

Coordination of Benefits

Coordination of benefits (COB) is used by benefit carriers to pay health care expenses when a patient is covered by more than one plan. Delta Dental follows legal guidelines to establish which dental plan is primary (first) and how much the secondary plan(s) must pay. The goal of COB is to pay the maximum allowable benefit without exceeding the actual fee charged.

Determining the primary carrier

To determine which plan is primary, find out if the patient is the subscriber or a dependent, and if the other plan may have special COB rules. The primary carrier must meet at least one of the following conditions:

1. The plan has a no-COB clause

If the plan does not coordinate benefits, it is primary.

2. The patient is the employee (subscriber)

The plan covering the patient as an employee (subscriber) is always primary over a plan covering him or her as a dependent, retiree or COBRA-qualified beneficiary. If one person is the subscriber for both plans, the plan covering him or her as an active member is primary. If the subscriber is considered an active member under both plans, the plan covering him or her the longest is primary.

3. The patient is a dependent child

Delta Dental follows the birthday rule: The plan of the parent with the first birthday in a calendar year is always primary for the children. For example, if the mother's birthday is in January and the father's birthday is in March, the mother's plan is primary for all of their children. If one of the plans has a conflicting coordination rule (such as a gender rule that says the father's plan is always primary), Delta Dental follows the rules of that plan.

4. The patient is a dependent child of divorced or separated parents

If a court decree makes one parent responsible for health care expenses, that parent's plan is primary. If there is no court order or decree that

OTHER COVERAGE		
2. OTHER DENTAL OR MEDICAL COVERAGE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF NO, SKIP TO #11	3. AMOUNT OF PRIMARY PAYMENT: \$
4. SUBSCRIBER NAME (LAST, FIRST, MIDDLE INITIAL), ADDRESS, CITY, STATE, ZIP		
5. DATE OF BIRTH (MM/DD/CCYY)	6. GENDER <input type="checkbox"/> M <input type="checkbox"/> F	7. SUBSCRIBER/POLICYHOLDER ID (SSN OR ID#)
8. PLAN/GROUP NUMBER	9. RELATIONSHIP TO PATIENT <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	
10. OTHER INSURANCE COMPANY/DENTAL BENEFIT PLAN NAME		

If a patient's dental treatment is covered by more than one plan, complete this section of the Delta Dental claim form.

allocates responsibility for health care expenses, the order of liability depends on the legal custody of the child as follows:

- Parent with physical custody
- Spouse of parent with physical custody
- Noncustodial parent
- Spouse of noncustodial parent

5. Other situations

For all other situations not described above, the order of benefits is determined in accordance with state laws.

Delta Dental as primary carrier

When Delta Dental is primary, we pay the claim to the full extent of the patient's coverage.

If Delta Dental of Michigan, Delta Dental of Ohio or Delta Dental of Indiana is the primary carrier, send the completed claim form to Delta Dental. Do not enter any amount (including zero) in the field for primary payment. After receiving our payment, you can bill the secondary carrier, indicating the amount Delta Dental paid. Note: Not all benefit carriers have the same requirements for submitting COB claims.

If Delta Dental of Michigan, Delta Dental of Ohio or Delta Dental of Indiana is the carrier for both plans, the COB can be processed from one claim form—submitting a secondary claim form is not necessary. Note: Claims for any other Delta Dental member company must be submitted on a separate claim form to that member company.

Delta Dental as secondary carrier

After receiving the primary carrier's payment, submit a claim to Delta Dental that includes the amount paid. Submit only the services that were on the claim to the primary carrier because Delta Dental calculates the payment based on the total amount reported as the primary payment. Do not attach a copy of the primary carrier's voucher or Explanation of Benefits (EOB) as this will delay your claim.

Payment is calculated on the total approved amount for the services billed. The primary payment amount is deducted from the total approved amount, and Delta Dental makes payment based on the balance. The combined payments of all carriers cannot exceed the total amount billed for the service(s). Delta Dental's limitations and exclusions apply to COB claims.

Some group contracts have a nonduplication of benefits clause (also called a carve-out). This means that if the primary carrier's payment is less than what Delta Dental would have paid as primary, Delta Dental pays the difference between the actual primary payment and the amount Delta Dental would have paid as primary. If the primary carrier's payment is more than Delta Dental would have paid as primary, Delta Dental's payment as secondary payer is zero.

Tips for submitting secondary COB claims electronically:

- Do not send the primary carrier's payment voucher, as this will delay our processing of the secondary payment. This is true for all claims—electronic, Dental Office Toolkit® (DOT) and paper.
- For claims submitted through DOT, enter the primary carrier's payment (PCP) amount in the "Primary Payment" field, located in the COB details pages.
- For claims submitted through a practice management system, enter the PCP in the appropriate field. If you are unsure where this field is, check with your practice management system vendor. If your practice management system does not have a PCP field, the primary payment should be stated in the "remarks" field (for example: primary payment was \$35.78) or submitted through DOT. If your practice management system does not have a "remarks" field, claims requesting secondary payment should be submitted through DOT or on paper claims.
- Do not indicate the PCP as \$0 unless the primary carrier actually paid nothing. In these cases, enter \$0.00 for the primary payment.

Submit electronic claims **FREE** through the Dental Office Toolkit.

Visit the Dentists section of our websites for more information:

www.deltadentalmi.com

www.deltadentaloh.com

www.deltadentalin.com