

Claim Submission Process for Non-Participating Dentists

If you visit a non-participating dentist, you may be requested to bring the attached claim form. Additional claim forms are available by calling Northeast Delta Dental or can be downloaded from <https://www.nedelta.com/patients/resources/>. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignments of benefits be honored and Northeast Delta Dental receives written notice of an assignment on the claim form before payment for benefits is made. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It will be your responsibility to make full payment to the dentist. When there is not sufficient fee information available for a specific dental procedure, Northeast Delta Dental will determine an appropriate payment amount.

If needed, download a claim form, complete and mail to:
Northeast Delta Dental (Maine, New Hampshire & Vermont)
P.O. Box 2002 Concord, NH 03302-2002
Payer ID 02027

Or email to: MemberClaims@nedelta.com

IMPORTANT DISCLAIMER:

Northeast Delta Dental makes protecting subscriber information the highest priority. Please be aware that the information within the claim form is your Protected Health Information (PHI), and sending the claim form via unsecured email may not necessarily be secure against interception.

By choosing to email the claim form, you acknowledge the risk of sending Protected Health Information via unencrypted email.

Claims must be submitted within one year after dental treatment. For more information or assistance with submitting a dental claim, please call our customer service department at 1-800-832-5700, Monday through Friday, 8 a.m. - 8 p.m. (ET).

We will send you notice regarding the claim within 30 days of receipt unless special circumstances require more time. This notice explains the reason(s) for payment or nonpayment of a claim. If a claim is denied because of incomplete information, the notice will indicate what additional information is needed.

If we need more information we will send you a notice within 15 working days after we receive your claim to let you know.

The following information provides form completion instructions.

GENERAL INSTRUCTIONS

- A. The form should be mailed carrier name and address (Item 2).
- B. Complete all items unless noted otherwise on the form.
- C. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- D. All dates must include the four-digit year.
- E. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate claim form.
- F. Gender Codes (Items 6, 14 and 19) – M = Male; F = Female; O = Other/Unknown/Prefer not to Disclose

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35).

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9; AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four, with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Select the Place of Treatment (Item 38), a HIPAA standard maintained by the Centers for Medicare and Medicaid Services.

PROVIDER SPECIALTY

This code is entered in Item 57a and indicates the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

| Category / Description Code | Code |
|---|------------|
| Dentist - A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license. | 122300000X |
| General Practice | 1223G0001X |
| Dental Specialty (see following list) | Various |
| Dental Public Health | 1223D0001X |
| Endodontics | 1223E0200X |
| Orthodontics | 1223X0400X |
| Pediatric Dentistry | 1223P0221X |
| Periodontics | 1223P0300X |
| Prosthodontics | 1223P0700X |
| Oral & Maxillofacial Pathology | 1223P0106X |
| Oral & Maxillofacial Radiology | 1223D0008X |
| Oral & Maxillofacial Surgery | 1223S0112X |

