

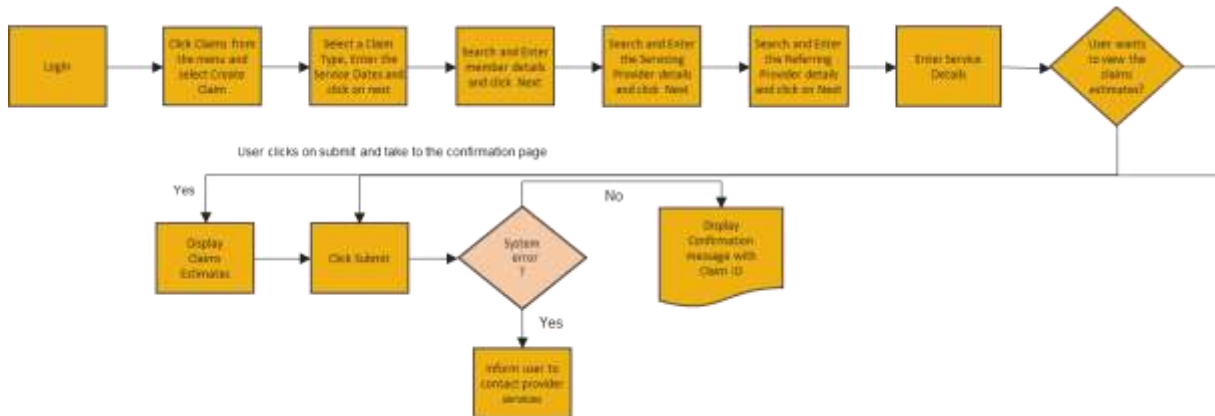
Create Dental Claim

Quick Reference Guide (QRG)



Provider Portal – Create Dental Claim

This QRG will provide an overview of the process for creating a dental claim in the Provider Portal.



Let us look at the steps in detail for creating a dental claim.

Purpose: Create a Dental Claim.



Step 1:

To create a Dental Claim in the Provider portal:

1. From the EmblemHealth **Home** page, select the **Claims** tab.
2. From the drop-down list, select **Create Claims**.





Step 2:

The Type of Claim page displays.

1. In the **Claim Type** field, select **Dental**.
2. Enter the required dates in the **Service Date From** and **Service Date To** fields.
3. Click **Next**.



Step 3:

The Member Information screen displays.

1. In the **Search By** field, select Member Name or Member ID from the drop-down menu.

Note: For this example, we will use **Member ID**.



Step 4:

1. Enter the **Member ID**.
2. Click **Search**.

CREATE CLAIM

Member Information

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Search By *
Member ID

Member ID *

Reset Search Search

Previous Next

Cancel



Step 5:

- The search results display.
1. Select the required **Member ID** row from the search results.
 2. Click **Next**.

Member ID	Member Name	Coverage Start Date	Coverage End Date	Status	Date of Birth	Gender	Plan Type	Coverage Type
K1000124801	Davis, John	11/01/2020	12/31/9999	Active	02/07/1987	Female	HMO	Medical

Previous Next

Cancel



Step 6:

The Servicing Provider screen displays.

1. In the **Search By** field, select Provider Name or Provider NPI from the drop-down menu.

Note: For this example, we will use **Provider Name**.

CREATE CLAIM
Servicing Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can enter specialty, zip code, or city and state for better results.

Search By *
Provider Name

Provider Name
Provider NPI

City State

Zip Code

Reset Search Search



Step 7:

1. Enter at least 2 characters of the provider's first or last name.
Note: You can enter the Specialty, City, State, and Zip Code to further refine your search.
2. Click **Search**.

CREATE CLAIM
Servicing Provider

Complete the details below and click Next to continue. All fields with an asterisk * are required.
You can enter specialty, zip code, or city and state for better results.

Search By *
Provider Name

Provider Name * Specialty

City State

Zip Code

Reset Search Search

Provider Portal – Create Dental Claim



Step 8:

The search results display.

1. Select the appropriate provider.

Note: If you select an out-of-network provider, an alert will appear. If you still wish to proceed, click **Next**.

2. Click **Next**.

Fiber By

Name	Address	Provider ID	NPI	Type	Specialty	In-Network
Parker, April	730 Victoria Dr., Brooklyn, NY, 11213	120000897832	1234446986	Allopathic Physician	General Surgery	No
Parker, April	22 South Lane, New York, NY, 10128	120000897832	1234446986	Allopathic Physician	General Surgery	Yes

Total Records: 2 Showing 1 - 2



Step 9:

The Service Details page displays.

1. Click **Add Service Line**.

CREATE CLAIM
Service Details

Complete the details below and click Next to continue. All fields with an asterisk * are required.

Please add at least one Service line to continue.

NEA Attachment Number

i The Tooth Number or Letter column may also represent the beginning tooth in cases where the selected area is an arch.

Line number	Date of Service	Procedure Code	Charge	Area of Oral Cavity	Tooth Number or Letter	Tooth Surface Code	Action
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Total Charge Amount
\$ 0



Step 10:

The Add Service Line dialog box displays.

1. Enter the **Date of Service**.
2. Click in the **CDT Procedure Code** field.

The screenshot shows the 'Add Service Line' dialog box. The 'Date of Service *' field is highlighted with a red box. Below it, the 'CDT Procedure Code *' field is also highlighted with a red box. The 'UNIT' field contains the value '1'. To the right of the unit field is a 'Charge *' field. Below these is a dropdown menu for 'Area of Oral Cavity *'. Underneath is the 'Tooth Surface Code' section with radio buttons for 'B - Buccal', 'F - Facial', 'I - Incisal', 'M - Mesial', 'D - Distal', and 'O - Occlusal'. At the bottom right, there are 'Cancel' and 'Save' buttons.



Step 11:

The CDT Procedure Code Information dialog box displays.

1. Enter or search for a code in the **CDT Procedure Code/Description** field.
Note: You can search for a code or description using at least 3 characters.
2. Click **Search**.
3. Select the required Code from the search results
4. Click **OK**.

The screenshot shows the 'CDT Procedure Code Information' dialog box. The 'CDT Procedure Code/Description *' field is highlighted with a red box. Below this field are two buttons: 'Reset Search' and 'Search'. The 'Search' button is highlighted with a red box. At the bottom of the dialog, there are 'Cancel' and 'OK' buttons.



Step 12:

1. In the **Charge** field, enter the charge for the service.
2. Select the **Area of Oral Cavity** drop-down list, select the appropriate option.
3. If you chose “Individual Tooth” in the previous step, the **Tooth Number or Letter** field appears. Choose the appropriate option from the drop-down list.
4. For the **Tooth Surface Code**, check the appropriate checkbox(es).
5. (Optional) Enter the **NEA Attachment Number** if required.
6. Click **Save** to save the information and go back to Service Details screen.

Add Service Line

Date of Service *

CDT Procedure Code *

Unit: 1

Charge *

Area of Oral Cavity *

Tooth Number or Letter *

Tooth Surface Code

B - Buccal F - Facial I - Incisal M - Mesial D - Distal O - Occlusal

NEA Attachment Number

Cancel Save



Step 13:

1. Click **Add Service Line** to add additional service lines as required.
2. Click **Submit**.

CREATE CLAIM
Service Details

Complete the details below and click Next to continue. All fields with an asterisk * are required.

1 Please add at least one Service line to continue.

NEA Attachment Number

Add Service Line

1 The Tooth Number or Letter column may also represent the beginning tooth in cases where the selected area is an arch.

Line Number	Date of Service	CDT Procedure Code	Charge	Area of Oral Cavity	Tooth Number or Letter	Tooth Surface Code	Action
1	02/26/2021	D6055	\$50.00	Lower Arch - Primary (K-T)	*	B - Buccal	

Total Charge Amount
\$ 0



Step 14:

- The Confirmation screen displays.
1. Take note of your Claim ID for future reference.
 2. Click **Done**.

Confirmation

Dental claim is submitted successfully. Your Claim ID is P21A00393064

Done

Thank
You

