

Select Health Dental Provider Resources: Quick Guide

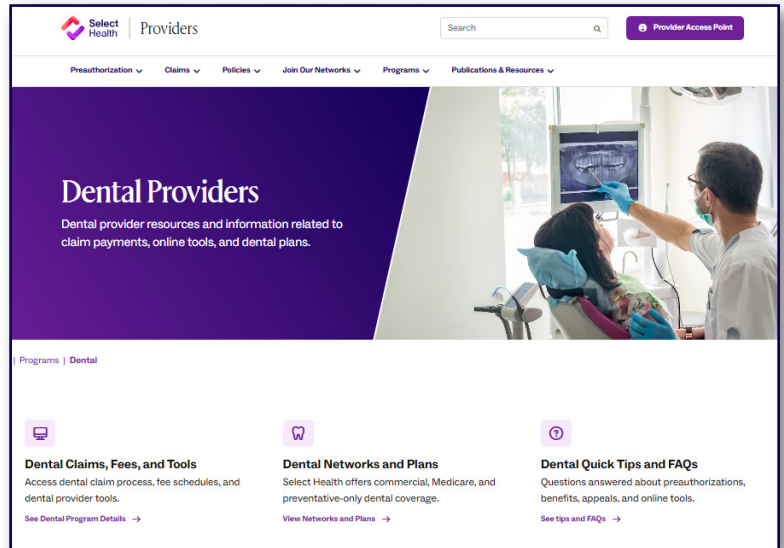
Visit Select Health Websites for Dental Providers

SelectHealth.org/Providers Website

This publicly available site (selecthealth.org/providers/programs/dental) features all content that does not require a secure login, including forms, provider reference manuals, monthly and quarterly publications, coding/reimbursement policies, and a wealth of other downloadable guides/resources.

Quick links for dental providers include:

- [Dental Provider FAQs](#)
- [Dental Coding/Reimbursement Policies](#)
- [Dental Networks & Plans](#)
- [Provider Appeal Form](#)
- [Notice of Medicare Non-Coverage](#)
- Claims Payment Forms ([electronic funds transfer/direct deposit](#) and [835/electronic remittance advice](#))

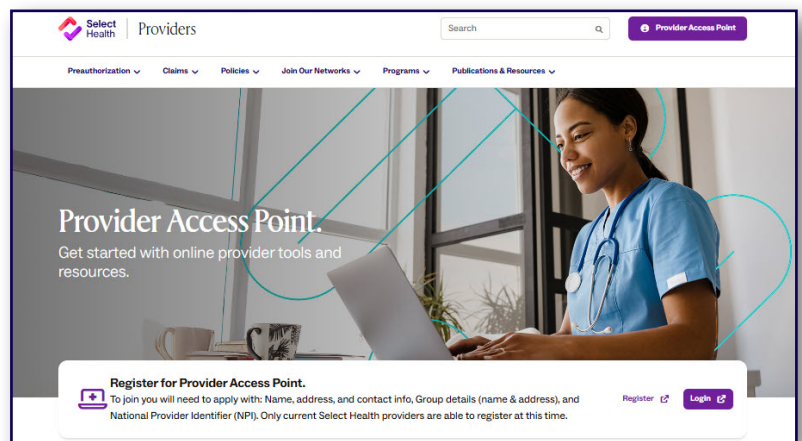


Provider Access Point

The [Provider Access Point](#) requires a secure access login and enrollment in 2-step authentication. It features access to dental fee schedules as well as key practice management tools involving patient information and/or other sensitive data.

These secure tools include:

- [Provider Benefit Tool](#) (for tracking eligibility and claims status)
- [Preauth & Care Plan Tool](#) (for certain preauthorization requests such as oral surgery)



Learn More

- Find out how the [Provider Benefit Tool \(page 2\)](#) and [Preauth & Care Plan Tool \(page 3\)](#) support your practice.
- Get started: Find instructions for gaining access to the secure Provider Access Point on [page 3](#).

Dental Provider Resources Quick Guide, Continued

Discover Secure Provider Tools that Support Your Practice

The Provider Benefit Tool (PBT)

The [Provider Benefit Tool](#) can help you to quickly verify benefits, eligibility, and claims status. Search options within the tool help you locate patients, claims, or remittance advice. Other features allow you to:

- Search for benefits and eligibility information by Select Health member ID number, Medicaid ID number, name and date of birth, or Social Security number.
- View a patient's claims history and status or processing information by individual claim or member rather than wading through an entire remittance advice (search via subscriber ID, claim number, or member name/date of birth).
- Access processing or detailed information for a specific payment.
- Securely request a reprint of a Remittance Advice/Explanation of Payment.
- Search for provider claims by date of service or within a given date range.
- Attach supporting documents to a specific dental claim (when required) to facilitate reprocessing.
- View dental member payment summaries, which provide benefit details, such as frequencies, limitations, and exclusions.
- Quickly locate deductible and out-of-pocket accumulators.
- Access outpatient physical, speech and occupational therapy accumulators.
- If applicable, view Coordination of Benefits information to help determine the Order of Benefits for a member.
- View medical and dental coverage history

Tips for PBT Users:

- 1 If you haven't used this tool for over 45 days, the program suspends your account. To reactivate your account, contact Provider Web Services at **800-538-5054**, Option 2 or providerwebservices@selecthealth.org.
- 2 Medical and dental payment summaries can be found once you log in to the PBT. For frequencies, limitations, and exclusions, you can check specific procedures for that information, and this document will personalize the results for the individual.

Access the [Dental Payment Summary \(DPS\) Key](#) to learn more.

Information Security: Use of the PBT requires access to the Select Health secure Provider Portal (login required; see [page 3](#)). To protect the security of our providers, clinic staff with access can only view provider data for those practicing under the designated Tax ID number(s) on file.

Questions? Contact Provider Development by calling **800-538-5054** or by sending an email to providerwebservices@selecthealth.org.

Access "Walk-through" PBT Training: Learn more about using this tool by accessing/downloading these resources:

- [How Do I Search for a Member and View Eligibility?](#)
- [How Do I Search for a Claim?](#)
- [How Do I Search for a Remittance Advice?](#)
- [How Do I Search for All Claims within a Date Range?](#)
- [For Which Providers Can I View Data?](#)
- [How Do I Submit Additional Documentation for Claims?](#)

Dental Provider Resources Quick Guide, Continued

Preauth & Care Plan Tool

Access the [Preauth & Care Plan Tool](#) (secure login required - see below), a great time-saver for your practice (some requests even qualify for auto-approval). As we transition from fax/email preauthorization requests to electronic requests only, switching to the Preauth & Care Plan Tool now will help your practice prepare for the future.

With this preauthorization submission tool, your practice benefits from:

- Fewer overall required steps to preauthorization for your patients
- No more duplicative efforts and potential errors when staff enter information from a paper form
- Reduced response time, follow-up calls, and decision delays due to missing information
- No risk of faxed member information being lost or sent to the wrong fax number
- Automatic review and preauthorization decisions for many procedures

Tips for Preauth & Care Plan Tool Users:

- 1 When you request secure access to our Provider Benefit Tool, you will get access to the Preauth & Care Plan Tool by default.
- 2 Check out the [Training](#) section of our website to get started with the Preauth & Care Plan Tool today.

Register for the Provider Access Point

[Provider Access Point](#) is available to all Select Health-contracted providers/facilities and their authorized staff/proxies. We encourage you to save time by using these resources if you already have access and to sign up for access if you are new to these resources.

Not a Select Health-contracted provider? You can always call our Member Services Department at **800-538-5038** for eligibility and claims status information.

To set up first-time access, you will need to submit **BOTH**:

- 1 [Login Application](#)—The official request for access; list all new users on this form.
- 2 [Information Technology Services Agreement \(ITSA\)](#)—An agreement between your office and Select Health regarding access to the Select Health system. You need only complete and return pages 1 and 14 of the agreement.

To add a user to an existing account, **you only need to submit the login application.**

Email all completed documentation to providerwebservices@selecthealth.org.

Tips for Requesting Access:

- 1 Download and complete the Login Application using Google Chrome; there may be some functional limitations if using Internet Explorer.
- 2 Need instructions for setting up 2-step authentication? Access and download our online [Cybersecurity Guide](#).

Questions?

Contact Provider Development by calling **800-538-5054** or by sending an email to providerwebservices@selecthealth.org

