

EDS EDI Eligibility

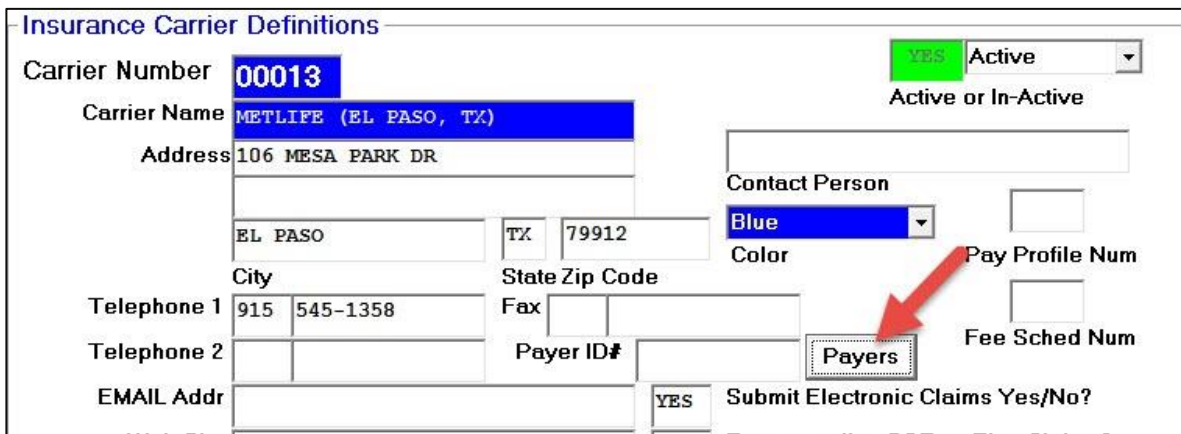
Once you have signed up for the EDS EDI Eligibility service follow the steps below to quickly and easily access Online Eligibility Insurance coverages.

One Time Setup:

Contact Data Tec and we will help you enter some simple setup information to identify your practice to EDS EDI.

Place Payer ID #'s on the Carrier Definitions:

1) From the Insurance Carrier Screen select the **Payers** button.



Insurance Carrier Definitions

Carrier Number: 00013 YES Active

Carrier Name: METLIFE (EL PASO, TX) Active or In-Active

Address: 106 MESA PARK DR

City: EL PASO State: TX Zip Code: 79912

Telephone 1: 915 545-1358

Telephone 2: []

EMAIL Addr: []

Color: Blue

Pay Profile Num: []

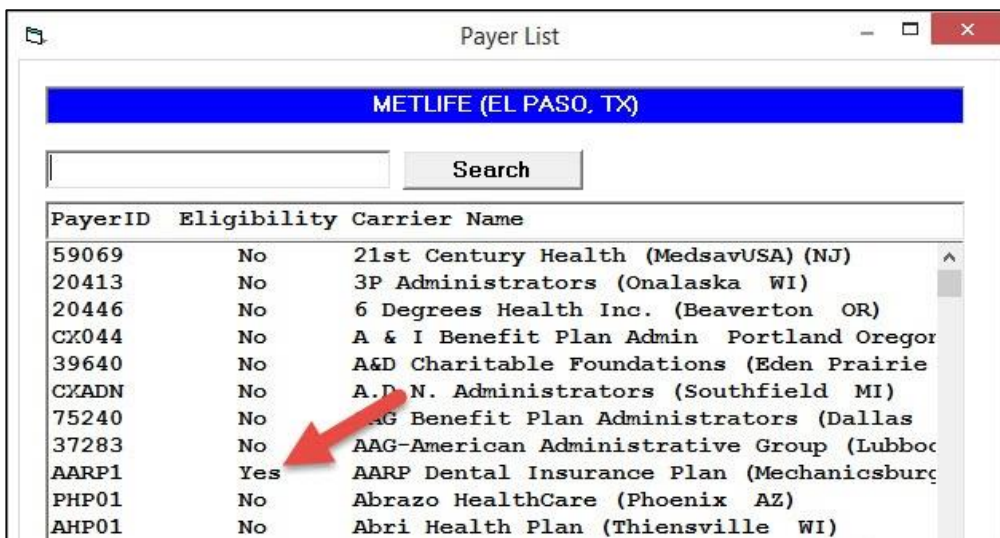
Fee Sched Num: []

Payer ID#: []

Submit Electronic Claims Yes/No? YES

Payers

2) A list of all Carrier IDs and if they support Online Eligibility will be listed.



Payer List

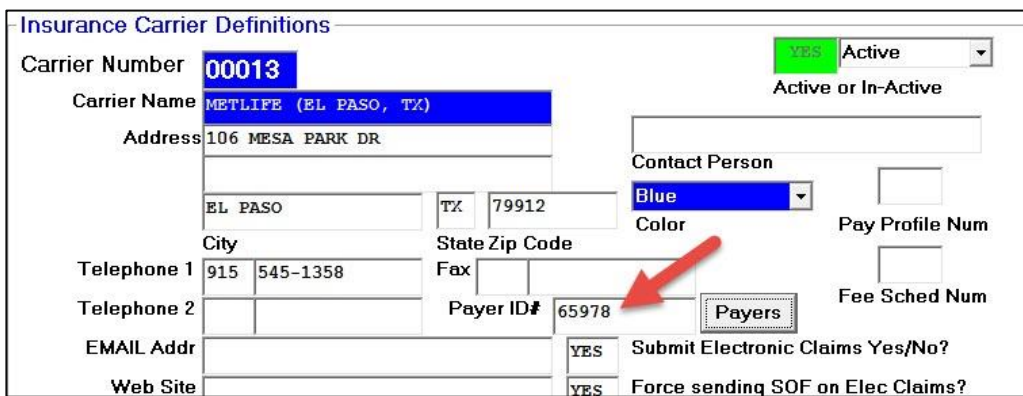
Search: METLIFE (EL PASO, TX)

PayerID	Eligibility	Carrier Name
59069	No	21st Century Health (MedsavUSA) (NJ)
20413	No	3P Administrators (Onalaska WI)
20446	No	6 Degrees Health Inc. (Beaverton OR)
CX044	No	A & I Benefit Plan Admin Portland Oregon
39640	No	A&D Charitable Foundations (Eden Prairie MN)
CXADN	No	A.D.N. Administrators (Southfield MI)
75240	No	AAG Benefit Plan Administrators (Dallas TX)
37283	No	AAG-American Administrative Group (Lubbock TX)
AARP1	Yes	AARP Dental Insurance Plan (Mechanicsburg PA)
PHP01	No	Abrazo HealthCare (Phoenix AZ)
AHP01	No	Abri Health Plan (Thiensville WI)

- 3) You can search for your specific carrier, **enter part of the carrier name** and click **Search**.
If you find the carrier you want, then **click on the line** listing the desired carrier.

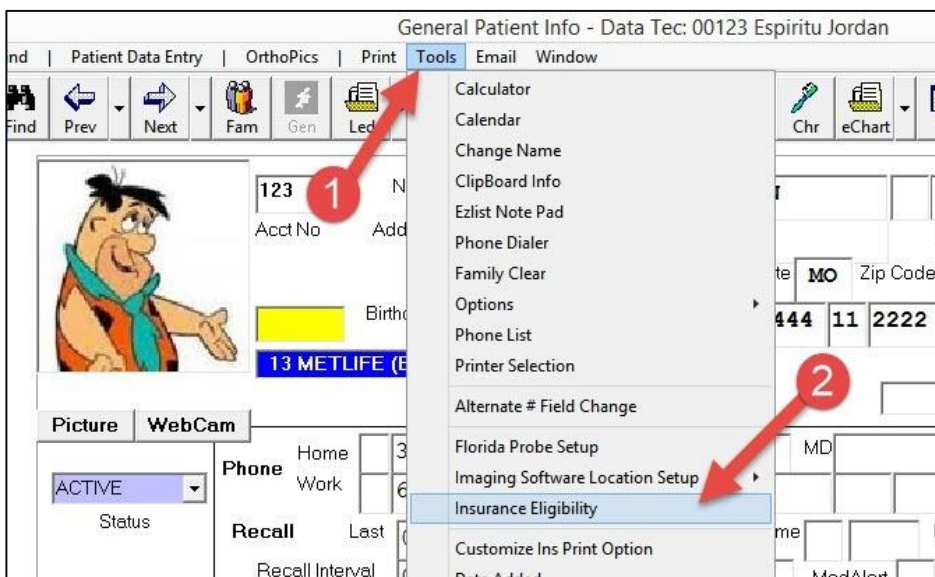


- 4) After returning to Carrier Definition screen and the Payer ID Number will be inserted.

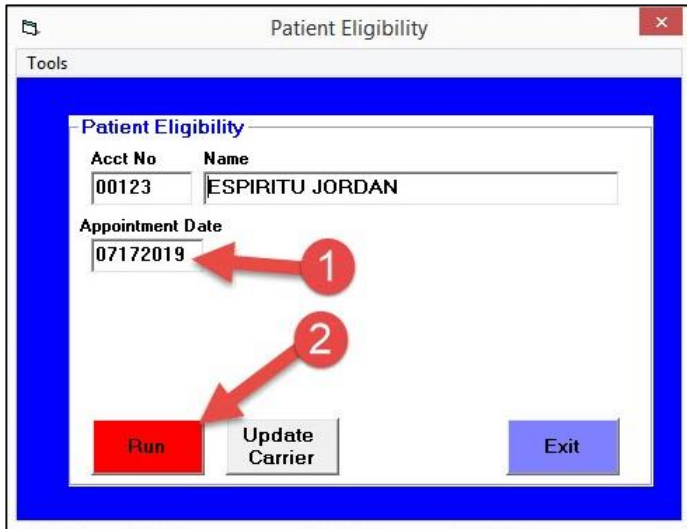


Displaying Real Time Eligibility Information:

- 1) From any one of the patient screen, select the top **Tools** option, then **Insurance Eligibility**.

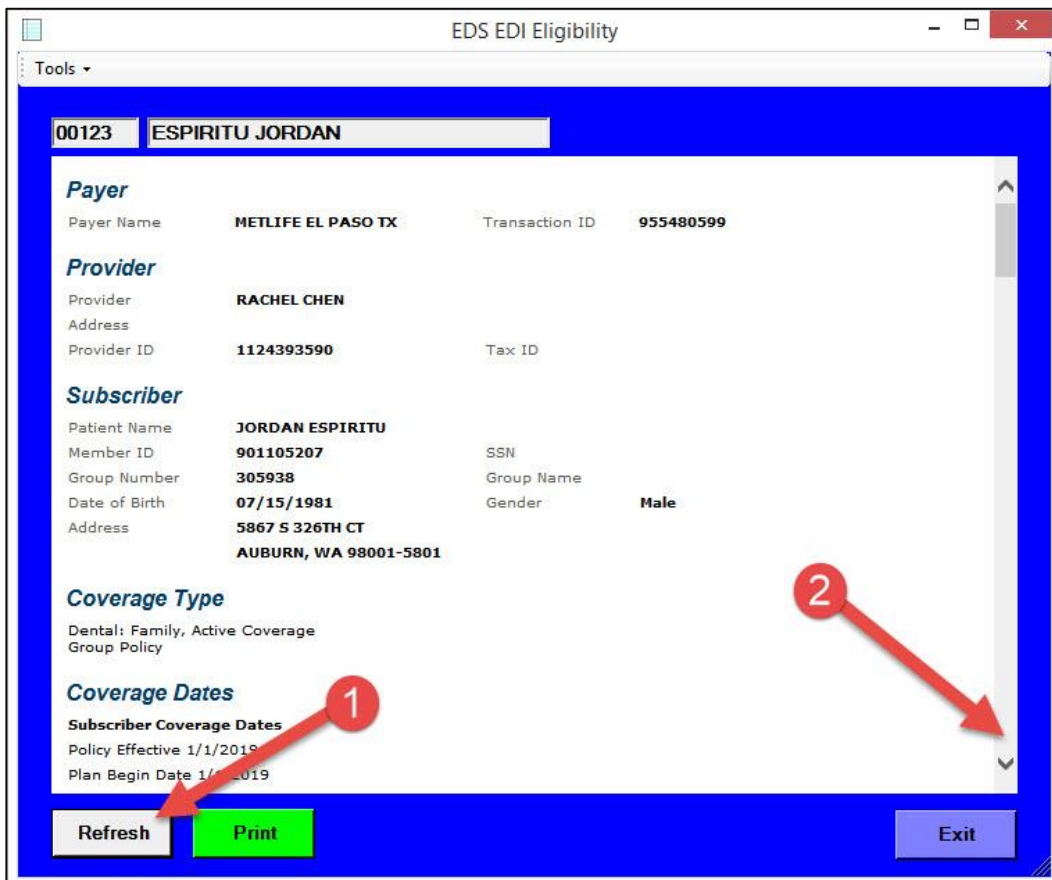


2) On the pop up Patient Eligibility window, select the patients visit date and click Run.



3) The Eligibility screen will be displayed, if it doesn't populate with information immediately click the **Refresh** button a few times. This is dependent on the specific carrier's internet traffic and the overall internet speeds.

Once the basic information is displayed click the scroll bar on the right to move through the detailed information.



In addition to **Payer, Provider, & Subscriber** information, the next several screens show the types of information that is displayed including:

Coverage Type, Coverage Dates, Deductibles & Maximums, Coverage Details, Plan Provisions, Frequency limitations & Age Limitations.

00123 **ESPIRITU JORDAN**

Coverage Type
Dental: Family, Active Coverage
Group Policy

Coverage Dates
Subscriber Coverage Dates
Policy Effective 1/1/2019
Plan Begin Date 1/1/2019
Plan End 12/31/2019

Deductibles & Maximums

Deductible	In Network	Out of Network
Individual, Dental Care	\$50.00	\$50.00
Individual, Periodontics	\$50.00	\$50.00
Individual, TMJ		\$50.00
Family, Dental Care		\$150.00
Family, Periodontics		\$150.00
Family, TMJ		\$150.00

Maximum		In Network	Out of Network
Individual, Dental Care	Annual	\$1,500.00	\$1,500.00
	Amount Used	\$0.00	\$0.00
	Amount Remaining	\$1,500.00	\$1,500.00

Buttons: Refresh, Print, Exit

Tools ▾

00123

ESPIRITU JORDAN

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Family, Dental Care		\$150.00
Family, Periodontics		\$150.00
Family, TMJ		\$150.00

Maximum		In Network	Out of Network
Individual, Dental Care	Annual	\$1,500.00	\$1,500.00
	Amount Used	\$0.00	\$0.00
	Amount Remaining	\$1,500.00	\$1,500.00

Refresh

Print

Exit



Tools ▾

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ESPIRITU JORDAN

Maximum		In Network	Out of Network
Individual, Dental Care	Annual	\$1,500.00	\$1,500.00
	Amount Used	\$0.00	\$0.00
	Amount Remaining	\$1,500.00	\$1,500.00
Individual, Periodontics	Annual	\$1,500.00	\$1,500.00
	Amount Used	\$0.00	\$0.00
	Amount Remaining	\$1,500.00	\$1,500.00
Individual, TMJ	Annual	\$1,500.00	\$1,500.00
Individual, Orthodontics	Lifetime	\$1,500.00	\$1,500.00
	Amount Used	\$0.00	\$0.00
	Amount Remaining	\$1,500.00	\$1,500.00



Plan Provisions

Waiting Period does not apply.

Second Molar Sealants - Permanent molars only, excluding wisdom teeth.

First Molar Sealants - Permanent molars only, excluding wisdom teeth.

Prostheses and root canals are billable on Preparation Date.

The plan does not cover any porcelain, veneer or titanium materials on molars. The plan benefit is based upon the alternate benefit of a full cast restoration.

TMJ

The maximums and deductibles for these services may be combined with other types of procedures, such as TMJ or Perio.

Coverage

Refresh

Print

Exit

Tools ▾

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Coverage

Description	In Network	Out of Network	Deductible Applies	Message
Diagnostic Dental	100%	100%		
Routine(Preventive) Dental	100%	100%		
Restorative	90%	80%		
Endodontics	90%	80%		
Periodontics	90%	80%		
Prosthodontics	60%	50%		
Oral Surgery	90%	80%		
Orthodontics	50%	50%		
D0150	100%	100%		
D0210	100%	100%		
D0270	100%	100%		
D0431				NOT COVERED
D1110	100%	100%		
D1208	100%	100%		
D1351	100%	100%		
D1510	100%	100%		
D2140	90%	80%	YES	
D2391	90%	80%	YES	
D2630	60%	50%	YES	
D2642	60%	50%	YES	



Refresh

Print

Exit

Tools ▾

00123

ESPIRITU JORDAN

Frequency Limitations

Plan	Procedure	Restriction	Last Visit
Out-Network	D0150	2 times per 1 Calendar Year	12/18/2018
	D0210	1 time per 60 Months	12/19/2017
	D0270	1 time per 1 Calendar Year	09/25/2018
	D1110	2 times per 1 Calendar Year	11/14/2017
	D1208	1 time per 1 Calendar Year	
	D1351	1 time per 60 Months	
	D2140	1 time per 24 Months	
	D2391	1 time per 24 Months	
	D2630	1 time per 84 Months	
	D2643	1 time per 84 Months	
	D2750	1 time per 84 Months	
	D2954	1 time per 84 Months	
	D3310	1 time per 24 Months	
	D4260	1 time per 36 Months	
	D4341	1 time per 24 Months	12/26/2017
	D4910	4 times per 1 Calendar Year	12/18/2018
	D5110	1 time per 84 Months	
	D6010	1 time per 84 Months	
	D6013	1 time per 84 Months	



Refresh

Print

Exit

Tools ▾

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	D3310	1 time per 24 Months	
	D4260	1 time per 36 Months	
	D4341	1 time per 24 Months	12/26/2017
	D4910	4 times per 1 Calendar Year	12/18/2018
	D5110	1 time per 84 Months	
	D6010	1 time per 84 Months	
	D6013	1 time per 84 Months	
	D6210	1 time per 84 Months	
	D9944	1 time per 60 Months	

Age Limitations

Plan	Procedure	Restriction
Out-Network	D1208	To Age 19
Out-Network	D1351	To Age 19
Out-Network	D1510	To Age 19
In-Network	D1208	To Age 19
In-Network	D1351	To Age 19
In-Network	D1510	To Age 19

Disclaimer: This EDS eligibility report is for informational purposes only. The information is derived directly from the payer indicated on the report and is not to be construed as a guarantee of payment.

Refresh

Print

Exit