



Insurance Verifications & Fee Schedule Training

Fee Schedules

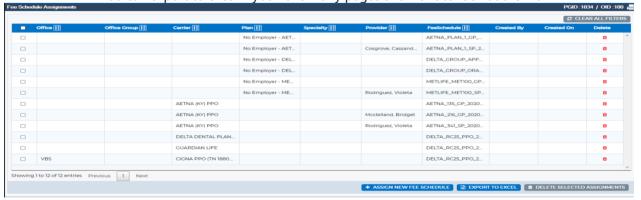
- Setup > Fee Schedules > Fee Schedule Setup
- PPO Type
 - AMB Codes

D2391	Resin Composite One Surface Posterior	\$202.97	
D2391A	Resin Composite One Surface Posterior	\$202.97	D2140

- Attach to Carrier
- o Plan Type: PPO/Indemnity/Discount
- HMO Type
 - Pt copay/Ins Copay
 - Attach to plan
 - Plan Type: Managed Care/Medicaid
- Smart Fee
 - Amount ins pays for a procedure, allows you to balance bill up to Carrier Fees/UCR
 - Attach to plan
 - o Plan type indemnity, zero percent's, can add frequencies
- Pt Copay
 - Amount patient pays for a procedure, allows you to balance bill up to Carrier Fees/UCR
 - Attach to plan
 - Plan type indemnity, zero percent's, can add frequencies
- Office Type
 - Usually UCR, can create your own discount fee schedule
 - Attaches to an office or the patient home page

Fee Schedule Attachments

- Minimize number of people that have access to attaching fee schedules!!!
- Setup > Fee Schedules > Fee Schedule Assignments
 - Shows all attachments that currently exist
 - Use the filters at top to perform a more specific search
 - You can export to excel if you have many pages and want to look at them all



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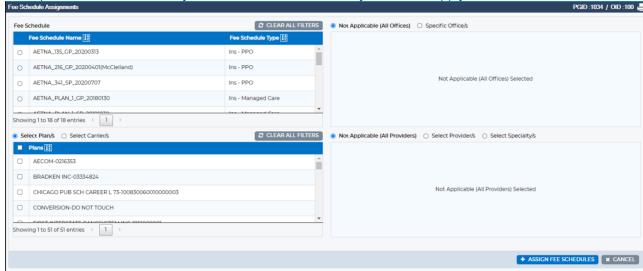




To create an assignment, click Assign fee schedule



> This opens the window where you tell Denticon what/where you want to apply the fees



Insurance Plan Setup

- > Benefit Reset (look up the below verbiage in the help portal to resent benefits.
 - Most insurance plans roll-over benefits at the beginning of the year, on January 1. How can we reset insurance plans so patients have new benefits at the beginning of each year?
- General Fields
 - o Plan Tab
 - Dental or Medical*
 - Plan Type* pay attention to how the plan type functions not just on the name
 - Group No.* auto search
 - Carrier* auto search
 - Employer* auto search
 - Anniversary (Month/Day)*
 - Fees to Print on Claims* UCR/Actual Fees
 - Claim Options* Print/Supps only/Do not send
 - Form to Print*
 - Reporting Subtype not necessary, best to add as you add rather than go back an populate
 - Network Type not necessary, best to add as you add rather than go back an populate
 - Notice of Authorization(NOA) Only rarely used, only if you need to send a letter approving
 payment to the provider with the claim
 - Per Visit Co-Pay not to be confused with deductible
 - Non Duplicating Benefits unchecked means standard COB
 - Is Ortho Periodic Billing Required?
 - Effective Date DO NOT USE THIS
 - Term Date DO NOT USE THIS
 - Benefit Tab

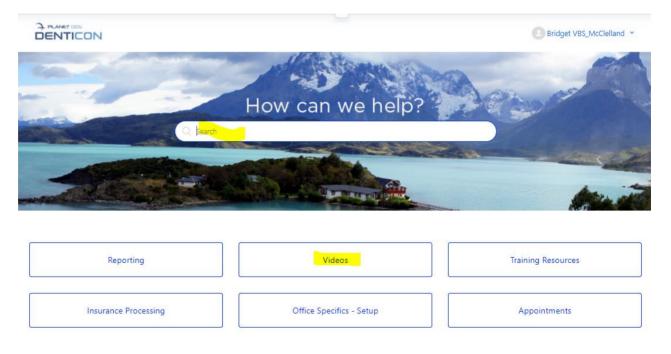




- If no ded, enter zero
- If no max, enter 99999
- Enter Plan notes seat date, age range, alternate benefit, ortho information, etc...
- Main Category/Sub Category
- Fees nothing here, use fee schedule attachment window.
- ▶ PPO
 - o Choosing carrier automatically adds fees
 - If no ded, enter zero
 - o If no max, enter 99999
 - Add frequencies
- ➤ HMO
 - How do you bill? Set up as Managed Care/indemnity
 - o Fee schedule driven
 - Usually no max or ded but one can be entered
 - Add frequencies
 - o Fees need to be attached to the plan

Videos That Can Help

- > Check the Denticon Help Portal for any current videos that may help on numerous areas in Denticon.
 - Help>Help Portal>Videos/Search



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