

# 2025 IHCP Works Annual Seminar

## Delta Dental's Partnership With MDwise

*Presented by Delta Dental of Indiana on Behalf of MDwise*



# Agenda

- Introduction to Delta Dental of Indiana
- Provider Claim Disputes and Appeal Process
- Prior Authorization (PA)
- Pre-Treatment Estimate (PTE)
- Indiana Coordination of Benefits (COB)
- Federally Qualified Health Centers (FQHCs) and Code D9999
- Dental Office Toolkit Overview (DOT)
- Delta Dental of Indiana Resources
- Questions?

# Introduction to Delta Dental of Indiana



# Delta Dental Overview

- Delta Dental plans are members of the Delta Dental Plans Association, a nationwide system of independently operated dental health service plans, providing coverage to more than **83 million Americans**.
- For over 40 years, Delta Dental of Indiana (DDIN) has worked to help improve oral health by making dental care more **available and affordable**.
- Currently, DDIN covers **nearly 1 million Hoosiers** through our commercial and Medicaid lines of business.
- DDIN is honored to bring our Medicaid experience to Indiana, serving over 300,000 members through our **partnership with MDwise** since January 1, 2025.

Invested in  
Oral Health

Invested in  
Indiana

Invested in  
Medicaid

# Provider Claim Disputes & Appeal Process



# Informal and Formal Claim Disputes

## Informal Claim Dispute:

- Provider must complete an informal claim dispute prior to requesting a formal claim dispute
- Informal dispute must be submitted within **90 days** after the date of the determination
- Provider will be notified of the decision within **30 days** of the date the dispute was initiated

## Formal Claim Dispute:

- Provider may file a formal claim dispute within **60 calendar days** of the informal claim dispute decision
- Written reply will be issued within **45 calendar days** of the receipt of the written request

## Send informal and formal disputes in writing to:

Delta Dental of Indiana

ATTN: Claim Disputes PO Box 9230

Farmington Hills, MI 48333-9230

*If you believe a claim was processed incorrectly due to incomplete, incorrect, or unclear information on the claim, submit a new claim with the accurate information or attachments. You do not need to file a dispute or appeal.*

# Appeals

- If a provider is appealing an adverse benefit determination on behalf of a member, this is processed according to Delta Dental's member appeal process.
- A member or member's representative may request an appeal **within 60 days** by either:
  - Submitting a written request for appeal  
*MDwise Customer Service*  
*ATTN: Appeals*  
*PO Box 44236*  
*Indianapolis, IN 46244*
  - Submitting an oral appeal to customer service  
*Call: (800)-356-1204 (TTY:711)*
- Delta Dental will provide a decision within **30 calendar days** of receipt of the request for a standard appeal or within **48 hours** of the receipt of the request for an expedited appeal.

# Submitting a Prior Authorization (PA)





# How to Submit

- PA requests may be submitted through a **clearinghouse or Dental Office Toolkit (DOT)**, using the current version of the ADA dental claim form
  - *In the Header Information box at the top left of the claim form, under “1. Type of Transaction”, check the box labeled “Request for Predetermination/Preauthorization”.*
  - *If a PA request involves an urgent dental care procedure, write “Urgent PA Request” in the “35. Remarks” box on the claim form.*
- Make certain all the required documentation is included for a given code, and include any other information that is important for Delta Dental’s professional reviewers to see when making a determination.
- If Delta Dental needs more information to process a request for prior authorization, providers will receive documentation of the specific information necessary to process the request.

# Timeframes for PAs

- Delta Dental will respond to non-urgent PAs within **five (5) business days**.
- Delta Dental will respond to urgent PAs within **48 hours** of receiving the request.
- PAs are **valid for 180 calendar days** after issuance, after which a new PA must be submitted.
- If a PA is not approved, Delta Dental will provide information explaining the reason, along with information on how to appeal the adverse decision.
  - Appeals of adverse PA decisions must be submitted to Delta Dental within **60 calendar days** of the date of the determination.

# Overview of Services Commonly Requiring PAs

## **Services Commonly Requiring Prior Authorization Include:**

- Space Maintainers
- Unspecified Services
- Surgical Periodontics
- Removable Prosthodontics
- Multiple Oral and Maxillofacial Procedures
- Orthodontics (all covered services)
- Non-Emergency Sedation and General Anesthesia
- Hospital/Ambulatory Surgical Centers
- Certain Orthotics

*Please refer to your Indiana Medicaid Provider Manual for a full listing of applicable codes by program.*

# Pre-Treatment Estimates (PTEs)



# PTE Overview

- A pre-treatment estimate (PTE) is a function used to provide an estimate of benefit coverage and cost prior to treatment being rendered.
- Because Indiana has PA requirements for certain procedures and all pre-service reviews require a medical necessity determination, DDIN must follow the PA process and cannot accept PTEs for Indiana Medicaid.
- Policy code language in place includes:
  - **Policy API4200:** *A determination was not made on this procedure. Pre-treatment estimates are for prior authorization procedures only, and this procedure does not require prior authorization.*

# Indiana Medicaid Coordination of Benefits (COB)



# COB Processing Update

- As of September 15, 2025, DDIN is adjudicating MDwise Indiana Medicaid claims at the **detail (line) level** when we are the secondary payer.
- What this means for you:
  - Each line item on a claim will be evaluated individually, considering payments from primary payer(s).

# Important Steps To Ensure COB Claims Are Processed Correctly

- Be sure to include the primary EOB statement with claim submissions, whenever possible.
  - This applies when submitting via paper, Dental Office Toolkit or through a clearinghouse.
- Confirm that your billing system and staff are aware of this change, especially those who review EOBs, Electronic Remittance Advices (ERAs) or submit claims for payment.



# Adjustments to Claims Processed Since January 1, 2025

- MDwise Indiana Medicaid secondary claims processed after January 1, 2025, will be adjusted accordingly beginning September 15, 2025.
- Delta Dental of Indiana will reach out to you directly if any additional information is needed.
- **There is no need to resubmit claims or request adjustments.**
- These adjustments will follow our standard processes.
- If additional payment is warranted, it will be issued with the adjusted claim.
- You will receive a revised Explanation of Benefits (EOB) and any additional change in payment as appropriate.

*We appreciate your patience as we work through these adjustments!*

# Federally Qualified Health Centers (FQHCs) and Code D9999



# D9999 Overview

- Remarks are **not required** when submitting code D9999
- All encounters with D9999 will be passed to the state for inclusion in the wraparound payment, regardless of whether remarks are included or if the claim line is in a 'not billable to patient' status.
- If you submit claims via clearinghouse and/or by paper, there is no need to include remarks.
  - The claim will be accepted and pushed to Delta Dental for adjudication.
- See slide 45 for how to bypass remarks in DOT

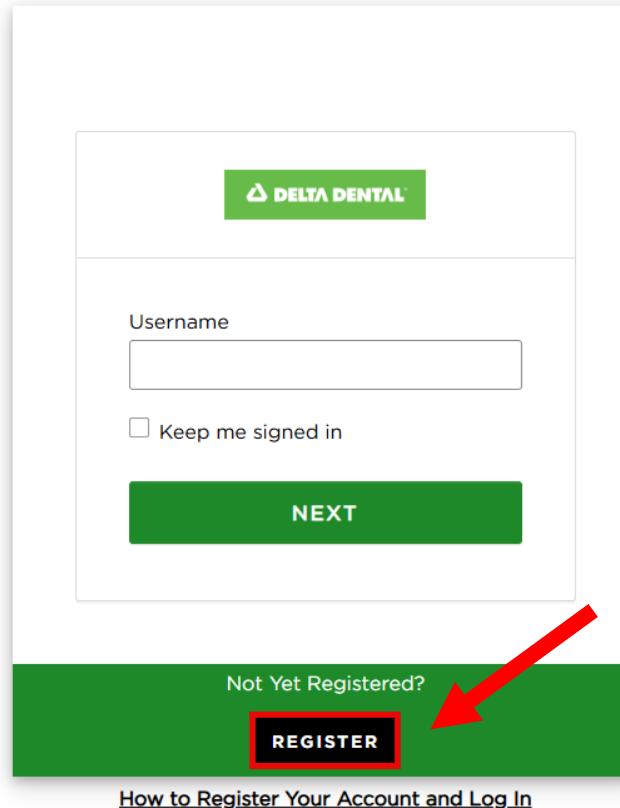
# Registering for Dental Office Toolkit (DOT)



# Getting Started

- Visit <https://www.dentalofficetoolkit.com/> and click register if you do not already have a profile

Dental Office Toolkit



DELTA DENTAL

Username

☐ Keep me signed in

NEXT

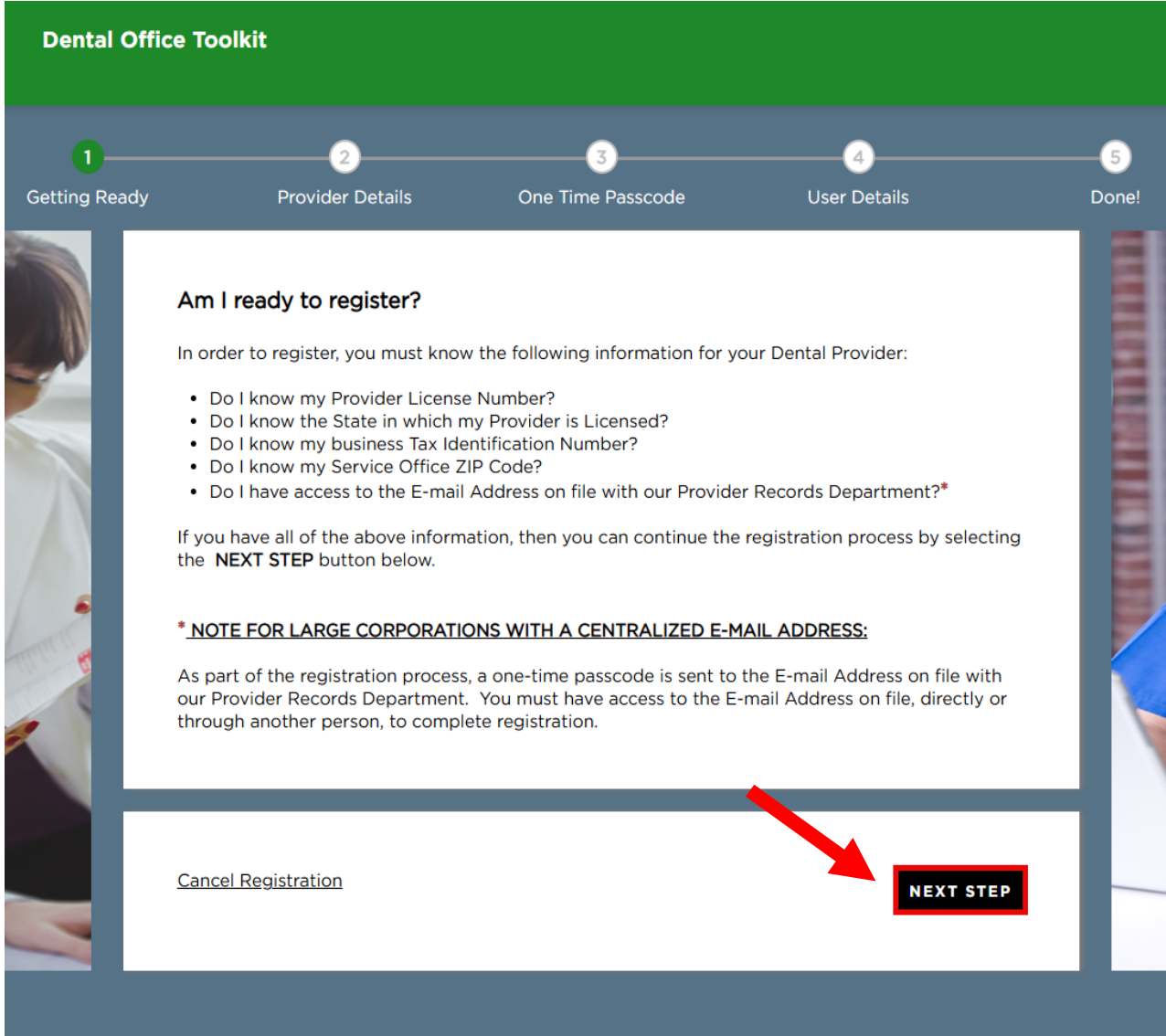
Not Yet Registered?

REGISTER

[How to Register Your Account and Log In](#)

# Step 1: Getting Ready

- Ensure you have the information needed to register readily available
  - *Provider license number*
  - *State in which provider is licensed*
  - *Tax Identification Number (TIN)*
  - *Service office zip code*
  - *Email address on file with Delta Dental's Provider Records Department*



The screenshot shows the 'Dental Office Toolkit' interface. At the top is a green header with the title. Below it is a progress bar with five steps: 1. Getting Ready (active), 2. Provider Details, 3. One Time Passcode, 4. User Details, and 5. Done!. The main content area is titled 'Am I ready to register?' and contains a list of five questions that must be answered to proceed. A red arrow points from the 'NEXT STEP' button at the bottom right to the 'Am I ready to register?' section. The button is labeled 'NEXT STEP' in white text on a red background. Below the main content area, there is a link for 'Cancel Registration'.

**Dental Office Toolkit**

1 Getting Ready 2 Provider Details 3 One Time Passcode 4 User Details 5 Done!

**Am I ready to register?**

In order to register, you must know the following information for your Dental Provider:

- Do I know my Provider License Number?
- Do I know the State in which my Provider is Licensed?
- Do I know my business Tax Identification Number?
- Do I know my Service Office ZIP Code?
- Do I have access to the E-mail Address on file with our Provider Records Department?\*

If you have all of the above information, then you can continue the registration process by selecting the **NEXT STEP** button below.

**\* NOTE FOR LARGE CORPORATIONS WITH A CENTRALIZED E-MAIL ADDRESS:**

As part of the registration process, a one-time passcode is sent to the E-mail Address on file with our Provider Records Department. You must have access to the E-mail Address on file, directly or through another person, to complete registration.

[Cancel Registration](#) **NEXT STEP**

## Step 2: Provider Details

- Enter registration details
  - *Provider license number*
  - *State in which provider is licensed*
  - *Tax Identification Number (TIN)*
  - *Service office zip code*

The screenshot shows the 'Dental Office Toolkit' registration interface. At the top, a green header displays the title. Below it, a progress bar indicates five steps: 1. Getting Ready, 2. Provider Details (current step), 3. One Time Passcode, 4. User Details, and 5. Done!. The main content area is titled 'Please enter your registration details below...'. It contains four input fields, all of which are enclosed in a red rectangular box: 'License Number' with the value '123456', 'License State' with a dropdown menu showing 'Indiana - IN', 'Tax Identification Number' with the value '111222333', and 'Service Office ZIP Code' with the value '46601'. Below these fields is a 'Note' in red text: 'Note: Your stored license number may not contain the state-specific prefix. If you are unable to register using your doctor's full license number, please remove the state-specific prefix and try again. If you continue to have "Provider not found" issues when registering, please contact Customer Service.' At the bottom of the form, there is a link for 'Cancel Registration' and two buttons: 'BACK' and 'NEXT STEP'. A red arrow points to the 'NEXT STEP' button.

**Dental Office Toolkit**

1 Getting Ready 2 **Provider Details** 3 One Time Passcode 4 User Details 5 Done!

Please enter your registration details below...

**License Number**  
123456

**License State**  
Indiana - IN

**Tax Identification Number**  
111222333

**Service Office ZIP Code**  
46601

**Note:** Your stored license number may not contain the state-specific prefix. If you are unable to register using your doctor's full license number, please remove the state-specific prefix and try again. If you continue to have "Provider not found" issues when registering, please contact Customer Service.

[Cancel Registration](#)

**BACK** **NEXT STEP**

## Step 3: One Time Passcode

- A one-time passcode will be sent to the email on file

The screenshot shows the 'Dental Office Toolkit' registration interface. At the top, a green header displays the title. Below it, a progress bar with five steps is shown: 1. Getting Ready, 2. Provider Details, 3. One Time Passcode (current step), 4. User Details, and 5. Done!. The main content area is titled 'One Time Passcode' and contains the following text: 'You must verify that you are authorized to register as a Dental Office Toolkit user.' and 'Your One Time Passcode will be sent to the following e-mail address: p\*\*\*\*\*r@deltadentalmi.com'. Below this, it says 'When you are ready, select the "SEND PASSCODE NOW" button to receive your passcode.' There is a text input field labeled 'Requester Name:' with the placeholder text 'User Name'. At the bottom, there is a link for 'Cancel Registration' and a prominent red button labeled 'SEND PASSCODE NOW'. A red arrow points to the 'SEND PASSCODE NOW' button.

**Dental Office Toolkit**

1 Getting Ready 2 Provider Details 3 One Time Passcode 4 User Details 5 Done!

### One Time Passcode

You must verify that you are authorized to register as a Dental Office Toolkit user.

Your One Time Passcode will be sent to the following e-mail address: p\*\*\*\*\*r@deltadentalmi.com

When you are ready, select the "SEND PASSCODE NOW" button to receive your passcode.

**Requester Name:**

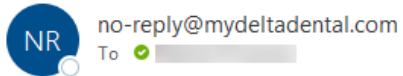
[Cancel Registration](#) **SEND PASSCODE NOW**



# Step 3: One Time Passcode – Submit Request

- The one-time passcode will be sent from the email address [no-reply@mydeltadental.com](mailto:no-reply@mydeltadental.com)
- Enter the passcode in the DOT window and click submit

## Dental Office Toolkit One-time Passcode



Dear User Name,

Someone at Service Office ZIP code: 46601 is trying to register for the Dental Office Toolkit.

The time-sensitive, one-time passcode for registration is:

**337421**

Thank you,

Dental Office Toolkit® Team

The screenshot shows the 'Dental Office Toolkit' registration interface. At the top, a green header reads 'Dental Office Toolkit'. Below it is a progress bar with five steps: 1. Getting Ready, 2. Provider Details, 3. One Time Passcode (current step), 4. User Details, and 5. Done!. The main content area is titled 'Enter One Time Passcode'. It displays the message: 'One time passcode sent to: p\*\*\*\*\*r@deltadentalmi.com. Once you receive your code, enter it below and click "SUBMIT".' Below this is a text input field labeled 'Enter one time passcode:' with the value '337421' entered. At the bottom, there is a link for 'Cancel Registration' and two buttons: 'REQUEST NEW CODE' and 'SUBMIT'. A red arrow points to the 'SUBMIT' button.

## Step 4: User Details

- Finish setting up your profile by creating a username and password
  - *Please take note of the username and password rules*

1 Getting Ready 2 Provider Details 3 One Time Passcode 4 User Details 5 Done!

Please enter your first and last name below:

**First Name**

**Last Name**

Please create your username and password below:

**Username**

Please create a Username with the following rules:

1. May be a combination of letters and numbers. Is not case sensitive
2. Must start with a letter
3. Must only contain 8 to 14 letters and numbers
4. Must NOT contain spaces
5. Must NOT contain special characters (@, ?, %, etc.)

**Password**

 Show

**Confirm Password**

 Show

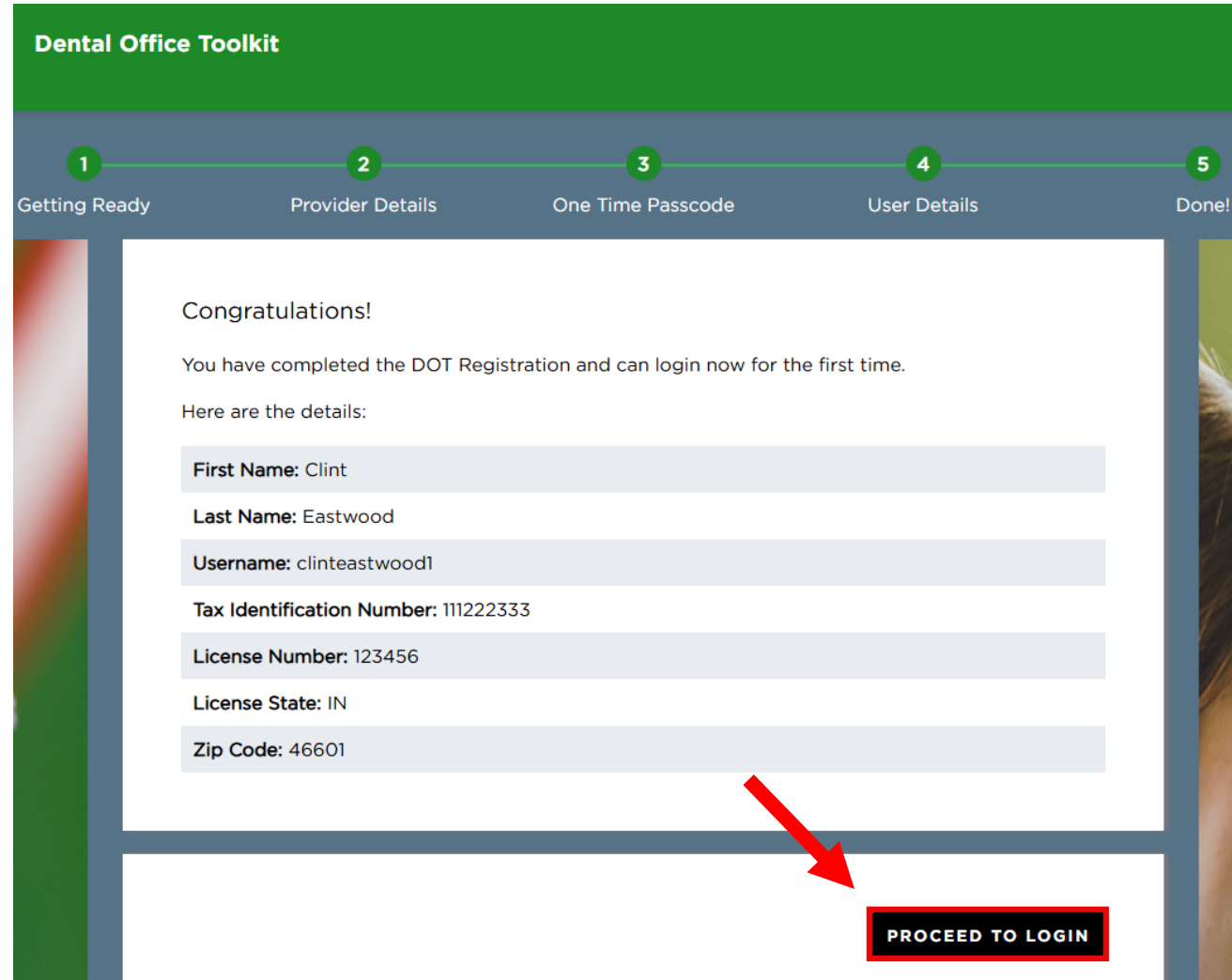
Please create a Password with the following rules:

1. Password length greater than 12 characters.
2. Contain 4 of the following:
  - 1 digits (0-9).
  - 1 symbols (!, @, #, \$, %, \*, etc.).
  - 1 uppercase English letters (A-Z).
  - 1 lowercase English letters (a-z).

[Cancel Registration](#) **REGISTER**

# Step 5: Done!

- Congratulations! You're registered and can now log in.



The screenshot shows the 'Dental Office Toolkit' interface. At the top, a green header bar contains the title 'Dental Office Toolkit'. Below this is a progress bar with five steps: 1. Getting Ready, 2. Provider Details, 3. One Time Passcode, 4. User Details, and 5. Done!. Step 5 is currently selected and highlighted. The main content area displays a 'Congratulations!' message, stating that the user has completed the DOT Registration and can now log in. It lists the following details: First Name: Clint, Last Name: Eastwood, Username: clinteastwood1, Tax Identification Number: 111222333, License Number: 123456, License State: IN, and Zip Code: 46601. A red arrow points from the bottom of the details list to a black button with white text that says 'PROCEED TO LOGIN'.

**Dental Office Toolkit**

1 Getting Ready 2 Provider Details 3 One Time Passcode 4 User Details 5 Done!

**Congratulations!**

You have completed the DOT Registration and can login now for the first time.

Here are the details:

**First Name:** Clint

**Last Name:** Eastwood

**Username:** clinteastwood1

**Tax Identification Number:** 111222333

**License Number:** 123456

**License State:** IN

**Zip Code:** 46601

**PROCEED TO LOGIN**

# Signing Up for Electronic Fund Transfers (EFTs)



# EFTs in DOT

- Click “Direct Deposits” under the service office details

The screenshot displays the Delta Dental National Portal interface. On the left is a dark sidebar with navigation options: 'Standard Programs' and 'Federal Government Programs' at the top; a search bar; 'Office' (selected with a green checkmark) containing 'Office Details' (highlighted with a red arrow) and 'Fee Schedules'; 'Direct Deposits' (highlighted with a red box); 'Member'; and 'Admin' at the bottom. The main content area is titled 'Service Office Details' and contains information for 'Clint Eastwood' at '123 Office Road, South Bend, IN 46601'. It lists 'Service Office NPI Type 2: Not on file' and includes a green confirmation message: 'THIS IS YOUR HOME OFFICE ✓'. To the right, a list of office details includes License Number (123456), NPI Type 1, Tax ID, Business NPI Type 2 (redacted), Payment Method (Check), and Par Status (Delta Dental Medicare Advantage® and Delta Dental Indiana Medicaid). Below this, instructions state: 'To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#). Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)'. On the far right, an 'Announcements' section lists dates and links: 07/10/2025 (RENGP DOT UAT ALERT TESTING), 05/15/2025 (New Downloadable Documents and Forms Available May 19th), 04/03/2025 (Optional Multi-Factor Authentication Enhancement), 03/31/2025 (Important Delta Dental of Arkansas update), and 03/20/2025. At the bottom, an 'Activity Log (0) New' section prompts users to 'Please click each tab to view results' and features six tabs: 'Message Center' (green), 'Information Requests', 'EFTs', 'Pre-Treatment Estimates', 'No Pay Processed Claims' (with a green question mark icon), and 'EFT Interest Payments'.

**Service Office Details**

Clint Eastwood  
123 Office Road  
South Bend, IN 46601  
Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE ✓**

License Number: 123456  
NPI Type 1:  
Tax ID:  
Business NPI Type 2:   
Payment Method: Check  
Par Status:  
Delta Dental Medicare Advantage®  
Delta Dental Indiana Medicaid

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).  
Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

**Announcements**

- 07/10/2025  
[RENGP DOT UAT ALERT TESTING](#)
- 05/15/2025  
[New Downloadable Documents and Forms Available May 19th](#)
- 04/03/2025  
[Optional Multi-Factor Authentication Enhancement](#)
- 03/31/2025  
[Important Delta Dental of Arkansas update](#)
- 03/20/2025

Activity Log (0) New Please click each tab to view results

Message Center Information Requests EFTs Pre-Treatment Estimates No Pay Processed Claims (?) EFT Interest Payments

# EFTs in DOT – Register for Direct Deposit

- Click “Register for Direct Deposit”

The screenshot shows the Delta Dental Dental Office Toolkit interface. At the top, there's a green header with the Delta Dental logo and 'Dental Office Toolkit'. On the right, it says 'Welcome, Clint' with a 'LOGOUT' button. Below the header, there's a section for 'SELECTED SERVICE OFFICE: 123 Office Road' with 'HOME OFFICE' and 'CHANGE OFFICE' buttons. To the right, it says 'Selected Member ID: Please select a member' with a 'CHANGE MEMBER' button. A black banner with white text states: 'To further protect your personal information and enhance security, Multi-Factor Authentication (MFA) will be required to log in to Dental Office Toolkit beginning on 10/20/2025. To set up your additional authentication method today, after logging in, navigate to the Admin page and select the My Profile tab. DDPA users will need to follow registration steps through the DDPA National Portal. If you do not set up your MFA preferences by 10/20/2025, you will be required to do so upon your next log in to access your account.' Below this, the 'Direct Deposit Details' section is shown. On the left, there's a sidebar with 'Standard Programs' and 'Federal Government Programs' tabs, a search bar, and a list of options: 'Office' (selected), 'Office Details', 'Fee Schedules', 'Direct Deposits', and 'Member'. The main content area for 'Direct Deposit Details' says: 'There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to setup Direct Deposit accounts.' A red arrow points to a link that says '+ Register for Direct Deposit'.

**DELTA DENTAL** Dental Office Toolkit

WELCOME, CLINT LOGOUT

SELECTED SERVICE OFFICE: 123 Office Road HOME OFFICE CHANGE OFFICE

Selected Member ID: Please select a member CHANGE MEMBER

To further protect your personal information and enhance security, Multi-Factor Authentication (MFA) will be required to log in to Dental Office Toolkit beginning on 10/20/2025. To set up your additional authentication method today, after logging in, navigate to the Admin page and select the My Profile tab. DDPA users will need to follow registration steps through the DDPA National Portal. If you do not set up your MFA preferences by 10/20/2025, you will be required to do so upon your next log in to access your account.

**Direct Deposit Details**

Standard Programs Federal Government Programs

Search

Office Office Details Fee Schedules Direct Deposits Member

There are no Direct Deposit accounts setup for the selected service office. Select the "Register for Direct Deposit" link to setup Direct Deposit accounts.

+ Register for Direct Deposit

# EFTs in DOT – Direct Deposit Registration

- Select which office(s)

Standard Programs

Federal Government Programs

Search

Office

Office Details

Fee Schedules

Direct Deposits

Member

Admin

Direct Deposit Registration

< BACK TO DIRECT DEPOSIT ACCOUNTS

Tax ID :

Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Explanation of Benefits and Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed.

☒

123 Office Road

Select any other offices you would like to register for direct deposit:

Page 1 of 1

1-1 of 1 Records

<

<

1

>

>

☐

Select All Offices

☐

123 Dentist Road

Page 1 of 1

1-1 of 1 Records

<

<

1

>

>

Bank or Financial Institution Information

Your Name (person keying in information)

# EFTs in DOT – Direct Deposit Registration Details

- Input banking / financial institution information

**Standard Programs** **Federal Government Programs**

Search

**Office**

Office Details

Fee Schedules

Direct Deposits

Member

Admin

## Direct Deposit Registration

[< BACK TO DIRECT DEPOSIT ACCOUNTS](#)

**Tax ID**

Newly created Direct Deposit registrations will be activated within ten (10) days. Once your Direct Deposit begins, Pre-treatment Estimates, Explanation of Benefits and Information Requests will only be viewable through the Dental Office Toolkit application and will no longer be mailed.

☒ 1 123 Office Road

Select any other offices you would like to register for direct deposit:

Page 1 of 1 1-1 of 1 Records

☐ Select All Offices

☐ 1 123 Dentist Road

Page 1 of 1 1-1 of 1 Records

### Bank or Financial Institution Information

Your Name (person keying in information)



# EFTs in DOT – Review and Confirm

- Proceed with the following:

Account Number	Confirm Account Number
1234567890	1234567890

☒ **National EFT**

By enrolling in National EFT, all Delta Dental plans across the U.S. will issue EFT payments to you. You can continue to view your electronic EFT/EOB within this site for the states listed below, however, for all other states, you will access your electronic EFT/EOB by logging into [www.deltadental.com](http://www.deltadental.com).

☐ **Non-National EFT**

By enrolling in Non-National EFT, only the Delta Dental plans listed below will issue EFT payments to you. All EFT/EOB information for these plans can be viewed within this site (Dental Office Toolkit).

- Delta Dental of Michigan
- Delta Dental of Ohio
- Delta Dental of Indiana
- Delta Dental of North Carolina
- Delta Dental of Nebraska
- Delta Dental of New Mexico
- Delta Dental of Minnesota
- Delta Dental of Tennessee
- Delta Dental of Arizona
- Delta Dental of Wisconsin
- Federal Government Programs

☒ Please review and acknowledge receipt of the accompanying procedure to follow in the event of a missing or late EFT/ERA [Missing Provider EFT Procedure](#)

# EFTs in DOT – Confirmation

- Receive and enter your one-time code

☒ Please review and acknowledge receipt of the accompanying procedure to follow in the event of a missing or late EFT/ERA [Missing Provider EFT Procedure](#)

Email For One Time Code

ClintEastwood@ABCdentist.com

- Save the confirmation page for your records

[RESET](#)

[CANCEL](#)

[CONTINUE](#)

## Direct Deposit Confirmation

[PRINT](#)

[< BACK TO DIRECT DEPOSIT ACCOUNTS](#)

Please print this page as a confirmation that you are registered for direct deposit.

Your direct deposit account registration has been successful for the service office(s) listed below. Your Direct Deposit account(s) activation may take up to ten (10) days. During this time, any existing EFTs will remain active. After this date, payments for claims will be electronically transferred and deposited into your new account, regardless of the method of submission.

**The Patient Protection and Affordable Care Act (ACA) users in a new Healthcare EFT Standard** with the help of your financial institution, this mandate can help your office to automate the matching of claims remittance information with EFT payments. [Click here](#) to learn more.

Thank you for your participation with Dental Office Toolkit Direct Deposit program. If you have any questions, please contact Toolkit Support at [866-356-0301](tel:866-356-0301) or email to [ToolkitSupport@DentalOfficeToolkit.com](mailto:ToolkitSupport@DentalOfficeToolkit.com).

Service Office(s)

123 Office Road

# Viewing the Provider Manual



# How To View the Provider Manual in DOT

- Navigate to the "Admin" tab and click "Forms"
- Select Healthy Indiana Plan (HIP) and Hoosier Healthwise Office Guide (Provider Manual) for Indiana

The screenshot displays the DOT interface. On the left is a dark sidebar with a menu. The top of the sidebar has two tabs: "Standard Programs" (highlighted in green) and "Federal Government Programs". Below these are links for "Search", "Office", "Member", "Admin" (highlighted with a red box), "My Profile", "User Management", "Forms" (highlighted with a red box), "Help", "Contact Us", and "Support Code". The "Admin" link has a green checkmark icon, and the "Forms" link has a green asterisk icon. The main content area is titled "Forms" and contains a section "Provider Policies". This section lists several guides, each with a title and a description. The guides are: "Medicare Advantage Office Guide (Provider Manual) for Michigan" (for providers in Delta Dental PPO and Delta Dental Premier networks), "Healthy Kids Plan Office Guide (Provider Manual) for Michigan" (for providers in Delta Dental Healthy Kids Dental network), "Healthy Michigan Plan, Medicaid and MI Health Link Office Guide (Provider Manual) for Michigan" (for providers in Delta Dental Healthy Michigan Plan network and Delta Dental TriState Advantage network), "Understanding the differences between Delta Dental Medicaid and Medicare Advantage networks for Michigan" (for providers in Delta Dental Healthy Kids Dental, Healthy Michigan Plan, TriState Advantage, Premier and PPO networks), "Healthy Indiana Plan (HIP) and Hoosier Healthwise Office Guide (Provider Manual) for Indiana" (for providers in Delta Dental Indiana Medicaid network), and "Missing Provider EFT Procedure" (for all providers registered with Direct Deposit through the Dental Office Toolkit). The "Healthy Indiana Plan (HIP) and Hoosier Healthwise Office Guide (Provider Manual) for Indiana" entry is highlighted with a red box, and a red arrow points to it from the right.

**Standard Programs** **Federal Government Programs**

Search

Office

Member

**Admin**

My Profile

User Management

**Forms**

Help

Contact Us

Support Code

## Forms

### Provider Policies

**Medicare Advantage Office Guide (Provider Manual) for Michigan**  
\*for providers in Delta Dental PPO and Delta Dental Premier networks

**Healthy Kids Plan Office Guide (Provider Manual) for Michigan**  
\*for providers in Delta Dental Healthy Kids Dental network

**Healthy Michigan Plan, Medicaid and MI Health Link Office Guide (Provider Manual) for Michigan**  
\*for providers in Delta Dental Healthy Michigan Plan network  
\*for providers in Delta Dental TriState Advantage network

**Understanding the differences between Delta Dental Medicaid and Medicare Advantage networks for Michigan**  
\*for providers in Delta Dental Healthy Kids Dental, Healthy Michigan Plan, TriState Advantage, Premier and PPO networks

**Healthy Indiana Plan (HIP) and Hoosier Healthwise Office Guide (Provider Manual) for Indiana**  
\*for providers in Delta Dental Indiana Medicaid network

**Missing Provider EFT Procedure**  
\*for all providers registered with Direct Deposit through the Dental Office Toolkit

# Adding Attachments During a Claim Submission



# Adding Attachments During a Claim Submission

- During your claim submission, upload attachments here.

Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Action	Tooth Number	Area of Arch	Surface(s)					Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
-								<input type="checkbox"/>	mm/dd/yyyy		\$
-								<input type="checkbox"/>	mm/dd/yyyy		\$
-								<input type="checkbox"/>	mm/dd/yyyy		\$
-								<input type="checkbox"/>	mm/dd/yyyy		\$
										Total Amount:	\$0.00

+ Add More Treatment Lines

Claim Attachments

Upload Documents

CHOOSE

OR DROP FILES

# Viewing and Reviewing Prior Authorizations



# Viewing Submitted Prior Authorizations

- Under Service Office Details, select “Pre-Treatment Estimates” to view all submitted prior authorizations.

Standard Programs

Federal Government Programs

Search

Office

- Office Details
- Fee Schedules
- Direct Deposits

Member

Admin

Service Office Details

Clint Eastwood

South Bend, IN 46601

Service Office NPI Type 2: Not on file

THIS IS YOUR HOME OFFICE ✓

License Number: 123456

NPI Type 1:

Tax ID

Business NPI Type 2:

Payment Method: Check

Par Status:  
Delta Dental Medicare Advantage®  
Delta Dental Indiana Medicaid

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

Activity Log (4) New

Please click each tab to view results

Message Center

Information Requests

EFTs

Pre-Treatment Estimates

No Pay Processed Claims 1

EFT Interest Payments

Results will only display up to 1000 Pre-Treatment Estimates.  
To view additional results, use the Search and refine your search criteria to a specific date range.

Page 1 of 1

1-4 of 4 Records

<<

<

1

>

>>

Archive	Date Received	Claim Number	Patient Name
<input type="checkbox"/>	07/22/2025	2507224241082	subscriber test

Announcements

07/10/2025

[RENGP DOT UAT ALERT TESTING](#)

05/15/2025

[New Downloadable Documents and Forms Available May 19th](#)

04/03/2025


[Optional Multi-Factor Authentication Enhancement](#)

03/31/2025

[Important Delta Dental of Arkansas update](#)

03/20/2025

40

 DELTA DENTAL



# Reviewing Prior Authorization Benefit Information

- Select the applicable member and navigate to “Member Details & Benefits”.

**SELECTED SERVICE OFFICE:** [HOME OFFICE](#) [CHANGE OFFICE](#)

**Selected Member ID:** xxxxx2212 subscriber test - Sub [CHANGE MEMBER](#)

To further protect your personal information and enhance security, Multi-Factor Authentication (MFA) will be required to log in to Dental Office Toolkit beginning on 10/20/2025. To set up your additional authentication method today, after logging in, navigate to the Admin page and select the My Profile tab. DDPA users will need to follow registration steps through the DDPA National Portal.

If you do not set up your MFA preferences by 10/20/2025, you will be required to do so upon your next log in to access your account.

**Member Details & Benefits**

**All Family Members** **Member Alternate ID: 950034095456**

Patient Name	Birthdate	Relationship	Eligibility ?	Effective Date
subscriber test	01/01/1980	Subscriber	Active	05/01/2025

**Member**

- Member Details & Benefits
- Enter Claim / Pre-treatment Estimate
- Family Claims History
- Processing Policies

**Admin**

**Networks** [Delta Dental Indiana Medicaid](#) [Nonparticipating Dentist](#) [PRINT ALL](#)

**Claim Reminders**

All claims must be filed within 90 days of the service date.

# Secure Messaging for Information Requests (IRs)



# What Is an Information Request (IR)?

- An information request is a document sent to a provider requesting additional information necessary to make a decision on a service.
  - *This includes but is not limited to x-ray attachments, periodontal charting, chart notes, narrative explaining the services, etc.*
- If a claim is submitted and our system determines an IR is required, the IR secure message is immediately sent via the DOT account AND an email notification is sent to the service office email address.
- An example of when an IR would be necessary is if a periodontics service was submitted and x-rays are required but not provided.

# Viewing an IR in DOT

- Navigate to the Message Center

**Standard Programs** | **Federal Government Programs**

Search

**Office**

- Office Details
- Fee Schedules
- Direct Deposits

**Member**

**Admin**

## Service Office Details

Clint Eastwood  
123 Office Road  
South Bend, IN 46601  
Service Office NPI Type 2: Not on file

**THIS IS YOUR HOME OFFICE ✓**

License Number:  
NPI Type 1:  
Tax ID:  
Business NPI Type 2:  
Payment Method: Check  
Par Status:  
Delta Dental Medicare Advantage®  
Delta Dental Indiana Medicaid

To access EFT/ERA information from other Delta Dental companies on the Delta Dental National Portal, click [HERE](#).

Dental Office Toolkit can be utilized to view information and submit claims for the following [Delta Dental states](#)

### Announcements

07/23/2025  
[Submission of Pretreatment Estimates](#)

07/10/2025  
[BENGP DOT UAT ALERT TESTING](#)

05/15/2025  
[New Downloadable Documents and Forms Available May 19th](#)

04/03/2025  
[Optional Multi-Factor Authentication Enhancement](#)

03/31/2025

Activity Log (0) New Please click each tab to view results

**Message Center** | Information Requests | EFTs | Pre-Treatment Estimates | No Pay Processed Claims (?) | EFT Interest Payments

# Viewing an IR in DOT – Example

- Enter your message

RESET

SEARCH

Conversations

INFORMATION REQUEST11:09am

Patient: SUBSCRIBER TESTLicense: 123456-IN

SO: 123 N Main St, South Bend, IN 466011608

delta\_dental11:09am

You have a new information request that must be returned in 15 days

Patient Name:subscriber test

Claim Number:2507240398458

Line Item	Tooth#	Area	Surface	Proc.Code	DOS	IR#
1				D9999	07/22/2025	IR00245
2				D1110	07/22/2025	IR00245

Message ID	Description
IR00245	Please submit the following information for proper processing based on the procedure(s) submitted on this claim: (1) D2710-D2794, D2950: a.) a report describing the services rendered and the need for these services and b.) copies of current, pre-operative periapical or panoramic radiographs showing the entire crown and root apex of the tooth involved in this procedure. Radiographs must be dated, of diagnostic quality and labeled right and left. (2) D4341, D4342: a.) copies of current, dated pre-operative radiographs of diagnostic quality, which have been labeled right and left, and show the bone levels for the teeth in question; b.) periodontal charting with six point, clinical attachment levels, mobility, bleeding on probing, and furcation involvement noted; c.) a clinical narrative, as reflected in the patient's treatment record documenting the periodontal prognosis and treatment plan; and d.) the periodontal diagnosis (AAP stage/case type).

clint12:08pm

Following document(s) uploaded

1. test.pdf

clint12:08pm

I have sent the necessary information in the PDF.

B

I

U

🔗

☰

☰

Users can type out messages here

📎 UPLOAD

SEND

## Additional Details To Note

- When the user logs in, there is a Bell Icon in the upper right corner that will have a red “alert” dot indicating there are messages waiting for the user in the message center.
  - Additionally, an email will be sent to the email address on file for that user to let them know a message is available for them to view.
- This is **NOT** a live chat feature
- The response timeframe for a provider is specified directly on the IR document and is determined by the specific details of the claim.
- Currently, we do not use IRs for PAs.

# D9999 for Federally Qualified Health Centers (FQHCs)



# Bypassing Remarks for D9999

- Enter code D9999 in conjunction with other treatment codes

### Treatment Details

Please fill out one line for each treatment.

PROCEDURE CODES AND DESCRIPTIONS

Action	Tooth Number	Area of Arch	Surface(s)	Pre-treatment Estimate?	Service Date	Procedure Code	Submit Amount
-				<input type="checkbox"/>	07/22/2025	D9999	0
-				<input type="checkbox"/>	07/22/2025	D1110	135
-				<input type="checkbox"/>	mm/dd/yyyy		\$
-				<input type="checkbox"/>	mm/dd/yyyy		\$
Total Amount:							\$135.00

+ Add More Treatment Lines

Submit Claims

One or more Treatments require remarks. Select Yes to continue without entering the remarks or No to Cancel.

YES

NO

Upon submitting, click “YES” on the pop-up box to bypass remarks.



# Patient Account Number Requirement



# Patient Account Number for Claim Submissions

- Submitting a patient account number on a claim is an encounter requirement set forth by the state.
- In DOT, this field shows up under “Other Claim Details” and is required for submission.
- The patient account number is not the member’s MID/RID assigned by the state, but a number that the provider office assigned to the member.
- **DO NOT use SSN in this field.**

**Place Of Service**  

11 - Office

Please enter the place of service if applicable.

**Other Claim Details**

**Patient Account Number**

\*This field is required

For internal dental office account numbers only. DO NOT ENTER SOCIAL SECURITY NUMBERS in this field.

**Assignment of Benefits**

☒ Yes

☐ No

**Accident**

None

**Overage Dependent**

N/A

**Patient Signature**

☐ Yes

☒ No

**Special Program**

N/A

# Delta Dental of Indiana Resources



# Resources to Remember

- **Delta Dental Customer Service (available Monday through Friday, 8 a.m. to 8 p.m. EST, or 7 a.m. to 7 p.m. CST)**  
  
For claims questions related to HIP: (800) 356-1204 (IVR 1, 2, 2, 2)  
For claims questions related to Hoosier Healthwise: (800) 356-1204 (IVR 1, 1, 2, 2)
- **Delta Dental Provider Representatives (for contracting / credentialing questions)**  
  
*Jennifer Baxter*  
*(317) 348-1815*  
*[jbaxter@deltadentalin.com](mailto:jbaxter@deltadentalin.com)*  
  
*Teresa James*  
*(317) 744-1212*  
*[tjames1@deltadentalin.com](mailto:tjames1@deltadentalin.com)*
- **MDwise Customer Service Contact Information**  
*(800) 356-1204*

# Questions?



# Thank you!



Please take a few moments to  
complete the event and  
session evaluations. We  
appreciate your feedback!

