

# Dentrix Ascend – Wrap Claims

## Wrap Dental Insurance Claims

### Definition:

On an insurance claim, you can bill the insurance company for a patient’s visit to your office by using a “rate code” with a set amount. The actual amount and procedure information on the claim is determined by each location.

### Scenarios:

The scenarios presented in this document use the following data:

- **Rate Code** = 1234                      **Rate Fee** = \$125.00
- **Procedure** = D3330                    **Procedure Fee** = \$1000.00

SCENARIO	PROCEDURES ON CLAIM	CHARGES	TOTAL AMOUNT OF CLAIM
1	1234	Rate Fee	\$125.00
2	1234	Rate Fee + Procedure Fee	\$1125.00
3	1234 + D3330	Rate Fee	\$125.00
4	1234 + D3330	Rate Fee + Procedure Fee	\$1125.00

### How to Achieve in Dentrix Ascend:

This is currently accomplished in Dentrix Ascend primarily by a manual process as procedures are entered. If the majority of your claims are submitted using a wrap method, there are a few default settings that may be helpful. Each location can determine if optional settings would be beneficial based upon volume.

It is highly recommended that you create a patient note notification for any patient who is eligible for a wrap claim. Include the rate code and any other information needed for wrap claims in the note, and set up the notification to appear when posting treatment.

The screenshot shows the 'Add Notes' interface. On the left, there is a text area for a patient-specific note containing the text: 'Rate Code: 1234' and 'Wrap claim: Rate Fee = \$125, Procedures = \$0'. On the right, there is a 'Notification Pages' sidebar with a tree view. The tree view includes 'Add all pages', 'General', 'Insurance', 'Financial', 'Ledger', 'Print Statements', 'Clinical', and 'Schedule'. The 'Financial' and 'Ledger' sections are expanded. At the bottom of the window are 'Save' and 'Cancel' buttons.

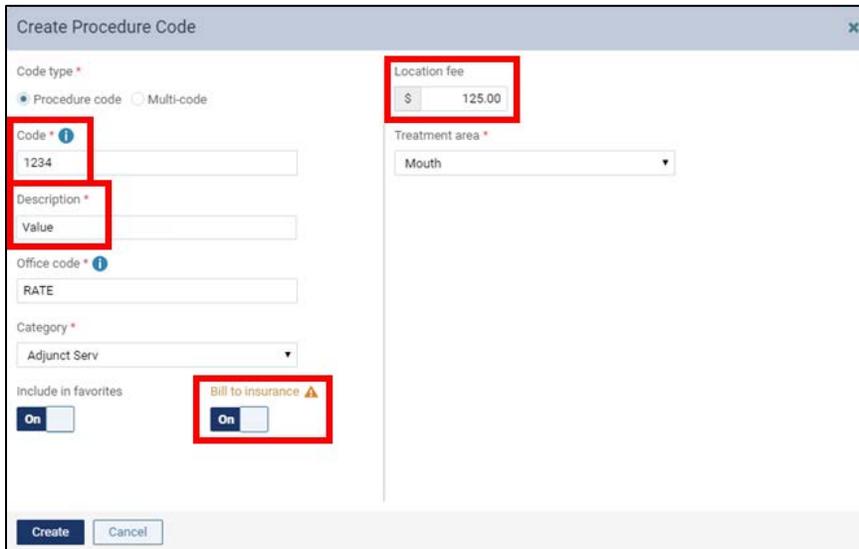
To add a note, go to Patient > Patient Information > Notes, and click Add Note.

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## Sample Setup

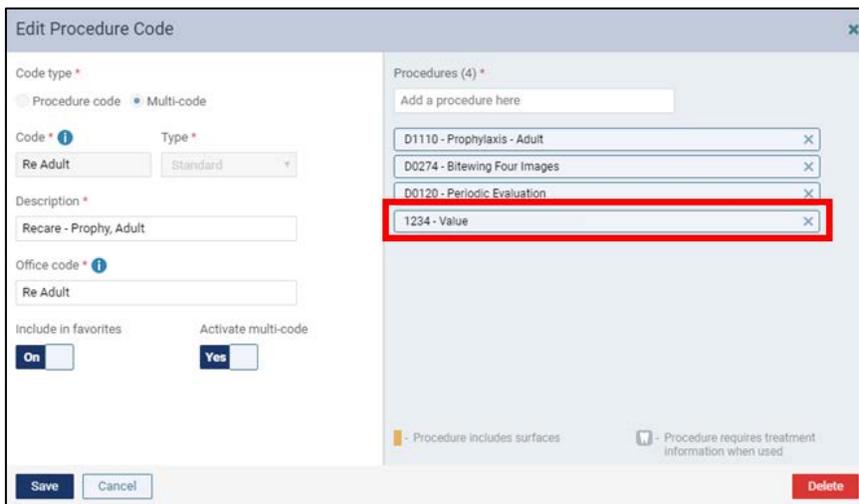
### 1. Create a rate code.

- Enter the **Code** (1234).
- Enter the **Description** (Value).
- Set **Bill to insurance** to **On**.
- Enter the **Location fee** (125.00).
- **(Optional)** To tag this code as a favorite for easy reference, set **Include in favorites** to **On**.



To add a procedure code, go to Settings > Procedure Codes & Conditions, and click Add Procedure Code.

### 2. **(Optional)** Add the rate code (from step 1) to applicable multi-codes, such as a multi-code for regular visits (recare).



To edit a multi-code, go to Settings > Procedure Codes & Conditions, and click a multi-code.

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### 3. (Optional) Create a wrap claim fee schedule.

- Enter a name for the fee schedule.
- Set all fees to \$0 except for the rate code (1234), which should be the rate code's fee (\$125).

Procedure	Description	Old	New
000WHT	Whitening		\$ 0.00
1234	Value		\$ 125.00
D0120	Periodic Evaluation		\$ 0.00

To add a fee schedule, go to Settings > Fee Schedules, and click Create New.

**Tip:** You can quickly create a fee schedule by copying the office fee schedule to the new one. Next, reduce the fees by 100% to set them all to \$0.00, and then enter the correct fee for the rate code.

### 4. (Optional) Update the fee schedule of each provider who will work with patients whose insurance plan is eligible for wrap claims to reflect the correct fee (\$125) for the rate code (1234).

Procedure	Description	Old	New
000WHT	Whitening	\$250.00	\$
1234	Value	\$0.00	\$ 125.00
D0120	Periodic Evaluation	\$50.00	\$

To edit a fee schedule, go to Settings > Fee Schedules, and select a fee schedule.

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## 5. Create an insurance plan.

- Select the payment source (such as Medicaid).
- Set up the coverage table so that the plan covers %100 of the rate code (1234) and all other code ranges as applicable.

**Insurance Carriers** Save and Back to Carriers

Edit Plan: Great Dental Insurance - ACME Medicaid

Plan/Employer name \* ACME Medicaid Group # 123456 Benefit renewal month \* January

Address \* 11111 Insurance Way

City \* Anytown State \* AL ZIP Code \* 12345-6789

Phone number (xxx) xxx-xxxx Ext. Fax number (xxx) xxx-xxxx

Contact Email user@mydomain.com

Source of payment: Medicaid

Type: Dental

PPO contracted fee schedule: Wrap Claim Fees

CAP plan fees: Select a Fee Schedule

Coverage Table Benefits

**Coverage Table for ACME Medicaid**

Select coverage table template Replace with Search for an existing plan

Code ranges \* (to edit, please click a table row) Manage Exceptions Add Range

Code Range	Category	Deductible Type	Coverage %	Co-pay \$	Exceptions
1234 - 1234	Adjunctive General Services	None	100	0.00	0
D0100 - D1999	Diagnostic & Preventive	Preventive	100	0.00	0
D2000 - D2699	Basic Restorative	Basic	100	0.00	0

To add an insurance plan, go to Home > Carriers, select a carrier, and click Add Plan.

**(Optional)** You can attach the wrap claim fee schedule (from step 3) to the plan. This will be an additional measure to ensure that the patient will not be billed a balance if a manual step is overlooked.

**Note:** If you do attach the fee schedule to the plan, make sure that the user account of each provider who will work with the patient covered by this plan is set up as being contracted with the corresponding insurance carrier.

**Dennis Smith - User Account Information** Active

Basic Info User Roles & Locations Provider Info Fees Working Hours

Fee Schedules: Office 1

Contracted with

- ▶ A 2
- ▶ D 1
- ▼ G 1
  - ✓ Great Dental Insurance

Save Cancel

To edit a provider's contracted carriers, go to Settings > User Accounts, click a user, and click the Fees tab.

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- For each applicable patient, attach the insurance plan (from step 5) to his or her record.

### Insurance Information

[Add Plan](#) Show Expired Plans  Off

Coverage Ty...	Carrier	Plan/Employer (Group #)	Insurance Contact	Subscriber - DOB	Relat...	Coverage Period
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#### Add Plan

##### Subscriber Information

Subscriber \*  Subscriber ID # \*

Carrier \* Great Dental Insurance

Plan \* ACME Medicaid (123456)

Release of Information  
 Assignment of Benefits

Others covered under this plan

None

##### Patient Information

Relation to Subscriber \*

Coverage Type \*

Coverage Start  Coverage End

Eligibility  Verification Date

Note

To attach insurance coverage, go to Patient > Insurance Information, click Add Plan.

# Dentrix Ascend – Wrap Claims

## Scenario 1 (Less Common):

PROCEDURES ON CLAIM	CHARGES	TOTAL AMOUNT OF CLAIM
1234	Rate Fee	\$125.00

1. Post the rate code.

The screenshot shows the 'Edit Procedure (+)' form. The 'Procedure' field contains '1234 - Value', 'Bill to insurance' is set to 'On', and the 'Amount' is '125.00'. A red box highlights these three fields. Other fields include Date (06/19/2018), Provider (DSMITH - Dennis Smith), Status (Completed), and Diagnostic Codes (M27.5).

2. Post the procedure code.

- Set **Bill to insurance** to **Off**.
- Change the **Amount** to **0.00**.

The screenshot shows the 'Edit Procedure (+)' form. The 'Procedure' field contains 'D3330 - Root Canal Therapy on 1', 'Bill to insurance' is set to 'Off', and the 'Amount' is '0.00'. A red box highlights these three fields. Other fields include Date (06/19/2018), Provider (DSMITH - Dennis Smith), Status (Completed), Tooth (30), and Diagnostic Codes (M27.5).

**(Optional)** If you want to see the discount as a line item on the Ledger, still set **Bill to insurance** to **Off**, but leave the usual fee (\$1000) entered as the **Amount**. Then, post a discount credit adjustment for the full amount of the procedure (\$1000).

3. Create the claim.

- Includes only the rate code (1234). Bills insurance only for the rate code's fee (\$125).

The screenshot shows the 'Claim Detail - Marty Beck (Primary) \$125.00' form. It has tabs for Procedures, General, Claim Info, Attachments, and Status/Notes. The main table has columns: Procedure Code, Service Date, Description, Oral Cavity, Tooth, Surfaces, and Fee. The table contains one row for procedure code 1234 and a total claim charge of \$125.00.

Procedure Code	Service Date	Description	Oral Cavity	Tooth	Surfaces	Fee
1234	06/20/2018	Value				\$125.00
Total Claim Charges						\$125.00

# Dentrix Ascend – Wrap Claims

## Scenario 2 (Less Common):

PROCEDURES ON CLAIM	CHARGES	TOTAL AMOUNT OF CLAIM
1234	Rate Fee + Procedure Fee	\$1125.00

1. Post the procedure code.

- Set **Bill to insurance** to **Off**.
- Take note of what the **Amount** is (1000.00), and then change the **Amount** to **0.00**.

The screenshot shows the 'Edit Procedure (+)' window. The procedure code is 'D3330 - Root Canal Therapy on 30'. The 'Bill to insurance' checkbox is set to 'Off'. The 'Amount' field is set to 0.00, with a warning icon and a recommended value of 1,000.00. The 'Status' is 'Completed'. The 'Date' is 06/19/2018 and the 'Provider' is DSMITH - Dennis Smith.

2. Post the rate code.

- Change the **Amount** to **1125.00**, which is the sum of the rate code's fee (\$125) and the procedure's usual fee (\$1000).

The screenshot shows the 'Edit Procedure (+)' window. The procedure code is '1234 - Value'. The 'Bill to insurance' checkbox is set to 'On'. The 'Amount' field is set to 1,125.00, with a warning icon and a recommended value of 125.00. The 'Status' is 'Completed'. The 'Date' is 06/19/2018 and the 'Provider' is DSMITH - Dennis Smith.

3. Create the claim.

- Includes only the rate code (1234). Bills insurance for the sum of the rate code's fee and the procedure's fee (\$1125).

The screenshot shows the 'Claim Detail - Marty Beck (Primary) \$1,125.00' window. It displays a table with the following data:

Procedure Code	Service Date	Description	Oral Cavity	Tooth	Surfaces	Fee
1234	06/20/2018	Value				\$1,125.00
Total Claim Charges						\$1,125.00

# Dentrix Ascend – Wrap Claims

## Scenario 3 (More Common):

PROCEDURES ON CLAIM	CHARGES	TOTAL AMOUNT OF CLAIM
1234 + D3330	Rate Fee	\$125.00

1. Post the rate code.

The screenshot shows the 'Edit Procedure (+)' form. The 'Procedure' field is set to '1234 - Value', 'Bill to insurance' is set to 'On', and the 'Amount' is \$125.00. A red box highlights these three fields. Other fields include Date (06/19/2018), Provider (DSMITH - Dennis Smith), Status (Completed), and Start/Completion Dates.

2. Post the procedure code.

- Leave **Bill to insurance** set to **On**.
- Change the **Amount** to **0.00**.

The screenshot shows the 'Edit Procedure (+)' form. The 'Procedure' field is set to 'D3330 - Root Canal Therapy on ...', 'Bill to insurance' is set to 'On', and the 'Amount' is \$0.00. A red box highlights these three fields. Other fields include Date (06/19/2018), Provider (DSMITH - Dennis Smith), Status (Completed), and Start/Completion Dates. The 'Tooth' field is set to '30' and the 'Diagnostic Codes' field contains 'M27.5'.

3. Create the claim.

- Includes the rate code (1234). Bills insurance for the rate code's fee (\$125).
- Includes the procedure code (D3330). Does not bill insurance for it (\$0).

The screenshot shows the 'Claim Detail - Marty Beck (Primary) \$125.00' form. It displays a table with the following data:

Procedure Code	Service Date	Description	Oral Cavity	Tooth	Surfaces	Fee
1234	06/20/2018	Value				\$125.00
D3330	06/20/2018	Root Canal Therapy on ...		30		\$0.00
Total Claim Charges						\$125.00

# Dentrix Ascend – Wrap Claims

## Scenario 4 (More Common):

PROCEDURES ON CLAIM	CHARGES	TOTAL AMOUNT OF CLAIM
1234 + D3330	Rate Fee + Procedure Fee	\$1125.00

1. Post the rate code.

**Edit Procedure (+)**

Date: 06/19/2018  
 Provider: DSMITH - Dennis Smith  
 Status: Completed  
 Procedure: \* 1234 - Value  
 Bill to insurance:  On  
 Amount: 125.00  
 Note: Please add a note here

Start/Completion Dates  
 Require Start/Completion Dates  
 Start: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Estimate Overrides  
 Primary:   
 Secondary:

Diagnostic Codes  
 Diagnostic Codes: \_\_\_\_\_

Buttons: Save, Cancel, Delete

2. Post the procedure code.

- Leave **Bill to insurance** set to **On**.
- Leave the **Amount** as **1000.00**.

**Edit Procedure (+)**

Date: 06/19/2018  
 Provider: DSMITH - Dennis Smith  
 Status: Completed  
 Procedure: \* D3330 - Root Canal Therapy on I  
 Bill to insurance:  On  
 Amount: 1,000.00  
 Tooth: \* 30  
 Note: Please add a note here

Start/Completion Dates  
 Require Start/Completion Dates  
 Start: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Estimate Overrides  
 Primary:   
 Secondary:

Diagnostic Codes  
 Diagnostic Codes: M27.5 \_\_\_\_\_

Buttons: Save, Cancel, Delete

3. Create the claim.

- Includes the rate code (1234). Bills insurance for the rate code's fee (\$125).
- Includes the procedure code (D3330). Bills insurance for the procedure's usual fee (\$1000).

**Claim Detail - Marty Beck (Primary) \$1,125.00**

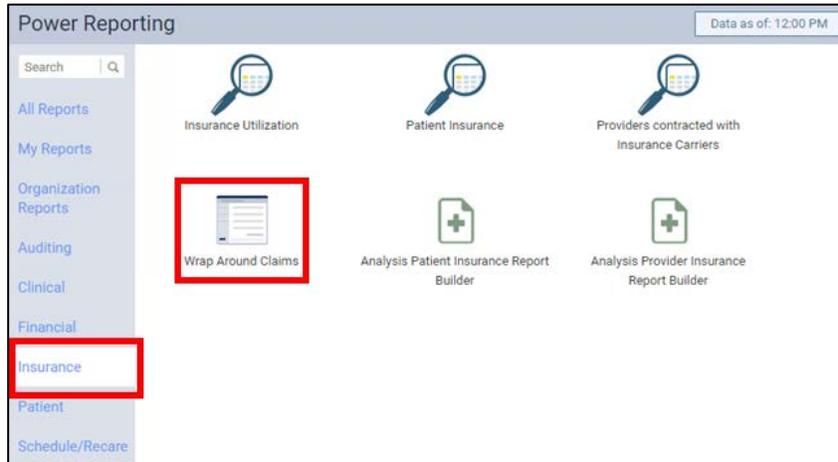
Procedures | General | Claim Info | Attachments | Status/Notes

Procedure Code	Service Date	Description	Oral Cavity	Tooth	Surfaces	Fee
1234	06/20/2018	Value				\$125.00
D3330	06/20/2018	Root Canal Therapy on ...		30		\$1,000.00
Total Claim Charges						\$1,125.00

# Dentrix Ascend – Wrap Claims

## Wrap Around Claims Report:

1. On the **Home** menu, under **Reports**, click **Power Reporting**.
2. Select the **Insurance** category, and then click **Wrap Around Claims**.



3. Set up the report options as needed, and then click **Search**.

The screenshot shows the 'Wrap Around Claims' configuration screen. The PPS Rate is set to 125.00. The Transaction Date Range is 04/01/2018-06/30/2018. The report shows 2 Total Encounters, resulting in a Total of 250.00, with 125.00 in Less Receipts, leaving an Amount to be Funded of 125.00. The filter section shows 'South Office' selected under 'Locations'. The 'Search' button is highlighted.

Category	Value
Total Encounters	2
PPS Rate	125.00
Total (Encounters x PPS Rate)	250.00
Less Receipts (Claim Payments)	(125.00)
<b>Amount to be Funded</b>	<b>125.00</b>