

COMPLETE CLAIM STANDARD

State and federal regulations require insurers to process complete claims within certain timeframes. To meet these requirements for prompt and accurate processing of claims, Delta Dental of Rhode Island requires providers to submit certain information for a claim to be considered complete.

Your claims — whether electronic or paper — cannot be processed until they meet our complete claim standard. Please ensure that your claim meets the following criteria:

- Paper claims must be submitted using a current ADA form. All information must be legible.
- Electronic claims must be in a HIPAA-compliant format.
- Submitted subscriber/patient information (name, date of birth and Delta Dental ID number) must be accurate and must match Delta Dental's records for that subscriber/patient.
- Treatment must be billed using the appropriate CDT codes.
- Date of service must be noted for each procedure.
- The providers' charge for each procedure must be noted.
- The treating dentist and complete address of the treatment location must be indicated and must match the information that Delta Dental has in its records.
- The provider's TIN and individual NPI must match the information that Delta Dental has in its records.
- Appropriate documentation from the other carrier must be included for claims that require Coordination of Benefits.
- Appropriate documentation must accompany claims for any procedures that are eligible for clinical review, in accordance with our *Utilization Review Guidelines* listed in the Dentist Section of the Delta Dental of Rhode Island website (www.deltadentalri.com).
- Submitted x-rays must be less than two years old and of diagnostic quality showing the entire treatment site. X-rays must be mounted, labeled with the patient's name, the date they were taken and if applicable, right or left must be indicated.
- Treatment notes, narratives or charting submitted with claims must be legible and may not contain abbreviations.
- Payer must have no reason to believe that the claim was submitted fraudulently and that there is no material misrepresentation.

If the above conditions are not met, the claim is not considered to be a complete claim and is therefore not subject to applicable statutory/regulatory prompt pay provisions.

Effective October 1, 2011