



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

Follow the steps below 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\(s\)](#).

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

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

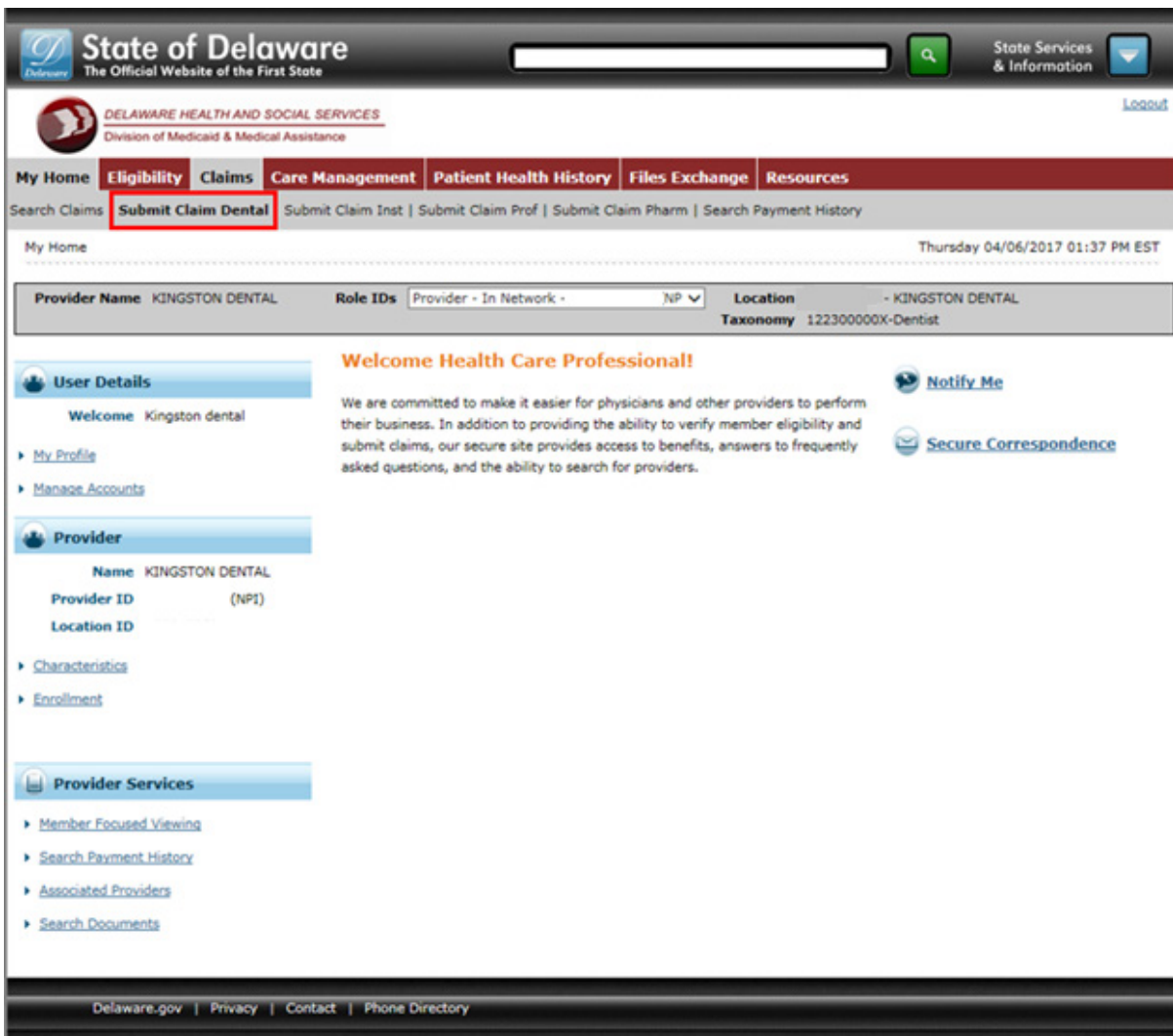
3. Log in by entering your User ID, Challenge Question, and Password for your **Billing Provider**.



Reminder: You may have more than one User ID. For submitting a dental claim *without* 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 **ID Type** NPI **Name** HP

***Taxonomy**

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

Service Facility Location ID **Name** _

Taxonomy _

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**

7. Enter 'Header' Claim Information and **do NOT** click the 'Include Other Insurance' check box.

Submit Claim Dental – Enter Claim Header Information

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 [HEADER]

8. Adding a Diagnosis is optional. If you are not entering a diagnosis, click the Continue button 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 the Add button.

Member Birth Date

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
1	<input type="text" value="ICD-10-CM"/>	<input type="text" value="k05"/>

Total Charged

- 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
- K052-AGGRESSIVE PERIODONTITIS
- K0520-AGGRESSIVE PERIODONTITIS UNS
- K0521-AGGRESSIVE PERIODONTITIS LOCALIZED

** 34 matches found. Select entry or refine search text. **

After clicking the Add button, the diagnosis displays. **The first diagnosis entered is considered to be the primary Diagnosis Code.**

Submit Claim Dental – *Diagnosis [HEADER]*

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	ICD-10-CM	K050-ACUTE GINGIVITIS	Remove
2			

2 *Diagnosis Type *Diagnosis Code

Tip: Click the Remove link, under Action, if you need 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 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 Pointers

Performing Provider ID ID Type Taxonomy

Click the Add button.

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: FT-File Transfer

*Upload File: **Browse...**

*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: FT-File Transfer

*Upload File: C:\Users\dunfords\Desktop\TEST Files\This is a test.pdf **Browse...**

*Attachment Type:

Description:

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
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Click to collapse.

*Transmission Method: FT-File Transfer

*Upload File: C:\Users\dunfords\Desktop\TEST Files\This is a test.pdf **Browse...**

*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.

11. Review your row(s).

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
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	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-Occusal	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					

Click Confirm.

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 displays a confirmation page titled "Submit Dental Claim: Confirmation". Below the title is a "Dental Claim Receipt" section. The receipt text states: "Your Dental Claim was successfully submitted. The claim status is FinalizedPayment. The Claim ID is 2317111001101". Below the receipt 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.", and "Click **View** to view the details of the submitted claim." At the bottom of the page are five buttons: "Print Preview", "Copy", "Edit", "New", and "View". The "Print Preview" button is highlighted with a red border.

14. 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**.