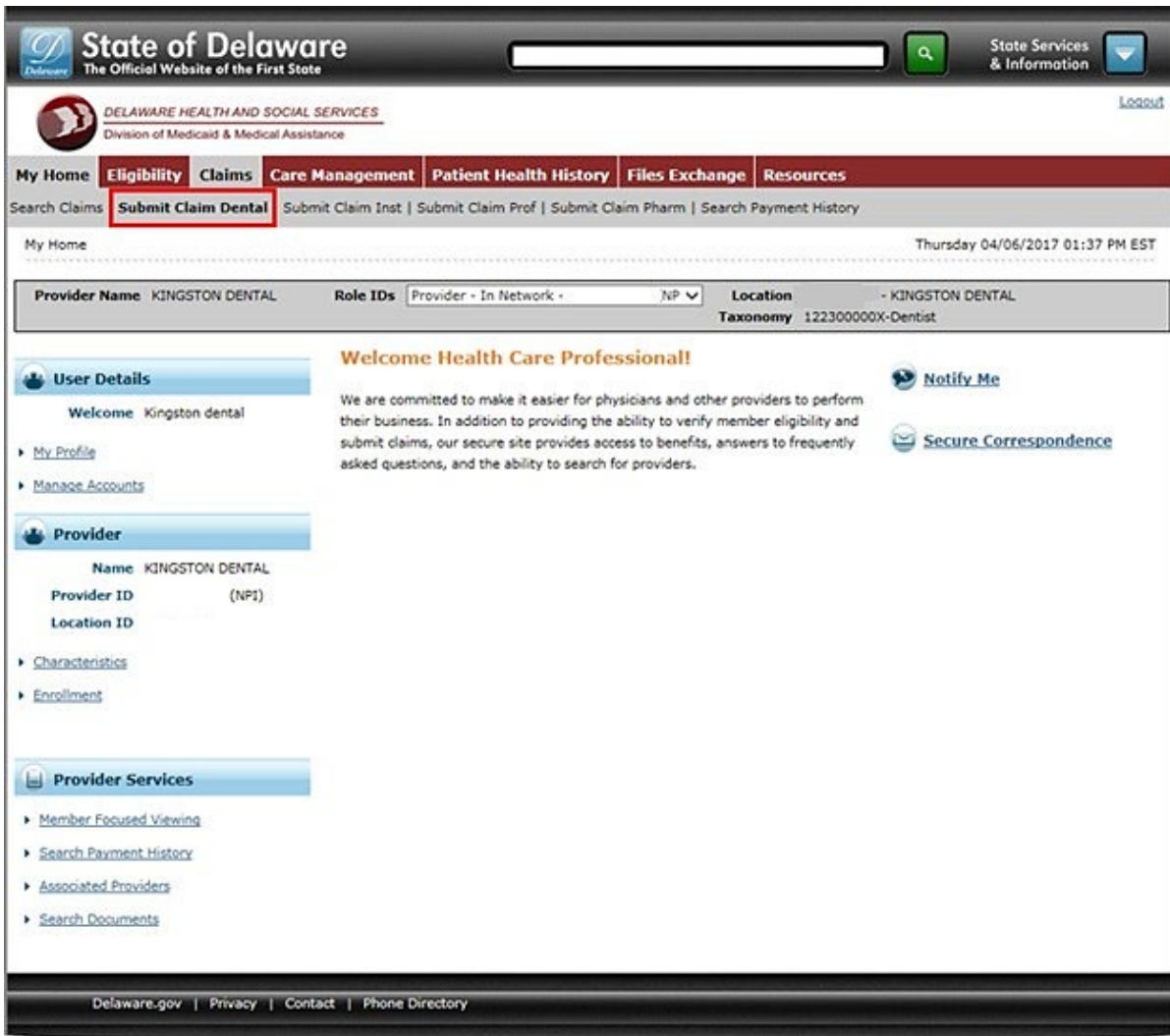
3. Log in to the Provider Portal by entering the User ID, Challenge Question, and Password.



Reminder: Some providers may have more than one User ID. To submit a dental claim with third-party liability, please log in the Portal using the **Billing Provider User ID**.

Submit Claim Dental – Enter Claim Header Information

4. On the Home page, hover over the Claims tab and click on the Submit Claim Dental link.



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 _		

Submit Claim Dental – Enter Claim Header Information

5. Add the Performing Provider ID and the Service Facility Location ID, as applicable.
Add a provider by entering the NPI and pressing the 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	208000000X-Pediatrics 261QF0400X-Clinic/Center - Federally Qualified Health Center (FQHC) 302R00000X-Health Maintenance Organization				Name	_
Service Facility Location ID						
Taxonomy						

OR

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	<input type="text"/>	Provider ID Type NPI
Taxonomy	_	
<input type="button" value="Search"/> <input type="button" value="Cancel"/>		

6. Enter member's 10-digit ID, press the Tab key, and the member information auto-populates.

Patient Information	
General Patient Instructions	
*Member ID	<input type="text"/>
Last Name	_
Birth Date	_
Address	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
First Name	_
Zip Code	<input type="text"/>

7.

Enter 'Header' Claim Information and ***DO NOT*** 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

Click Continue to move to Submit Dental Claim: Step 2.

Submit Claim Dental – Diagnosis

8. Adding a Diagnosis is optional. To skip entering a diagnosis, click Continue to go to Submit Dental Claim: Step 3.

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

The screenshot shows the 'Diagnosis Codes' form. At the top, there is a table with columns: #, Diagnosis Type, Diagnosis Code, and Action. Row 1 is selected. Below the table, there are 'Add' and 'Reset' buttons. A search box for 'Diagnosis Code' contains the text 'gingi'. A dropdown menu is open, showing a list of diagnosis codes: B002-HSV GINGIVOSTOMATITIS TONSILLITIS, D0003-CA IN SITU GINGIVA EDENT ALV RIDGE, K05-GINGIVITIS AND PERIODONTAL DISEASES, K050-ACUTE GINGIVITIS, K0500-ACUTE GINGIVITIS PLAQUE INDUCED, K0501-ACUTE GINGIVITIS NON-PLAQUE INDUCED, K051-CHRONIC GINGIVITIS, K0510-CHRONIC GINGIVITIS PLAQUE INDUCED, K0511-CHRON GINGIVITIS NON-PLAQUE INDUCED, and K050-GINGIVAL RECESSION. At the bottom of the dropdown, it says '** 11 matches found. Select entry or refine search text. **'. The 'Diagnosis Type' is set to 'ICD-10-CM'.

The diagnosis is displayed. **The first diagnosis entered is considered the primary Diagnosis Code.**

The screenshot shows the 'Diagnosis Codes' form after the diagnosis has been added. The table now has two rows. Row 1 is highlighted in red and contains: # 1, Diagnosis Type ICD-10-CM, Diagnosis Code K050-ACUTE GINGIVITIS, and Action Remove. Row 2 is empty. Below the table, there are 'Add' and 'Reset' buttons. The 'Diagnosis Type' is set to 'ICD-10-CM'.

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

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

9. Enter the Service Details on Svc # 1 (Service Line Number 1). Fill in all **RED * 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 Oral Cavity Area Tooth#/Letter

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount Diagnosis

Performing Provider ID ID Type NPI Taxonomy

Click Add.

10. 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 type="button" value="Click to add attachment."/>					

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

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

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
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Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

Description

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
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Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

Description

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

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
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Click to collapse.

*Transmission Method

*Upload File

*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 Add.

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

11. Review the 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
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	ID Type NPI Name KINGSTON DENTAL							
Taxonomy 122300000X-Dentist								
Performing Provider ID	ID Type NPI Name DAVID DENTAL							
Taxonomy 122300000X-Dentist								
Service Facility Location ID	ID Type _ Name _							
Taxonomy _								
Patient Information								
Member ID 0000011111								
Member SUZIE SMITH	Gender Female							
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								
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)	2017041126096	RB-Radiology Films				
No Diagnosis Codes exist for this claim								
No Other Insurance Details exist for this claim								
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview			Confirm Cancel					

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

12. After clicking Confirm, a Confirmation Receipt with a claim ID displays.

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

The screenshot shows a web interface for a dental claim submission confirmation. At the top, there is a dark blue header with the text 'Submit Dental Claim: Confirmation' and a question mark icon. Below this is a light blue section titled 'Dental Claim Receipt'. The main content area contains the following text: 'Your Dental Claim was successfully submitted. The claim status is FinalizedPayment.' followed by 'The Claim ID is 2317111001101'. Below this, there are four lines of 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.', and 'Click **New** to submit a new claim.' followed by 'Click **View** to view the details of the submitted claim.' At the bottom of the content area, there is a row of five buttons: 'Print Preview' (highlighted with a red border), 'Copy', 'Edit', 'New', and 'View'.

14. Click Print and follow the printer prompts to print a copy of the submission.

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

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