

## Help Articles

# How does the integrated "Claim Attachment" feature work?



# How does the integrated "Claim Attachment" feature work?

DentalXChange Attachment functionality is integrated into Denticon at Setup / Offices / Office Setup - Integration Tab within the E-Claims Section.

The screenshot displays the Denticon software interface for office setup. The top navigation bar includes various icons and a search bar. The left sidebar shows a list of offices, with 'LW Johnson's Dental Health Center - Lakewood (101)' selected. The main content area is divided into several tabs: INFO, STATEMENT, INTEGRATION (selected), OPERATORIES, SCHEDULE, HOLIDAYS, and ADVANCED. The 'INTEGRATION' tab is further divided into sections: ECLAIMS, IMAGING SYSTEM, TRANSWORLD, THIRD-PARTY PROGRAMS, and DENTIRAY. The 'ECLAIMS' section is highlighted with a red box and contains the following fields:

ECLAIMS	
EClaim Type	EHG
EDI Vendor Username	.....
EDI Vendor Password	.....

Other sections include:

- IMAGING SYSTEM:** X-Ray System (Kodak/Trophy), X-Ray System Link (Use Denticon Patient ID), X-Ray System Mode (Default).
- TRANSWORLD:** Transworld Accelerator Acct, Transworld PR/Collections Acct, Transworld UserID, Transworld Password, Accelerator #days.
- THIRD-PARTY PROGRAMS:** Third Party Program (Dentiray Classic), Third-Party Link (Use Denticon Patient ID), Third-Party Mode (Default).
- DENTIRAY:** Dentiray Image Storage Format (Compressed, Med.Quality).

At the bottom right, there are buttons for 'EDIT OFFICE' and 'DELETE OFFICE'.

From a claim or pre-authorization (single or a batch), X-rays, images, perio charts, and screenshots can be attached and submitted.

If you are not a DentalXChange client and are looking to add this time saving feature, you can submit a ticket via the Denticon Help Portal and we will forward your request to our Account Management team to initiate the registration.

## Carrier Setup

Only claims with eligible dental carriers can utilize the attachment feature.

Users can verify if the Payer

is eligible by checking DentalXChange's List of Eligible Payers.

To view if a carrier is eligible in Denticon, Users can check at:

- Setup > Insurance > Dental Carriers
- If the Payer is part of the list, the DXC Claim Attachment section will be marked as "Supported".

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Search Patient or Responsible Party

Search For

Search By

Search Text

Enter Patient Last Name:

Account Info

Offices

Office Groups

Security

Providers

Insurance

Referrals

Procedure Codes

Fee Schedules

Charting

Pick List

Notes Macros

Medical Setup

Ortho Setup

Scheduler Views

Collection Agencies

Prescriptions

Labs

Payment/Adjustment Types

Misc Setups

Collection Letters Setup

Close Out

Dentiray Classic Setup

XDR Uploader Setup

Search Patient...

PGID :3035 / OID :100

Search In

Current Office

All Offices

Search in Office Group

Include Inactive Patients

Insurance Plans - (New)

Custom Coverage

Dental Carriers

Medical Carriers

Employers

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Dental Insurance Carrier Setup

PGID :3035 / OID :100

DENTAL INSURANCE CARRIERS

SORT BY

Name

ID

SEARCH TEXT

AIG / US LIFE INSURANCE (673)

AETNA (KY) DHMO (939)

AETNA (KY) PPO (1035)

AETNA (KY) UCR (694)

AETNA (TX) DHMO (1093)

AETNA (TX) PPO (1094)

AETNA (TX) UCR (1095)

ALLMERICA FINANCIAL (614)

+ ADD CARRIER

CARRIER INFORMATION

Website	
Contact Person	
Insurance Reference Number	
Real-time eligibility	Not Supported
Claim Status	Not Supported
DXC Claim Attachment	Supported
Notes	
Last Changed	

FEE SCHEDULES

OFFICE	PROVIDER	FEE SCHEDULE
NO FEE SCHEDULES ASSIGNED		

EDIT CARRIER

DELETE CARRIER

## Claims and Pre-Authorizations

If the Carrier supports attachments and the claim needs an attachment, the DXC Claim Attachment button will be enabled on the Claims and Pre-Authorization pages.

The top screenshot shows the 'Primary Dental Insurance Claim' page. The 'DXC Attachment Required?' button is highlighted. The 'DXC Claim Attachment' button is also highlighted. The page displays patient information, coverage information, and claim details.

The bottom screenshot shows the 'Primary Dental Pre-Authorization Detail' page. The 'DXC Claim Attachment' button is highlighted. The page displays patient information, coverage information, and claim details.

If the User makes changes to the Claim/Pre-Authorization before submitting, they can click "DXC Attachment Required?" to check if the updates made any changes to the requirements. If an attachment is required, a message from DentalXChange will list what is needed.

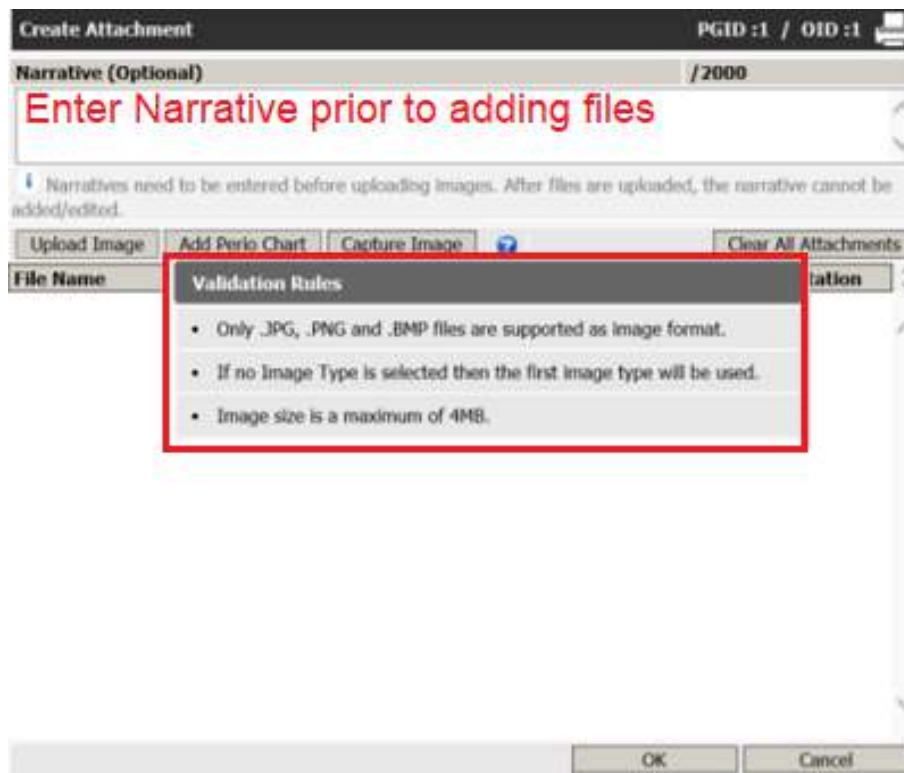
The screenshot shows the 'Primary Dental Insurance Claim' page. A message from DentalXChange is displayed: "D2740(Unknown code) - AN X-RAY ATTACHMENT IS REQUIRED FOR THIS PROCEDURE CODE AND PAYER." The 'DXC Claim Attachment' button is highlighted.

## Attaching Files to a Claim

Users will click the button "DXC Claim Attachment" button at the top of the page and this popup window will display.

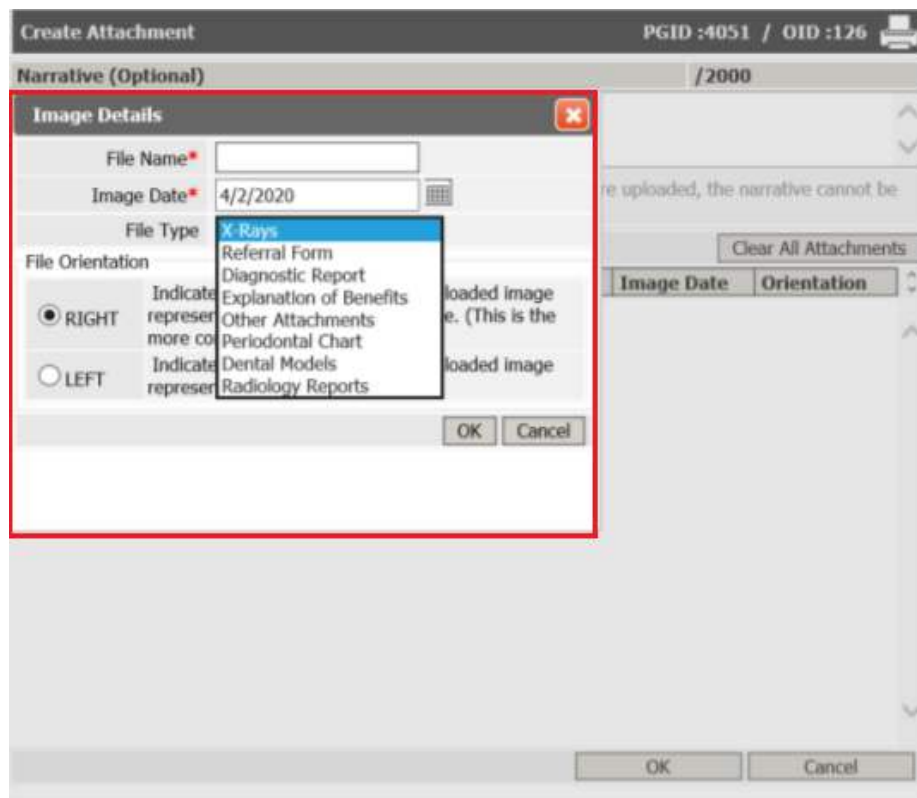
Note: When using the 'Document' button within the claim attachment screen, PDF or Gif type docs are excluded. In this case, you may use the snipping tool to capture the pdf and select the Capture button to Paste(Ctrl +V).

- A. If a Narrative needs to be added, it needs to be done BEFORE adding the files.
- B. Clicking on the "I" icon shows the Validation Rules for the files.



Clicking “Upload Image” will display the Image Details box where Users can specify:

- A. File Name
- B. Image Date (current date by default)
- C. File Type (X-Rays by default)
- D. If the File Type is X-Rays, the User can designate the File Orientation. (Right by default)



After adding files, the User can view the list of files ready for attaching.

A. Clicking on the File Name link displays the file.

B. After clicking OK, a DentalXChange Attachment ID will be listed on the claim.

The screenshot shows the 'Create Attachment' window with the following details:

- PGID :1 / OID :1
- Narrative (Optional) /2000
- Information: Narratives need to be entered before uploading images. After files are uploaded, the narrative cannot be added/edited.
- Buttons: Upload Image, Add Perio Chart, Capture Image, Clear All Attachments
- Table of attachments:

File Name	File Type	Image Date	Orientation
Patient-00001	X-Rays	3/23/2020	Right
Patient-00001Pano	X-Rays	3/23/2020	Right

At the bottom are OK and Cancel buttons.

Clicking on “Add Perio Chart” will display a list of chart dates for the patient.

A. After choosing a date, a screenshot of the data entry report will be attached.

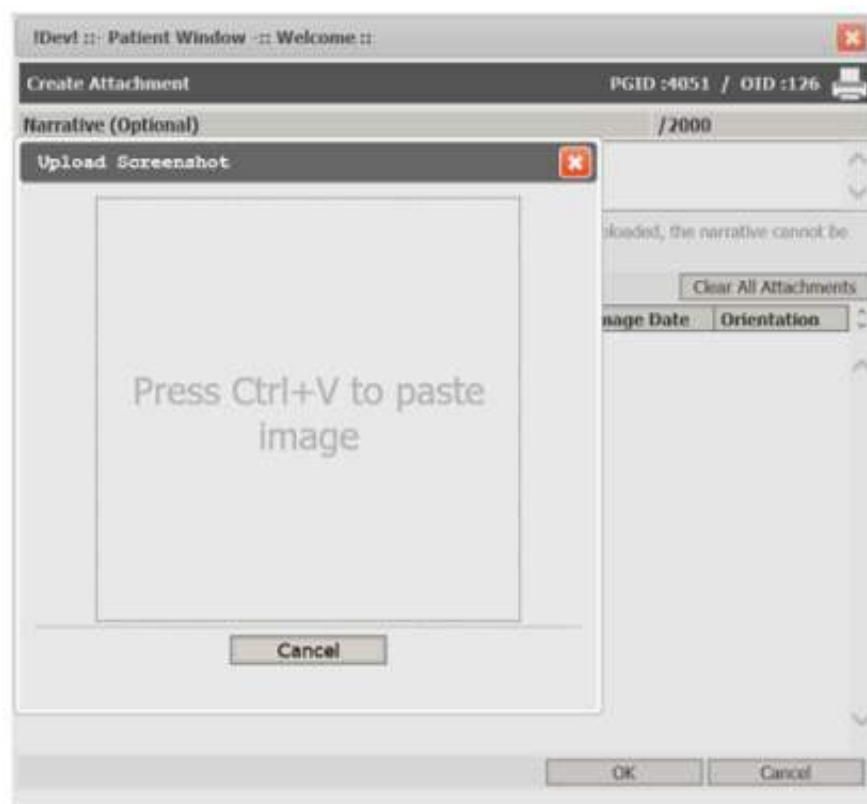
The screenshot shows the 'Create Attachment' window with the 'Perio Report' dialog box open. The dialog box contains:

- Perio Report as on: 4/2/2020 (dropdown menu)
- Buttons: OK, Cancel

The background window shows the same table as the first screenshot, but it is partially obscured by the dialog box. At the bottom are OK and Cancel buttons.



Clicking on Capture Image opens a window where Users can paste an image from their clipboard. Adding to your clipboard can be done by either pressing the Print Screen button on your keyboard or with a Snippet tool.



After submitting the files, the DXC Attachment ID is listed on the Claim Details as a reference number.

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Primary Dental Insurance Claim PGID :1 / OID :1

Patient/Subscriber Information				Coverage Information				Insurance Payment										
Patient Name	Chun, Allie	Pat ID	583	Carrier Name	Aelna	Group Plan	123456											
Subscriber Name	Allie, Chun	Sub ID	12345678	Carrier Phone	800-657-4433	Benefits Used												
Responsible Party Name	Allie, Chun	Sub DOB	5/29/1967	Employer Name	Bonita Canyon Elementary School	Deductibles Used												
<b>Billing Dentist</b>				<b>Treating Dentist</b>				<b>ICD-10 (Diagnostic Codes)</b>										
Rahul, Sharma DDS				Lee, Richard DDS				ICD 1 -- Not Selected --										
Test Enosis				3990 Westerly Pl Ste 200				ICD 2 -- Not Selected --										
FPO, AP 96520				APO, AP 96520				ICD 3 -- Not Selected --										
Phone # 949-785-1547				Phone # 212-879-6214				ICD 4 -- Not Selected --										
License # 456789				License # s23456666666666666666														
NPI # 1234567893				NPI # 1258745872														
TaxID # 010124498 SSN				TaxID # 098899999 SSN														
Procedures in this Claim																		
Date	Code	Th	Surf	Description	Prdr	Submitted Fees	Fee	Est. Ins	Ins Pay Posted	Ins Over Paid	Ins Allocated	Over Dis.	Write-off Posted	Write-off Over paid	Write-off Allocated	Pat Paid	Other Ins Paid	Reason Code
3/23/2020	d0110	LL		New Patient Exam	RLEE	\$0.00	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Total:</b>						<b>\$0.00</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
<b>Claim Info</b>												<b>Claim Status</b>		<b>Claim Amount</b>		<b>Insurance Payment</b>		
Claim ID	5581					Claim Sent Date						a. Total Submitted Fees	\$0.00		Check #			
Claim Billing Order	Dental					Claim Sent Status	Claim Created, Not Sent					b. Total Fee	\$50.00		Bank #			
Claim DOS Date	3/23/2020					Claim Close Date						c. Total Est. Ins	\$50.00		EOB #			
Claim Created By	RAHUL					Claim Status						d. Total Ins. Paid	\$0.00					
Claim Created On	03/23/2020 05:29:00 PM PT					DXC Attachment Id	DXC00007102					e. Variance (c-d)	\$50.00					
Claim Notes						Last Status Update Date												

## Batch Claims

If you are utilizing DentalXChange's Eclaims and the carrier supports DXC attachments, there will be two columns in the Batch Claims page titled "Claim Attachments" and "ATT".

Val	Created Date	Patient	Prdr	Claim	Carrier Name	Bill	Est-Ins	Pre-Auth?	Status	Claim Attachments	ATT
✓	4/1/2020	Test, DentalPriority02	GUPTIL	Pri Claim - Created, Not Sent (406.00)	AETNA HEALTH PLANS (OH)	DDDD	\$22.00	NO	UnPrinted 4/1/2020		
✓	4/1/2020	Test, ValidDevNPI	GUPTIL	Sec Claim - Created, Not Sent (2972.00)	AETNA HEALTH PLANS (OH)	DD	\$1,500.00	NO	UnPrinted	Attachment Exists	
✓	4/1/2020	Test, ValidDevNPI	GUPTIL	Pri Claim - Created, Not Sent (860.00)	AETNA HEALTH PLANS (OH)	D	\$0.00	NO	UnPrinted 4/1/2020	Attachment Exists	
✓	4/1/2020	Test, ValidDevNPI	GUPTIL	Pri Claim - Created, Not Sent (2972.00)	AETNA HEALTH PLANS (OH)	DD	\$0.00	NO	UnPrinted 4/1/2020	Attachment Missing	
✓	4/1/2020	Test, DentalPriority02	GUPTIL	Pri Pre-Auth - Created, Not Sent (406.00)	AETNA HEALTH PLANS (OH)	DDDD		YES	UnPrinted	Attachment Exists	
✓	4/1/2020	Test, DentalPriority02	GUPTIL	Pri Pre-Auth - Created, Not Sent	AETNA HEALTH PLANS (OH)	DDDD		YES	UnPrinted	Attachment Exists	

**If the User has already visited the single claims page for the individual records, the following messages will appear in the Claim Attachments column:**

- If a claim in the batch already has attachments, there will be a green link titled Attachment Exists. Clicking this link will show the popup window with the list of files attached.
- If a claim does NOT have attachments yet and they are required, there will be a red link titled Attachment Missing. Clicking this link will display a popup window to attach files for that claim.
- If a claim does not match these criteria, no link is listed.

If the User visits the Batch Claims page before viewing the individual records, they will need to click the "DXC Attachment Required?" button.

Clicking the button will validate all claims in the list top to bottom except those that already have a status.

If there are any validation errors during the batch check,

- A red paper clip icon will appear in the "ATT" column. Users can rollover the icon for more detail.
- A black paper clip indicates that an attachment that will be transmitted but was not required.
- A green paper clip indicates that a required file has been attached.



	Claim Attachments	ATT
Attachment is NOT required and attachment doesn't exists	<blank>	<blank>
Attachment is NOT required and attachment DOES exists	Attachment Exists	 Black Paper clip
Attachment is required and attachment doesn't exists	Attachment Missing	 Red Paper clip
Attachment is required and attachment DOES exists	Attachment Exists	 Green Paper clip
Claim validation errors while checking for attachment	<blank>	 Red Paper clip

IMPORTANT NOTE: If the claims are submitted with missing attachments or invalid fields, the submission process does NOT change. The batch claim submission will be processed. Users can return to the page afterwards to fix the incomplete claims and re-submit.

## Paper Claims

If attachments are submitted online and then a paper claim is printed, the DentalXChange Attachment ID is included in the Remarks section of the following forms:

- ADA 2019 Form (Example Below)
- ADA 2019 Form PrePrinted
- ADA 2012 Form
- ADA 2012 Form PrePrinted
- Dential Form
- Dential 2008

**ADA American Dental Association® Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark all appropriate boxes):  
☒ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☐ EPIDOT/Title XIX

2. Predetermination/Preauthorization Number:

**DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
 A - G - I - U - L - P - R - S - U - R - A - N - C - E  
 PO Box 1581  
 Neptune, NJ 07754

**POLICYHOLDER/SUBSCRIBER INFORMATION** (Assigned by Plan named in #3):  
 12. Policyholder/Subscrber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 Bright, Ben  
 750 Bayshore Avenue  
 Irvine, CA 92612  
 13. Date of Birth: (MM/DD/YYYY) 14. Gender: ☒ M ☐ F ☐ U 15. Policyholder/Subscrber ID (Assigned by Plan): 123525

**OTHER COVERAGE** (Check appropriate box and complete items 5-11 if none, leave blank)  
 4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only)  
 5. Name of Policyholder/Subscrber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth: (MM/DD/YYYY) 7. Gender: ☒ M ☐ F ☐ U 8. Policyholder/Subscrber ID (Assigned by Plan):  
 9. Plan/Group Number: 10. Patient's Relationship to Person named in #5: ☒ Self ☐ Spouse ☐ Dependent Child ☐ Other  
 11. Other Insurance Company (Dental Benefit Plan Name, Address, City, State, Zip Code)  
 16. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 17. Date of Birth: (MM/DD/YYYY) 18. Gender: ☒ M ☐ F ☐ U 19. Patient ID (Assigned by Dental): ID-112

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Diag. Pointer	30b. Qty.	30. Description	31. Fee
1 03/25/2020			8		D2740	1		Crown Porcelain/Ceramic, Substrate	1190.00
2									
3									
4									
5									
6									
7									
8									
9									
10									

33. Missing Teeth Information (Place X on each missing tooth):  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
 34. Diagnostic Code List Quarter: ☐ (X10-10 = A8)  
 35a. Diagnosis Code(s): A C  
 35b. Primary Diagnosis (in #6): 6  
 36. Other Fee(s):  
 37. Total Fee: 1190.00

**REMARKS:** (ERC Attachment ID) D1624-0000

**AUTHORIZATIONS**  
 38. Place of Treatment: ☒ XE ☐ X1 ☐ X2 ☐ X3 ☐ X4 ☐ X5 ☐ X6 ☐ X7 ☐ X8 ☐ X9 ☐ X0  
 39. Date of Treatment: 03/25/2020  
 40. Signature of Provider: [Signature]  
 41. Signature of Patient: [Signature]  
 42. Date of Signature: 03/25/2020

**ANCILLARY CLAIM/TREATMENT INFORMATION**  
 43. Place of Treatment: ☒ XE ☐ X1 ☐ X2 ☐ X3 ☐ X4 ☐ X5 ☐ X6 ☐ X7 ☐ X8 ☐ X9 ☐ X0  
 44. Date of Treatment: 03/25/2020  
 45. Signature of Provider: [Signature]  
 46. Signature of Patient: [Signature]  
 47. Date of Signature: 03/25/2020