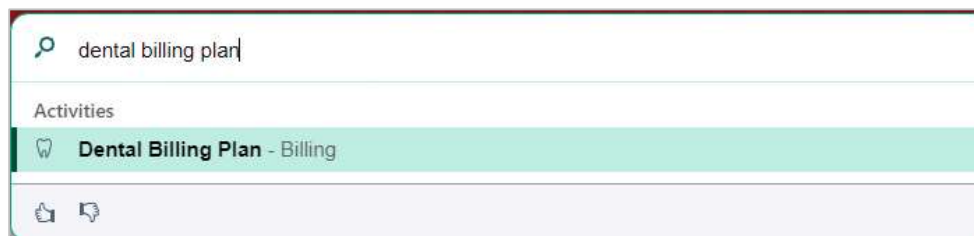


Create an Insurance Charging Plan

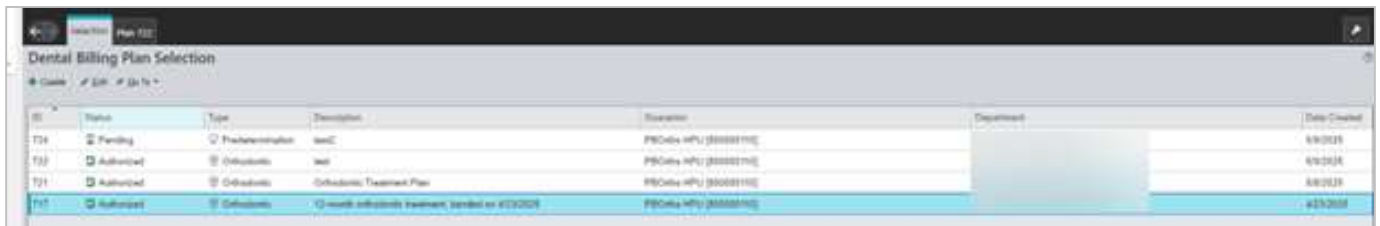
Insurance charging plans are automatically generated by the system when insurance payment is expected on banding codes (D8010-D8090's). However, you may come across scenarios where you need to manually create a new insurance charging plan. For example, the total insurance billed amount needs to be updated or if a patient's coverage changes.

If an Insurance Charging Plan Already Exists

1. Navigate to the Dental Billing Plan activity.



2. Type in either the patient's name or MRN and click **Find Patient** and click **Select**.
3. From the **Dental Billing Plan Selection** screen, review any Authorized Insurance Charging Plans.



ID	Status	Type	Description	Insurance	Department	Date Created
T24	Pending	Preauthorization	ImpC	PSCody HPU (80000110)		8/9/2025
T23	Authorized	Orthodontic	Imp	PSCody HPU (80000110)		8/9/2025
T21	Authorized	Orthodontic	Orthodontic Treatment Plan	PSCody HPU (80000110)		8/9/2025
T27	Authorized	Orthodontic	12-month orthodontic treatment, banding ex 61232025	PSCody HPU (80000110)		8/9/2025

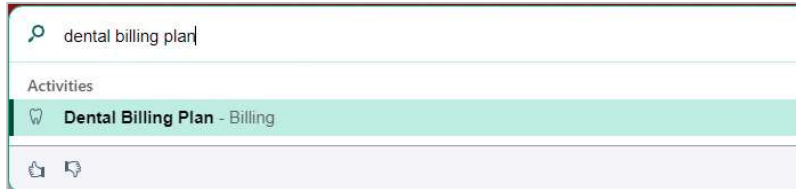
4. If any of the insurance charging plans need to be terminated and recreated, double-click the charging plan to open it.
5. Click **Terminate Plan**.

-

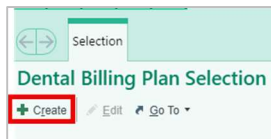
When setting up a new Insurance Charging Plan, include the balances for terminated charges in the new charging plan.

Creating a New Insurance Charging Plan

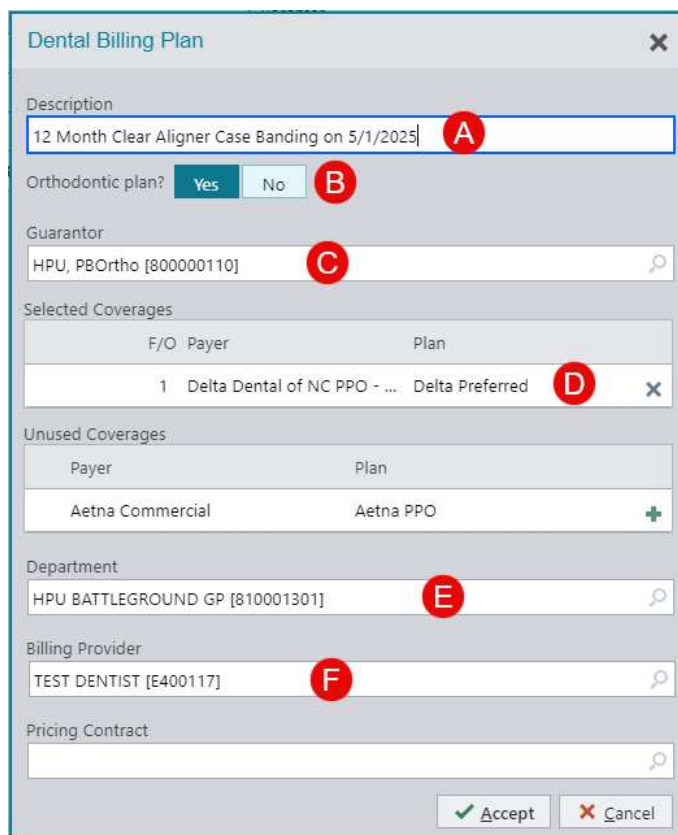
1. Navigate to the Dental Billing Plan activity.



2. Locate and open the patient's chart if needed.
3. To set up a new insurance charging plan, click **+ Create**.



4. In the Dental Billing Plan window enter the following information:



Dental Billing Plan

Description: 12 Month Clear Aligner Case Banding on 5/1/2025 **A**

Orthodontic plan? Yes **B** No

Guarantor: HPU, PBOOrtho [800000110] **C**

Selected Coverages

F/O	Payer	Plan
1	Delta Dental of NC PPO - ...	Delta Preferred D

Unused Coverages

Payer	Plan
Aetna Commercial	Aetna PPO

Department: HPU BATTLEGROUND GP [810001301] **E**

Billing Provider: TEST DENTIST [E400117] **F**


Pricing Contract

- a. Description: Indicate a note about the type of charging plan you are setting up (for example: 12 Month Clear Aligner Case and include the banding date).

- b. Orthodontic Plan: Select Yes.
- c. Guarantor: Select the **Orthodontic Guarantor Account**.



Epic will always default the lowest guarantor ID, please verify that you select the correct Orthodontic Guarantor Account

- d. Predetermination Coverage: Select the insurance coverage
 - i. Do not add commercial medical coverage unless you are trying to bill medical for Orthodontics.
- e. Department: Select the correct department and service area for the patient.
- f. Billing Provider: Select the rendering provider for treatment.
 - i. If the provider rendering treatment is not correct, click the  magnifying glass to open the **Provider Finder** window.
 - ii. In the **Provider Finder** window, remove the address.
 - iii. In the **Search by name** field, enter the name of the provider.
 - iv. Once you see the correct provider listed, double-click their name to select.
 - v. This will close the **Provider Finder** window and populate **Provider** field in the Dental Plan window.

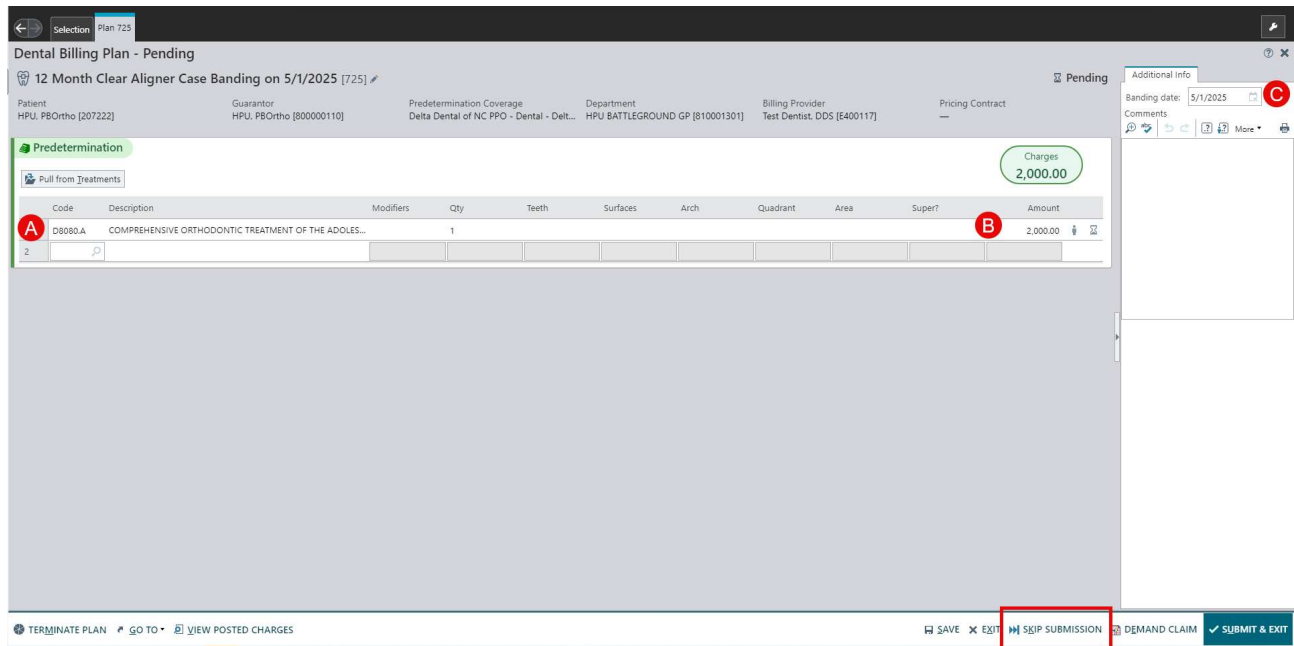
5. Click  **Accept**.

6. Under the **Predetermination** section complete the following fields:

- a. Code - enter the correct treatment type and length code. Remember to review the treatment FA to find the correct code. (Make sure to enter the .C at the end of the code to specify the months of treatment).
- b. Amount- Full amount to bill to insurance.
- c. Banding Date: Under **Additional Info** to the right of the screen, enter the banding date.
 - i. Enter the original banding date for the Orthodontic Start.

7. Click  **Skip Submission**.

- a. If asked, "Are you sure you want to skip submitting a predetermination claim?" Click **Retain Amounts and Skip**.



Dental Billing Plan - Pending

12 Month Clear Aligner Case Banding on 5/1/2025 [725]

Patient: HPU, PBOrtho [207222] | Guarantor: HPU, PBOrtho [800000110] | Predetermination Coverage: Delta Dental of NC PPO - Dental - Delt... | Department: HPU BATTLEGROUND GP [810001301] | Billing Provider: Test Dentist, DDS [E400117] | Pricing Contract: -

Predetermination

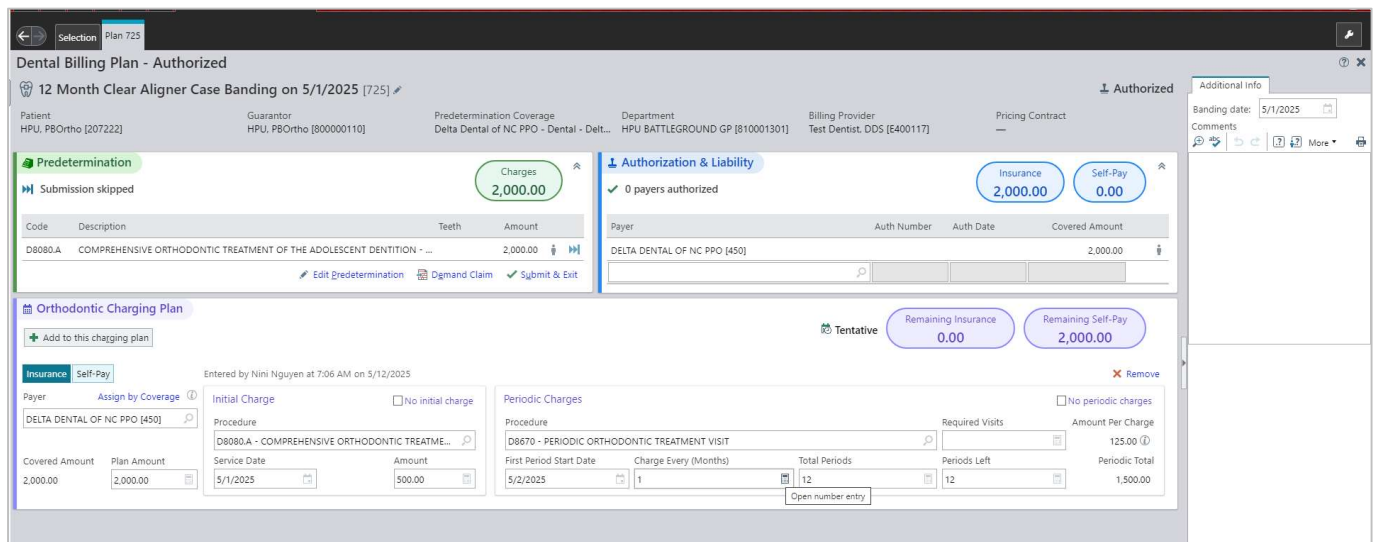
Pull from Treatments

Code	Description	Modifiers	Qty	Teeth	Surfaces	Arch	Quadrant	Area	Super?	Amount
D8080.A	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOL...		1							2,000.00

Charges: 2,000.00

TERMINATE PLAN | GO TO | VIEW POSTED CHARGES | SAVE | X | EXIT | **SKIP SUBMISSION** | DEMAND CLAIM | SUBMIT & EXIT

8. Click **+ Create Plan**.
9. Under **Authorization and Liability**, add the insurance payer.
 - a. If the patient has dual coverages, add both coverages under authorization and liability.
10. Under the **Orthodontic Charging Plan** section, select "Insurance".
11. Complete, both the Initial Charge and Periodic Charge fields.



Dental Billing Plan - Authorized

12 Month Clear Aligner Case Banding on 5/1/2025 [725]

Patient: HPU, PBOrtho [207222] | Guarantor: HPU, PBOrtho [800000110] | Predetermination Coverage: Delta Dental of NC PPO - Dental - Delt... | Department: HPU BATTLEGROUND GP [810001301] | Billing Provider: Test Dentist, DDS [E400117] | Pricing Contract: -

Predetermination

Submission skipped

Charges: 2,000.00

Authorization & Liability

0 payers authorized

Payer	Auth Number	Auth Date	Covered Amount
DELTA DENTAL OF NC PPO [450]			2,000.00

Orthodontic Charging Plan

Add to this charging plan

Tentative

Remaining Insurance: 0.00 | Remaining Self-Pay: 2,000.00

Entered by Nini Nguyen at 7:06 AM on 5/12/2025

Insurance | Self-Pay

Payer: Assign by Coverage | DELTA DENTAL OF NC PPO [450]

Covered Amount: 2,000.00 | Plan Amount: 2,000.00

Initial Charge

Procedure: D8080.A - COMPREHENSIVE ORTHODONTIC TREATME... | No initial charge

Service Date: 5/1/2025 | Amount: 500.00

Periodic Charges

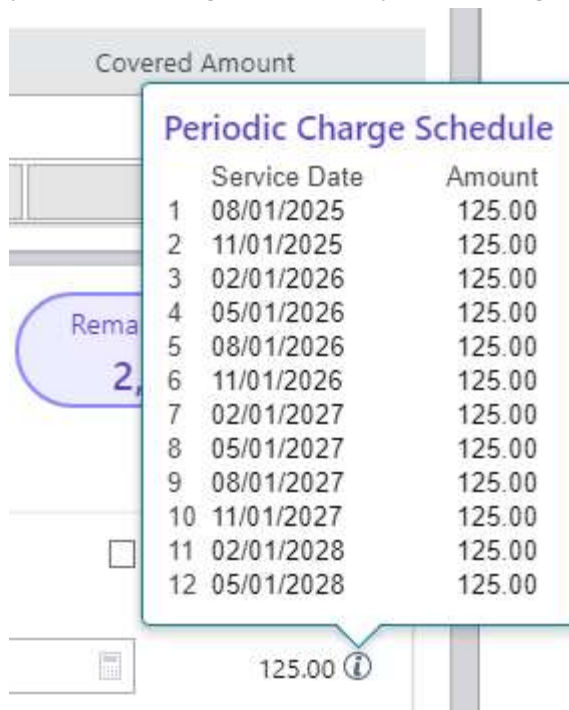
Procedure: D8670 - PERIODIC ORTHODONTIC TREATMENT VISIT | No periodic charges

First Period Start Date: 5/2/2025 | Charge Every (Months): 1 | Total Periods: 12 | Periods Left: 12 | Amount Per Charge: 125.00 | Periodic Total: 1,500.00

- a. Initial Charge Procedure: Treatment Type and Length Code.

- i. Ensure that you're selecting the correct .C code with months of treatment, matching what's on the financial arrangement.
- b. Service Date: Date of Treatment Start.
- c. Amount: Enter the initial charge amount.
 - i. Validate with payer what they pay at banding.
- d. Periodic Charge Procedure: D8670 - PERIODIC ORTHODONTIC TREATMENT VISIT
- e. First Period Start Date: If the payer paid every three months on the first, you need to subtract however many months plus a day.
 - i. For example: If the first periodic charge needs to drop on 8/1, enter 05/02/2025.
- f. Charge Every Month(s): Indicate the number of months between charges (for example, if the charges will roll monthly you would input "1"; if the charges will roll quarterly you would input "3").
- g. Total Periods: Enter the length of treatment.

To make sure your math is correct, hover over the **information icon** (i) to ensure the periodic charges match up. See image below:



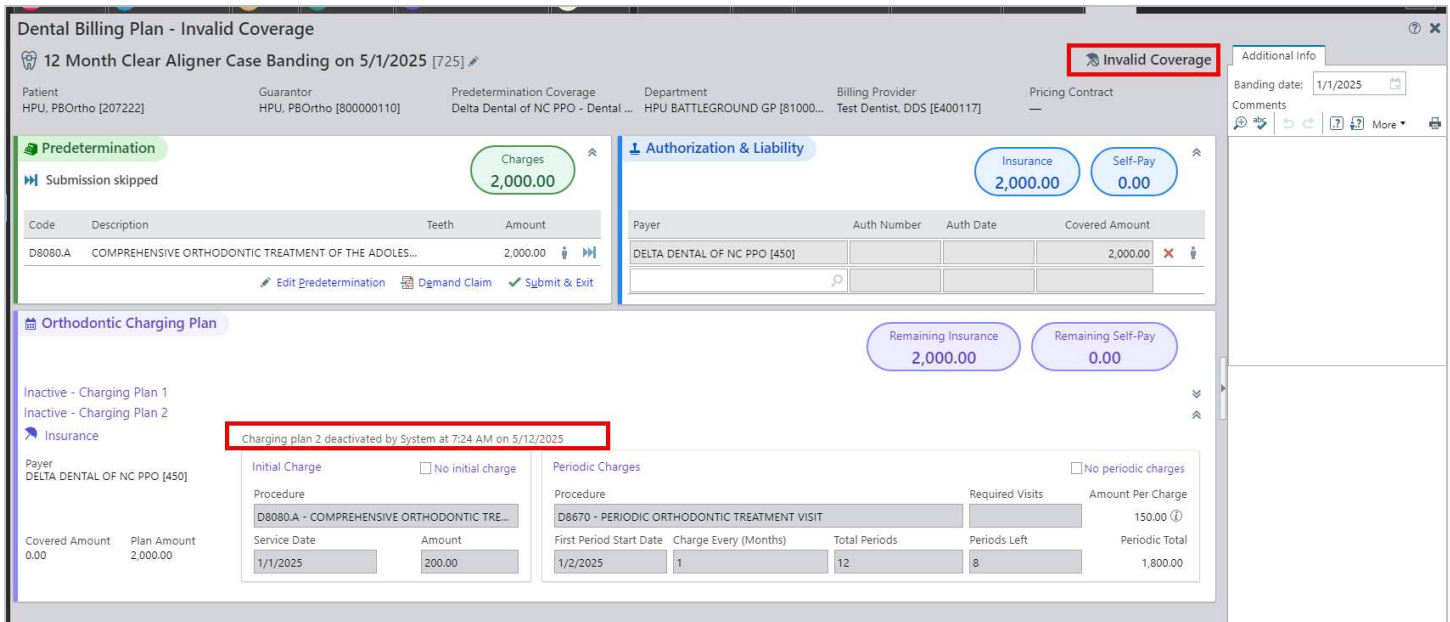
	Service Date	Amount
1	08/01/2025	125.00
2	11/01/2025	125.00
3	02/01/2026	125.00
4	05/01/2026	125.00
5	08/01/2026	125.00
6	11/01/2026	125.00
7	02/01/2027	125.00
8	05/01/2027	125.00
9	08/01/2027	125.00
10	11/01/2027	125.00
11	02/01/2028	125.00
12	05/01/2028	125.00

12. Click  **Activate Charging Plan.**

13. Overnight, the system will post the Periodic Charges for billing and claims submission.

Coverage Change - Update Insurance Charging Plan

If the patient's coverage is no longer effective, the system will automatically update the Dental Billing Plan to an Invalid Coverage status and charges will route to Charge Review. Users will need to review and update the coverage to continue billing.



Dental Billing Plan - Invalid Coverage

12 Month Clear Aligner Case Banding on 5/1/2025 [725]

Invalid Coverage

Patient: HPU, PBOOrtho [207222] | Guarantor: HPU, PBOOrtho [800000110] | Predetermination Coverage: Delta Dental of NC PPO - Dental... | Department: HPU BATTLEGROUND GP [81000... | Billing Provider: Test Dentist, DDS [E400117] | Pricing Contract: —

Predetermination

Submission skipped

Charges: 2,000.00

Authorization & Liability

Insurance: 2,000.00 | Self-Pay: 0.00

Payer	Auth Number	Auth Date	Covered Amount
DELTA DENTAL OF NC PPO [450]			2,000.00

Orthodontic Charging Plan

Remaining Insurance: 2,000.00 | Remaining Self-Pay: 0.00

Inactive - Charging Plan 1
Inactive - Charging Plan 2
Insurance

Charging plan 2 deactivated by System at 7:24 AM on 5/12/2025

Payer: DELTA DENTAL OF NC PPO [450]

Covered Amount: 0.00 | Plan Amount: 2,000.00

Initial Charge ☐ No initial charge

Procedure: D8080.A - COMPREHENSIVE ORTHODONTIC TRE...
Service Date: 1/1/2025 | Amount: 200.00

Periodic Charges ☐ No periodic charges



Procedure: D8670 - PERIODIC ORTHODONTIC TREATMENT VISIT
First Period Start Date: 1/2/2025 | Charge Every (Months): 1 | Total Periods: 12 | Periods Left: 8 | Amount Per Charge: 150.00 | Periodic Total: 1,800.00

Errors

HPU - Invalid Coverage on Ortho Charging Plan

Rule 731418

This Orthodontic Charging Plan includes invalid coverage(s). If a new coverage is active for ortho treatment, add the coverage in dental eligibility, complete the benefit breakdown, and Save & Send Back to Epic. If insurance associated with this charging plan is termed, terminate charging plan with Invalid Coverage and create a new insurance charging plan with updated coverage. Delete this charge session after the coverage and charging plans have been addressed. If no active coverage, review the outstanding amount with patient and determine appropriate actions on unpaid insurance balance.

1. Login using the CC Biller Job Template.
2. From the  Workqueue list, navigate to the  Charge Review tab. Double-click the HPU Orthodontic Charge Review.
3. Select the account and review the sidebar. Look for the error/status “HPU - Invalid Coverage on Ortho Charging Plan”.

4. Validate the patient's coverage to verify effective dates.
5. If the coverage was effective for the charges stopped in charge review, select **Authorize** on the lower right and resubmit charges from the workqueue for billing.
6. For any charges that should be billed under a new insurance coverage, delete those charges from charge review. If the charges have been posted to Prof Tx Inquiry, void the charges, as they have posted with a self-pay balance.
7. Follow the steps listed in the "Creating a New Insurance Charging Plan" section above to set up a new Insurance Charging Plan with the new coverage for the remaining balance.