

How to obtain orthodontic coverage information regarding the Delta Dental DPPO Plan

Any pre-treatment estimates or claims filed before your effective date of coverage in the state's Delta Dental DPPO will be denied due to coverage not yet being in effect. The dental office may call our customer service at 800-552-2498 to obtain general benefit information and to learn how to submit a takeover claim.

Once the coverage is in effect, the office can submit the actual takeover claim or a pre-treatment estimate to Delta Dental of Tennessee. Providers can submit the claim or pre-treatment estimate via Dental Office Toolkit, electronic submission (payor ID: CDTN1), fax (615-244-8108) or mail (Delta Dental of Tennessee, 240 Venture Circle, Nashville TN 37228).

Here is an example of transitioning an orthodontic claim to DDTN:

Transition of Orthodontic Claims

A transition orthodontic claim is when treatment began prior to your Dental Preferred Provider Organization coverage with Delta Dental of Tennessee.

The dental office can send a claim to Delta Dental with all case details, including total months of treatment. The dentist should note on the claim that it is a transition claim.

Delta Dental will calculate the remaining treatment fee for the case and the months remaining. Delta Dental will subtract the initial banding fee and the total monthly fees for each month the patient was not eligible from the total fee for treatment. Payment is not made for months prior to eligibility or during the waiting period.* Here's an example where treatment began on May 1, 2022, and eligibility with Delta Dental began on January 1, 2023, with 24 months of treatment:

Total Fee for Treatment	\$4,200
Initial Banding Fee (33% of total fee)	<u>-\$1,386</u>
Treatment Fee Balance to be Paid Monthly	\$2,814
Treatment Fee Balance per Month	\$117.25 (\$2,814 / 24 months)
Total monthly fee prior to 1/1/23	\$820.75
[\$117.25 x 7 months (Jun.-Dec.)]	
Total Treatment Fee Remaining (\$2,814 - \$820.75)	\$1,993.25
Monthly Treatment Fee not Payable During	<u>-\$1,407</u>
Waiting Period (12 x \$117.25)	
Total Treatment Fee Remaining to be Paid Monthly	\$586.25

Delta Dental will pay 50% of the \$586.25 over the 5 remaining months of treatment or the remainder of the patient's orthodontic maximum.

Delta Dental DPPO Monthly Benefit (\$117.25 x 50%)	\$58.63
Delta Dental Monthly Benefit for Remaining 5 Months beginning January 1, 2024 (\$58.63 X 5)	\$293.15

*Waiting Period: 12-month waiting period for orthodontic coverage.