

# EXPLANATION OF BENEFITS

## OVERVIEW

An Explanation of Benefits (EOB) is issued by the dental vendor to the treating dentist for each claim processed. The EOB provides detailed information regarding each line on the claim including applicable processing policies.

Providers should use the EOB to reconcile payments from South Dakota Medicaid with patient records. South Dakota Medicaid recommends providers retain EOBs for future reference.

## EXPLANATION OF BENEFITS SAMPLE

Delta Dental of South Dakota PO Box 1157 Pierre, SD 57501 877 841-1478				EXPLANATION OF BENEFITS EFT TRACK # 7				Lic# SD- 5				Page 1 6/10/14			
				PATIENT NAME		BIRTHDATE		REL		ID NUMBER		GROUP		BENEFIT USED	
				1		2		0		3		4 1900		232.67 18	
TH	SURFS	SERVICE	PROC1	PROC2	CHARGED	ALLOWED	DDSD	PATIENT	WRITEOFF	DEDUCT	CC	PP			
8	9	10 5/13/14	D0220	11	12 10.00	13 10.00	14 7.00	15 3.00	16 .00	20	17	19			
08		5/13/14	D3310	D3346	360.00	318.77	315.77	3.00	41.23						
Claim # 22				TOTALS 23		370.00	24 328.77	25 322.77	21 6.00	27 41.23					
								26							
TH	SURFS	SERVICE	PROC1	PROC2	CHARGED	ALLOWED	DDSD	PATIENT	WRITEOFF	DEDUCT	CC	PP			
		6/03/14	D0220		15.00	13.16	13.16	.00	1.84		X				
		6/03/14	D0230		10.00	9.11	9.11	.00	.89		X				
		6/03/14	D0140		20.00	20.00	20.00	.00	.00						
Claim #				TOTALS		45.00	42.27	42.27	.00	2.73					
TH	SURFS	SERVICE	PROC1	PROC2	CHARGED	ALLOWED	DDSD	PATIENT	WRITEOFF	DEDUCT	CC	PP			
		5/23/14	D0220		15.00	13.16	10.16	3.00	1.84		WX				
		5/23/14	D7140		80.00	65.78	62.78	3.00	14.22		WX				
32	Claim #				TOTALS		95.00	78.94	72.94	6.00	16.06				
28 CONDITION CODE DESCRIPTIONS															
W DDSD pay not in yearly max															
X Allowance based on Medicaid															
H Allow based on consultant eval															
M Payment for these services is determined in accordance with the specific terms of your dental plan or of Delta Dental's agreements with Delta Dental network dentists															
29 PROCESSING POLICY DESCRIPTIONS															
0013 Procedure classification has been modified by consultant evaluation. Allowance based on accepted procedural fee listing. Participating dentists have agreed to collect only the amount shown as "patient pays".															

## EXPLANATION OF BENEFITS DESCRIPTION

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1. **Patient Name** – the first and last name of the recipient.
2. **Date of Birth** – the month, day, and year of the recipient's birth.
3. **South Dakota Medicaid ID Number** - the recipient's nine-digit identification number assigned by South Dakota Medicaid.
4. **Group No.** – the recipient's group number. The South Dakota Medicaid group number is 1900.
5. **DDS License & NPI Number** – the treating provider's license number and business NPI number.
6. **Issue Date** – the date the Electronic Funds Transfer (EFT) was produced by the Dental Vendor.
7. **EFT Tracking Number** – a number assigned to identify the EFT.
8. **Tooth Number or Letter** – universal tooth code numbers 1 through 32 or letters A through T; arch code "U or 01" (upper), "L or 02" (lower); quadrant code "UR or 10" (upper right), "UL or 20" (upper left), "LL or 30" (lower left), and "LR or 40" (lower right).
9. **Surface** – "M" (mesial), "D" (distal), "O" (occlusal), "I" (incisal), "L" (lingual or palatal), "B" (buccal) and "F" (facial).
10. **Date of Service** – the month, day, and year (MM/DD/YY) the procedure was completed.
11. **Procedure Code** – the ADA procedure code for the completed procedure in the treatment plan. Providers must use the most current CDT code as published by the ADA.
12. **Charged Amount** – the fee requested by the provider for the procedure that was rendered.
13. **Allowed Amount** – the amount the Dental Vendor approves for South Dakota Medicaid payment.
14. **South Dakota Medicaid Payment** – the amount South Dakota Medicaid paid for the dental treatment rendered.
15. **Patient Payment** – the amount the recipient must pay for dental services rendered.
16. **Dentist Write-off** – the amount the participating provider has agreed not to pass on to the recipient, shown on the recipient's account as an adjustment.
17. **Condition Code** – the code describing the results of processing; description of the code is listed on the bottom of the voucher.
18. **Benefit Used** – the portion of \$1,000 yearly maximum used for the benefit year.
19. **Processing Policies** – the processing policies used in processing in accordance with generally accepted dental standards and in compliance with the Medicaid dental program.

- 20. **Applied to Deductible** – not applicable to South Dakota Medicaid claims.
- 21. **Co-Pay** – the cost share withheld from the claim payment and owed to the provider by the recipient.
- 22. **Claim #** – an individual number assigned by the Dental Vendor to identify the claim.
- 23. **Total Submitted** – the total amount charged by the treating provider for the treatment plan.
- 24. **Total Allowed** – the total amount approved by the Dental Vendor.
- 25. **Total South Dakota Medicaid Pays** - the total amount South Dakota Medicaid paid.
- 26. **Total Patient Pays** – the total amount the recipient must pay for the dental treatment rendered.
- 27. **Total Write-off** – the total amount participating providers have agreed not to pass on to the patient, shown on the patient's account as an adjustment.
- 28. **Description of Condition Code** – a description of the condition code listed in location 17.
- 29. **Description of Processing Policy** – a description of the processing policy listed in location 18.

## EOB DELIVERY

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EOBs are sent to providers by the dental vendor following each of the three monthly check runs on approximately the 10<sup>th</sup>, 20<sup>th</sup> and 30<sup>th</sup> of each month. Providers have two methods for receiving notification of adjudication results:

- Receive the EOB on paper via the mail; or
- Receive the EOB electronically. Providers receiving EOBs electronically provide an email address to the dental vendor. After each date of claims payment an email notification is sent alerting the provider that their EOBs are available for download from a secure online provider FTP server.

Providers can also visit the dental vendor's website for access to patient information and EOBs.

## DOCUMENTATION REQUIREMENTS

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### General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

## REFERENCES

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- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## QUICK ANSWERS

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1. **I did not receive an EOB for a service our office provided to a Medicaid recipient. What should I do?**

If you receive your EOB via the mail, please note there will be a delay between the EFT payment and receiving the EOB. EOBs are mailed by an external vendor and are subject to post office delays. To obtain any missing EOBs, please visit the dental vendor's website at <https://southdakota.deltadental.com/dentist/> or contact the dental vendor at 1-877-841-1478.

2. **I currently get my EOBs via the mail but would prefer the email notification.**

Contact the dental vendor at 1-877-841-1478 to provide your email and begin receiving notification of your EOBs electronically.