

# Dental Provider Training

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Presented by:  
Division of Integrated Healthcare

# Agenda

- 1. Welcome:**  
Jason Stewart, Operations Director, Division of Integrated Healthcare
- 2. Provider Enrollment (PE):**  
Justin Olesen, Health Program Manager
- 3. Electronic Data Interchange (EDI):**  
Diana Rueff, EDI Manager
- 4. Claims and Billing:**  
Emilie Stahl, CSU Supervisor
- 5. Provider Questions:**  
All
- 6. Continuous Training/Support/Closing Comments:**  
DHHS/DIH Leadership

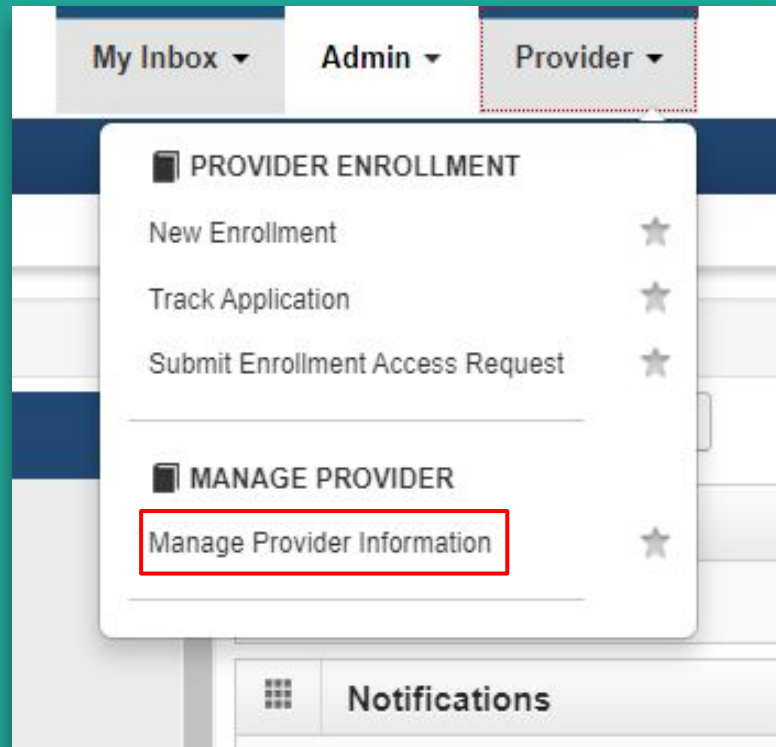
# Google Meet Functionality

This call is being recorded. Participant functionality has been turned off to ensure that all agenda topics are presented completely.

# Housekeeping

- Personal Health Information (known as PHI) cannot be shared during the training.
- Training examples without PHI will be used during the training.
- A recording of this meeting will be available on the Medicaid website on the PRISM Provider Training page: <https://medicaid.utah.gov/prism-provider-training/>
- If any attendee becomes disruptive during the training, they may be removed from the meeting.

# Provider Enrollment



Profiles needed to manage a provider's information:

- EXT Provider Account Administrator
- EXT Provider Credentialing Specialists

# Common Calls

- All required steps will need to be reviewed to ensure that all fields with an asterisk are complete and correct.
- Remember to answer all questions in the Enrollment/Modification Checklists.
- Upload all required documents.
- Remember to 'Submit the Application/Modification for Review.'

All required steps will need to be reviewed to ensure that all fields with an asterisk are complete and correct.

Close Required Credentials Undo Update

View/Update Provider Data - Individual

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/> Step 1: Provider Basic Information	Required	01/15/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 2: Locations	Required	06/11/2018	06/13/2018	Incomplete
<input type="checkbox"/> Step 3: Specialties	Required	06/11/2018	06/13/2018	Incomplete
<input type="checkbox"/> Step 4: Provider Controlling Interest/Ownership Details	Required	02/08/2018	02/14/2018	Incomplete
<input type="checkbox"/> Step 5: License/Certification/Other	Required	06/11/2018	06/13/2018	Incomplete
<input type="checkbox"/> Step 6: Taxonomy Details	Required	01/15/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 7: Additional Information	Not Required	01/15/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 8: Mode of Claim Submission/EDI Exchange	Optional	06/30/2016		Complete
<input type="checkbox"/> Step 9: Associate Billing Agent	Required	06/30/2016		Incomplete
<input type="checkbox"/> Step 10: Associate Billing Provider	Optional	06/11/2018	06/13/2018	Incomplete
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	01/15/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	01/15/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	06/30/2016		Complete
<input type="checkbox"/> Step 14: Payment Details	Required	01/16/2019	01/24/2019	Incomplete
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	06/11/2018	06/13/2018	Incomplete
<input type="checkbox"/> Step 16: Upload Documents	Required	06/11/2018	06/12/2018	Incomplete
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	06/30/2016		Incomplete

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# Remember to answer all questions in the Enrollment/Modification Checklists.



Question	Answer	Comments
Have you or your employees ever been placed on the MED, LEIE, or similar databases?	Not Completed	<input type="text"/>
Have you or your employees ever been convicted of any health-related crimes?	Not Completed	<input type="text"/>
Have you or your employees ever had a judgment under any false claims act?	Not Completed	<input type="text"/>
Have you or your employees ever had a program exclusion/debarment?	Not Completed	<input type="text"/>
Have you or your employees ever had a civil monetary penalty?	Not Completed	<input type="text"/>
Have you or any employee ever had a State sanction against you?	Not Completed	<input type="text"/>
Have you or any employee ever had a criminal fine?	Not Completed	<input type="text"/>
Have you or any employee ever been convicted of any theft or fraud type crime(s)?	Not Completed	<input type="text"/>
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed	<input type="text"/>
Has any State or Federal care program ever taken any type of administrative action against you or any employee?	Not Completed	<input type="text"/>
Have you or any employee ever been convicted of a crime involving the abuse of a child or an elderly/vulnerable adult?	Not Completed	<input type="text"/>
Have you responded to any of the above questions with "Yes"? If so, please provide explanation in comments section including the date of the occurrence and the state in which the action took place.	Not Completed	<input type="text"/>
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed	<input type="text"/>
Have you paid an enrollment fee to Medicare in the past? If "Yes", please specify the numbers of years in the comments. If "No", have you obtained a Hardship Waiver? Please specify either "Yes" or "No" in the comments.	Not Completed	<input type="text"/>
Would you like your Medicaid overpayments recouped via paper check? If no, they will auto offset.	Not Completed	<input type="text"/>

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# Upload all required documents.




 

### Provider Document List



Filter By  And Filter By

<input type="checkbox"/>	Document ID	Document Type	Document Name
<input type="checkbox"/>	75083599	License	Professional License
<input type="checkbox"/>	75083520	All Others	All Other Documents
<input type="checkbox"/>	75083519	All Others	All Other Documents
<input type="checkbox"/>	75066366	License	Professional License
<input type="checkbox"/>	75066365	Agreement	User Security Agreement
<input type="checkbox"/>	75066363	Agreement	Provider Agreement

View Page:    

# Remember to 'Submit the Application/Modification for Review.'

<input type="checkbox"/> Step 14: Payment Details	Not Required	02/24/2022	02/24/2022	Incomplete		
<input type="checkbox"/> Step 15: Complete Modification Checklist	Required	11/02/2023	02/24/2022	Complete	Updated	
<input type="checkbox"/> Step 16: Upload Documents	Required	02/24/2022	02/24/2022	Complete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	11/02/2023	02/24/2022	Incomplete		Modification Request has not been Submitted.

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**Final Submission**

NPI: 1437816089      EnrollmentType: Individual/Sole Proprietor

The Information submitted shall be verified and reviewed by the State.  
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)

**Application Document Checklist**

Forms/Documents	Special Instructions	Source	Required
▲▼	▲▼	▲▼	▲▼
No Records Found!			

# Remember to 'Submit the Application/Modification for Review.'

Final Submission

Provider Enrollment Terms and Conditions

With my signature below, I acknowledge and certify to all of the following:

- a. I have carefully read and understand the contents of this application. I am the authorized representative of the Provider or Billing Agent and, as such, have the authority to enter into a provider agreement with the Medicaid program on the Provider or Billing Agent's behalf.
- b. The information provided in this application is correct and complete. I authorize Medicaid or its agent to verify this information. I understand that Medicaid may determine that the information I have submitted does not meet the Medicaid program enrollment requirements and that the Provider or Billing Agent may no longer be eligible to participate in the Utah Medicaid program.
- c. I understand it is my responsibility to ensure that all information is continuously updated in the PRISM Provider Portal. I understand that failure to maintain current and correct information may result in payments being delayed or closure of this Medicaid Provider or Billing Agent. I agree to notify Medicaid and/or modify the provider record in PRISM of any changes to the information within five (5) business days of the effective date of the change.
- d. I understand that any omission, misrepresentation, or falsification of any information in connection with this application for enrollment may be subject to criminal, civil, or administrative sanctions including, but not limited to, the denial of participation in the Medicaid program.
- e. I hereby agree to comply with all applicable laws, rules, and written policies pertaining to the Medicaid program, including but not limited to, Title XIX of the Social Security Act, the Code of Federal Regulations, Utah Codes, Utah Administrative Code, Utah Provider Manuals, and other official bulletins and publications of the Medicaid program.

By checking this, I certify that I have read and that I

Authorized  \*  
Signature:

**The Modification Request has been submitted for State review. Return to here to track the status of your request.**

View/Update Provider Data - Individual

**Business Process Wizard -**

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	02/24/2022	02/24/2022	Complete

## Step 2: Locations

This step will be required for an enrollment type: FAO, Group, or if the Individual/Sole chooses the applicant type of Individual/Sole

- Click on the blue 'Primary Practice Location' hyperlink

The screenshot shows a web interface titled "Locations List". It features a table with three columns: "Doing Business As", "Location Type", and "Location Details". The "Primary Practice Location" link in the "Location Type" column is highlighted with a red box. Below the table, there are controls for "View Page: 1", "Go", "Page Count", and "SaveToXLS".

Doing Business As	Location Type	Location Details
<input type="checkbox"/> ▲▼	▲▼	▲▼
<input type="checkbox"/> Base	<a href="#">Primary Practice Location</a>	Provider Address , KAMAS, UTAH 84036
<input type="checkbox"/> Kamas	<a href="#">Other Office/Serviceing Location</a>	Provider Address , KAMAS, UTAH 84036
<input type="checkbox"/> Heber	<a href="#">Other Office/Serviceing Location</a>	Provider Address, UTAH 84032

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# Add Provider Location Screen

**Add Provider Location**

Location Type: Other Office/Servicing Location \*  
Doing Business As: \*

Address Line 1: \*  
(Enter Street Address or PO Box Only)  
Address Line 3:

State/Province: OTHER \*  
Country: UNITED STATES \*  
Phone Number: \* Extn:   
Public Phone Number: \*  
Email Address:   
Public Email Address:

End Date:   
Address Line 2:   
City/Town: OTHER \*  
County: OTHER   
Zip Code: \*   
Validate Address   
Fax Number:   
Web Page:   
Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	▼ *	AM PM	▼ *	AM PM	Monday:	▼ *	AM PM	▼ *	AM PM
Tuesday:	▼ *	AM PM	▼ *	AM PM	Wednesday:	▼ *	AM PM	▼ *	AM PM
Thursday:	▼ *	AM PM	▼ *	AM PM	Friday:	▼ *	AM PM	▼ *	AM PM
Saturday:	▼ *	AM PM	▼ *	AM PM					

OK Cancel

All fields marked with an asterisk must be completed, if they weren't done previously. This includes the hours of operation fields. Remember to click the **'Validate Address'** button when done.

# Add Provider Location Screen

- PRISM requires a total of four addresses: Location, Correspondence, Remittance Advice, and Pay To.
- Click on the 'Add Address' button located under the Address List header to add additional addresses if needed.

**Address List**

[Add Address](#)

Filter By  Filter By  And Operational Status Active [Go](#)

Address Type	Address	Start Date	End Date	Status	Operational Status
<input type="checkbox"/> Correspondence	PO Box 262, SMITHFIELD, Utah 84335	06/05/2003	12/31/2999	Approved	Active
<input type="checkbox"/> Location	5957 Fashion Point Dr Ste 102, SOUTH OGDEN, Utah 84403	12/17/2007	12/31/2999	Approved	Active
<input type="checkbox"/> Pay To	PO Box 262, SMITHFIELD, Utah 84335	12/17/2007	12/31/2999	Approved	Active
<input type="checkbox"/> Remittance Advice	5957 FASHION POINT DR STE 102, SOUTH OGDEN, UTAH 84403	11/01/2023	12/31/2999	In Review	Active

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# Step 8: Add Mode of Claim Submission/EDI Exchange

- Choose 'Billing Agent/Clearinghouse/UHIN' if submitting claims through a billing agent, clearinghouse or UHIN.
  - Select the Available Transactions given by the billing agent or clearinghouse by clicking on the transactions then moving it with the arrows over to the Associated Transactions
  - More than one transaction can be moved over to the associated transactions

The screenshot displays the 'ED Exchange - Billing Agent / Clearinghouse / UHIN' configuration window. At the top left is a grid icon. The title bar reads 'ED Exchange - Billing Agent / Clearinghouse / UHIN'. On the right, 'Mode of Submission:  Billing Agent/Clearing house/UHIN' is selected. Below this, the 'Description: To submit/receive HIPAA transactions through UHIN' is shown. The main area is divided into two columns: 'Available Transactions:' and 'Associated Transactions\*'. The 'Available Transactions' list includes '278/278-Prior Authorization Request/Response' and '837D-Dental(FFS)'. The 'Associated Transactions\*' list includes '270/271-Eligibility Inquiry/Response', '276/277-Claim Status Inquire/Response', '835-Health Care Claim Payment/Advice', '837I-Institutional(FFS)', and '837P-Professional(FFS)'. Between the two lists are two arrows: a right-pointing arrow (») and a left-pointing arrow («), both of which are highlighted with a red rectangular box.



# Step 8: Add Mode of Claim Submission/EDI Exchange

- Choose 'Direct Data Entry' if fee for service claims will be submitted using PRISM
  - The Paper Claims selection does nothing. We are no longer accepting paper claims.

Other Claims Submission	
Method	Description
<input type="checkbox"/> Paper Claims	To Submit FFS Paper Claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To Submit FFS claims via online screens

In order to complete the EDI process you must complete the Electronic Transaction Type information in Step 9: Associate Billing Agent.

# Step 9: Associate Billing Agent

- Under the Associate Billing Agent header, you can **review** the information of the Billing Agent ID, Billing Agent Name, Association Start Date, and Association End Date.
- You can update the start date to the date of the contract with the billing agent.
- **Do not change the association end date.**

☰ Manage Billing Agent Association

Billing Agents must be enrolled in PRISM. If you do not know your Billing Agent or Clearinghouse's PRISM ID (7-digit number), please contact them for the details and number.

Billing Agent ID: 3000356

Association Start Date:   \*

Status: Approved

Billing Agent Name: Change Healthcare

Association End Date:

In order to complete the EDI process you must complete the Mode of Claim Submission in Step 8: Add Mode of Claim Submission/EDI Exchange.

# Step 9: Associate Billing Agent

- Click the 'Add' button located under the EDI Transactions Authorization header. This will open the Associate Trading Partner ID page.
  - From the drop-down 'Electronic Transaction Type', select a transaction type

### Manage Billing Agent Association

Billing Agents must be enrolled in PRISM. If you do not know your Billing Agent or Clearinghouse's PRISM ID (7-digit number), please contact them for the details and number

Billing Agent ID:  \*      Billing Agent Name:

Association Start Date:  \*      Association End Date:

[Confirm/Search Billing Agent](#) [OK](#)

### EDI Transaction Authorization

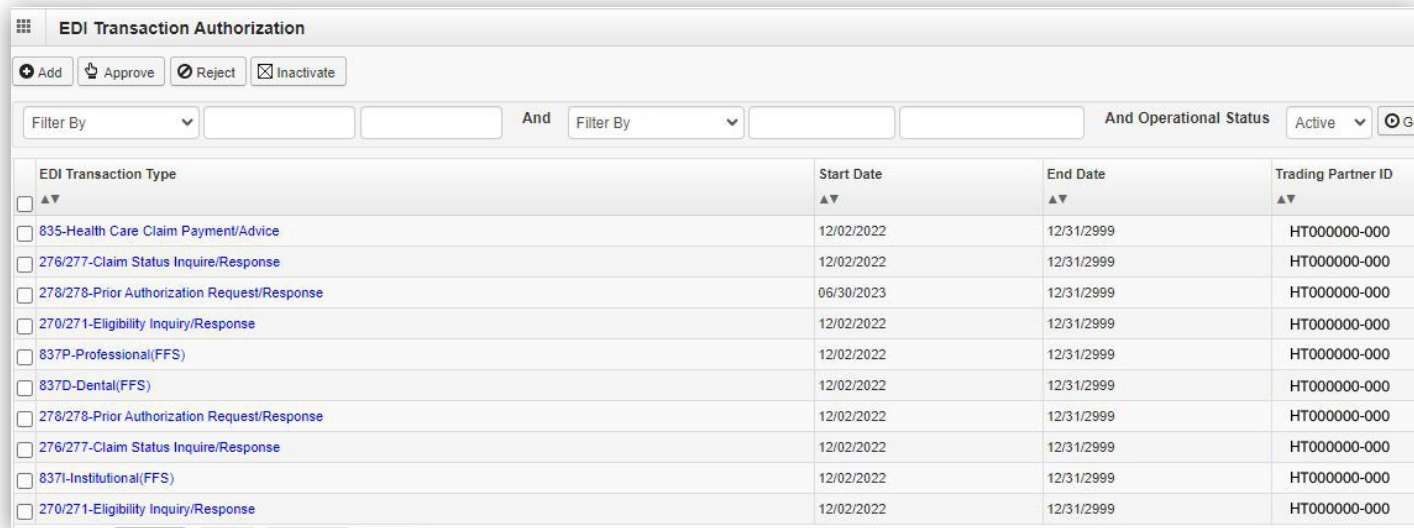
[Add](#)

EDI Transaction Type	Start Date	End Date	Trading Partner ID	Status	Operation Status
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found!

# Step 9: Associate Billing Agent

Enter the Trading Partner ID number or Submitter ID number provided by your billing agent or clearinghouse in the format HT followed by six numbers, a dash, and three more numbers. These HT numbers will be assigned to the Transactions you selected in Step 8.



The screenshot shows the 'EDI Transaction Authorization' interface. At the top, there are buttons for 'Add', 'Approve', 'Reject', and 'Inactivate'. Below these are filter fields and an 'And Operational Status' dropdown set to 'Active'. The main area is a table with the following columns: 'EDI Transaction Type', 'Start Date', 'End Date', and 'Trading Partner ID'. Each row has a checkbox on the left. The table contains 11 rows of transaction data.

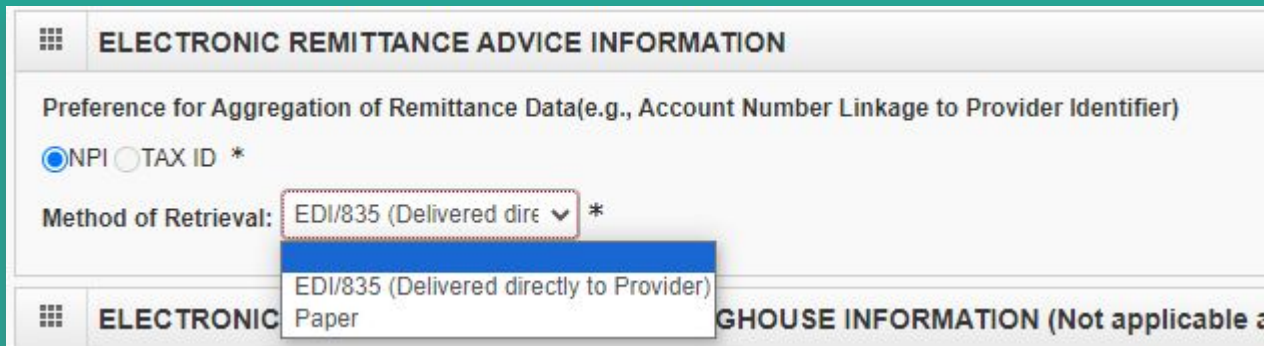
EDI Transaction Type	Start Date	End Date	Trading Partner ID
<input type="checkbox"/> 835-Health Care Claim Payment/Advice	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 276/277-Claim Status Inquire/Response	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 278/278-Prior Authorization Request/Response	06/30/2023	12/31/2999	HT000000-000
<input type="checkbox"/> 270/271-Eligibility Inquiry/Response	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 837P-Professional(FFS)	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 837D-Dental(FFS)	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 278/278-Prior Authorization Request/Response	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 276/277-Claim Status Inquire/Response	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 837I-Institutional(FFS)	12/02/2022	12/31/2999	HT000000-000
<input type="checkbox"/> 270/271-Eligibility Inquiry/Response	12/02/2022	12/31/2999	HT000000-000

**Note: Only one 835 transaction type is allowed.**

If working with more than one billing agent or clearinghouse, repeat the process from slides 16 thru 19.

# Step 13: 835/ERA Enrollment Form

- The 835/ERA Enrollment page shows basic Provider Information, Provider Identifiers, Provider Contact Information, Submission Authorization, and Remittance Advice Information.
- The Remittance Advice Information is an important part of the Provider Enrollment process because this is where the provider chooses how to receive their 835/EDI Remittance Advice Data. You have two options.
  - Electronic RA's: Will be sent to the Clearinghouse/TPN, listed in the Associate Billing Agent step
  - Paper RA's will be uploaded to the PRISM My Inbox.



The screenshot displays a web form titled "ELECTRONIC REMITTANCE ADVICE INFORMATION". Below the title, there is a section for "Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)" with two radio button options: "NPI" (selected) and "TAX ID \*". Below this is a "Method of Retrieval:" label followed by a dropdown menu. The dropdown menu is open, showing three options: "EDI/835 (Delivered dire" (selected), "EDI/835 (Delivered directly to Provider)", and "Paper". Below the dropdown, there is another section titled "ELECTRONIC" followed by "Paper" and "GHOUSE INFORMATION (Not applicable a".

**EDI**

(Electronic Data Interchange)

# Claim Data Issues

- **Dental Clearinghouses have not consistently sent clean HIPAA files.**
- **Areas that have been corrected:**
  - Prior Authorization qualifiers, Patient Loops, SBR04 Segment, SV306 Segment, Sending files with multiple ST's
  - Primary Insurance
    - Loop 2320 - Commercial use **CI** (Commercial Insurance) or Medicare use MA (Medicare Part A) or MB (Medicare Part B)
    - This qualifier belongs in the 2320 loop within the Subscriber segment (SBR09).

For all dental providers this qualifier would be CI. Please take note that other rules may also apply if billing services on CMS1500 or UB-04 forms.

# Paper RA (Remittance Advice)

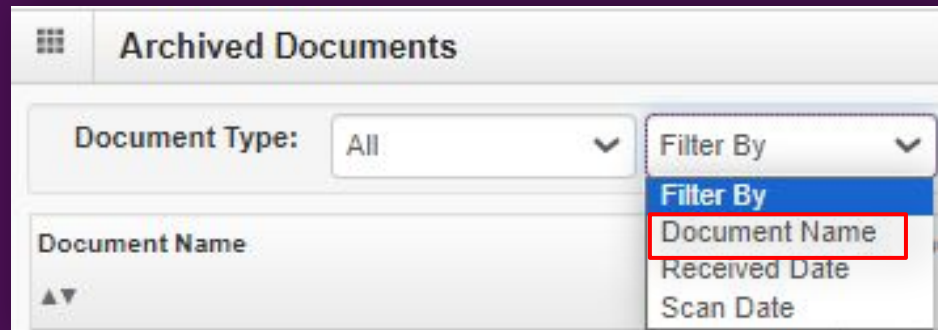
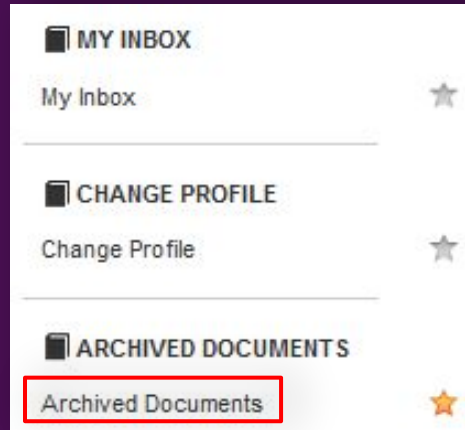
- Providers may view the Paper RA by logging into PRISM and selecting one of the following profiles:
  - Claims Submitter – Provider
  - Claims Inquiry – Provider
  - Claims Processor – Provider
  - EXT EDI Analyst

The EXT EDI Analyst profile will allow access to the Paper RA, the electronic 835 download link as well as the Acknowledgement/Responses Areas.



# Paper RA (Remittance Advice)

- Click on 'Archived Documents' found under the My Inbox tab.
- Select a search option from the Filter By dropdown field and enter in the appropriate information and click on 'Go.'
- If using Document Name, enter "**Paper RA**" into the field and click 'Go.'

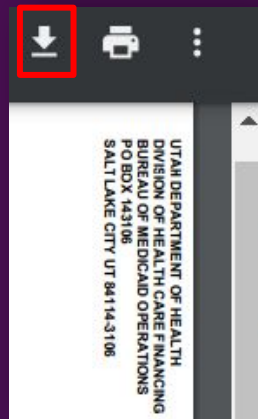


# Paper RA (Remittance Advice)

- Click on the blue hyperlink 'Paper RA,' under the Document Name column, to open the PDF in your default viewer. Use the Scanned Date column to select desired RA.

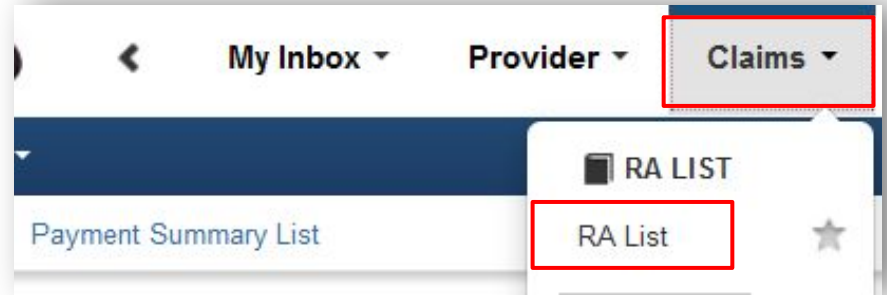
Document Name	Document Type	Scanned Date
<a href="#">Paper RA</a>	Claim Documents	02/13/2023 07:46:00
<a href="#">Paper RA</a>	Claim Documents	02/13/2023 07:43:39

- Pay cycle date** from the RA list is equal to the **Scanned Date** column.
- If download is needed click on the down arrow in the upper right corner



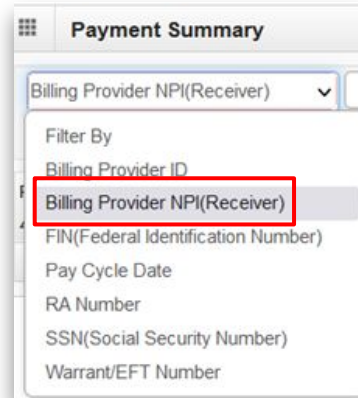
# How to Download an 835 RA

- Profiles needed to access 835's
  - Claims Submitter Provider
  - Claims Inquiry – Provider
  - EXT EDI Analyst
- Click on RA List found under the Claims tab



# How to Download an 835 RA

- Select a search option from the Filter By dropdown field and enter in the appropriate information then click Go.
- Click on the **blue** hyperlink under RA Number



A screenshot of the "Payment Summary" search and results interface. The search criteria are set to "Billing Provider NPI(Receiver)" (highlighted with a red box) and "NPI Number". A "Go" button is visible. Below the search bar is a table with the following data:

RA Number	Warrant/EFT Number	Pay Cycle Date	Transaction Count	Charges
<a href="#">78445261</a>		10/30/2023	2	\$415.96

# How to Download an 835 RA

- Click on the 835 hyperlink located on the upper right of the RA List page.
- A popup screen will appear asking where the file must be saved to the local computer.
- Choose a location and then click on 'Save.'
- Note: Providers must have a text editor and understand how to read x12 to view this information or be able to import the file into their practice software management system.

The screenshot displays a web interface for viewing RA details. At the top, there are navigation links for 'Print' and 'Help'. The main content area shows RA information: RA Number: 76379698, Pay Cycle Date: 01/24/2013, Tax ID: 192367834, Payment Method: NON, Billing Agent Name/Tax ID Name: DomesovaHo, Warrant/EFT Number: (blank), Payment Approved Amount: \$0.00, and Warrant/EFT Amount: \$0.00. A red box highlights the '835' download link in the top right corner.

Below the RA details is a 'Claims Summary' section with filter options and a table of claims. The table has columns for TCN, From Date, To Date, Beneficiary ID, Billing Provider NPI, Billing Provider ID, Rendering Provider NPI, Rendering Provider ID, Units, Submitted Charges, Payment Approved Amount, Patient Responsibility, Billed Amount, Status, Remark Codes, and Reason Codes. A single claim is listed with TCN 312004410000026000, From Date 02/13/2020, To Date 02/13/2020, Beneficiary ID 123456789, Billing Provider NPI 1205973195, Billing Provider ID 1995486, and a payment amount of \$550.00.

Page ID: pgRAPaymentsDetail(Claims)

Different browsers may have different download options.

# Claims

CSU (Customer Service Unit)

# Attachments are **NOT REQUIRED** for Dental Claims



This can be found in the Dental Provider Manual on Page 10, Section 11.

# Adding Primary Dental Insurance to a DDE Claim

## Submitting a DDE claim

- **PRISM Profile**
  - Claims Submitter Provider
  - Claims Processor Provider
- **Claims Tab**
  - Submit Dental
  - New screen will pop up







# Adding Primary Dental Insurance at Header

## OTHER INSURANCE INFORMATION

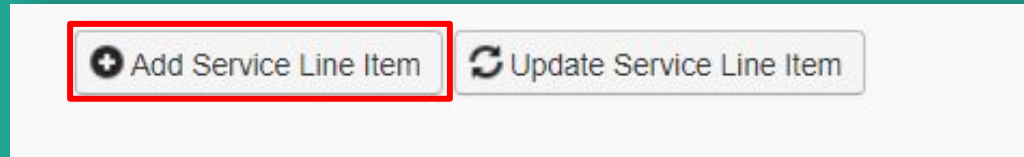
### Other Subscriber Information

Payer Responsibility Code:	<input type="text"/> *	Remittance Date:	<input type="text"/> mm	<input type="text"/> dd	<input type="text"/> yyyy		
Payer ID Number:	<input type="text"/> *	Payer Name:	<input type="text"/> *				
Subscriber Member ID:	<input type="text"/>	First Name:	<input type="text"/>				
Subscriber Last Name:	<input type="text"/>	Suffix:	<input type="text"/>				
Middle Name:	<input type="text"/>	Beneficiary's Relationship:	<input type="text"/>				
Insured's Group or Policy Number:	<input type="text"/> *	Total COB Payer Paid Amount:	<input type="text"/> *				
Claim Filing Indicator:	<input type="text"/> *						
External Outpatient Remark Code:	<input type="text"/>						
1.External Adj. Reason Code:	<input type="text"/>	External Adj. Reason Group Code:	<input type="text"/>	Amount:	<input type="text"/>	Adjustment Quantity:	<input type="text"/>
2.External Adj. Reason Code:	<input type="text"/>	External Adj. Reason Group Code:	<input type="text"/>	Amount:	<input type="text"/>	Adjustment Quantity:	<input type="text"/>
				Add Another Reason Code			

Add Another

# Adding Primary Dental Insurance At Header

- Complete Claim Information
- Fill in Basic Line Item Information
- Click 'Add Service Line Item'



# Adding Primary Insurance at Line

- Scroll all the way to the bottom of page and click on 'Insurance Info.'
- This does not look like a hyperlink but should be used as one.

## Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Fee: \$100.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number		
				1	2	3	4	5		1	2	3	4					
<a href="#">1</a>	01/01/2023							D0140					1	100.00		<a href="#">Insurance Info</a>	<a href="#">Copy</a>	<a href="#">Delete</a>

# Adding Primary Insurance at Line

Close Basic Claim Form Reset

## Dental Claim

Note: asterisks (\*) denote required fields.

### INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid?  Yes  No

#### OTHER INSURANCE INFORMATION

##### 1. Service Line Other Payer Information

Primary Payer Responsibility:  \* Amount Paid:  \* Remittance Date:  mm  dd  yyyy

1.External Adj. Reason Code:	<input type="text"/>	External Adj. Reason Group Code:	<input type="text"/>	Amount:	<input type="text"/>	Adjustment Quantity:	<input type="text"/>
				Add Another Reason Code			
2.External Adj. Reason Code:	<input type="text"/>	External Adj. Reason Group Code:	<input type="text"/>	Amount:	<input type="text"/>	Adjustment Quantity:	<input type="text"/>

Add Another Payer

CI (Commercial Insurance)

# Root Canals

## Work around until release:

- List the root canal codes before the x-ray codes on on your claim.
- Listed below are some examples of how to bill.

## Billing examples:

- Root canals will not pay if the x-ray normally performed on a PRIOR date of service is billed and paid BEFORE the root canal (D3310) is billed. If billed this way, the system editing will group the root canal with the x-ray as a bundled service.
- PRISM pays sequentially which means if the claim is billed with the date span, listing both the x-ray and the root canal, the system will only pay the x-ray, as it was done prior to the root canal.
- Dental providers have to wait to bill the x-ray until after the root canal pays.
- Policy investigated the issue and the x-ray code D0220 is billable with root canal codes. Providers can bill the root canal codes (D3310, D3320, and D3330) with procedure code D0220 on the same claim in any order. If the claim was submitted 9/29/2023 or before, the provider can either submit or adjust their claim.

# Contact us

## **Provider Enrollment**

**Phone:** 801-538-6155 choose option 3 the option 4

**Email:** [providerenroll@utah.gov](mailto:providerenroll@utah.gov)

## **EDI**

**Phone:** 801-538-6155 choose option 3 the option 5

**Email:** [hcf\\_osd@utah.gov](mailto:hcf_osd@utah.gov)

## **CSU**

**Phone:** 801-538-6155 choose option 3 the option 2

**Email:** [dih\\_CSU@utah.gov](mailto:dih_CSU@utah.gov)

## **Policy**

**Email:** [dmhfmmedicalpolicy@utah.gov](mailto:dmhfmmedicalpolicy@utah.gov)



# Resources

## **Provider Enrollment Links:**

Provider Training Modules

<https://medicaid.utah.gov/prism-provider-training/>

## **EDI Links:**

Step by Step for Submitting Payment Information for Other Insurance

[https://medicaid.utah.gov/Documents/pdfs/PRISM-Reference-Guide\\_Submitting-Payment-Information.pdf](https://medicaid.utah.gov/Documents/pdfs/PRISM-Reference-Guide_Submitting-Payment-Information.pdf)

Step by Step for EDI Frequently Asked Questions

[https://medicaid.utah.gov/Documents/pdfs/Provider%20FAQ\\_%20Electronic%20Data%20Interchange-EDI.pdf](https://medicaid.utah.gov/Documents/pdfs/Provider%20FAQ_%20Electronic%20Data%20Interchange-EDI.pdf)

HIPAA Transaction Standard Companion Guide

[https://medicaid.utah.gov/Documents/pdfs/hipaa/CE-Health%20Care%20Claim%20Dental%20Companion%20Guide%20\(837D-FFS\).pdf](https://medicaid.utah.gov/Documents/pdfs/hipaa/CE-Health%20Care%20Claim%20Dental%20Companion%20Guide%20(837D-FFS).pdf)

Claim Denial Codes List (CARC\_RARC) for the Explanation of Benefits

<https://medicaid.utah.gov/Documents/pdfs/ClaimDenialCodes.pdf>

## **CSU Links:**

Step by Steps for Submitting Payment Information for Other Insurance

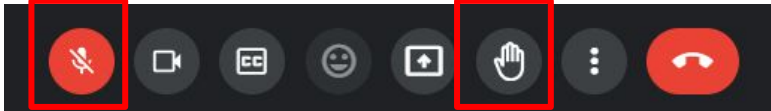
[https://medicaid.utah.gov/Documents/pdfs/PRISM-Reference-Guide\\_Submitting-Payment-Information.pdf](https://medicaid.utah.gov/Documents/pdfs/PRISM-Reference-Guide_Submitting-Payment-Information.pdf)



# Provider Q&A

**Shandi Adamson**

Director, Office of Medicaid Operations



# Questions?

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# Closing Comments

## **Jason Stewart**

Operations Director, Division of Integrated Healthcare

## **Shandi Adamson**

Director, Office of Medicaid Operations