

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 Carrie	r De	finitions ——					
Carrier Number	000	13					Active
Carrier Name	METL	IFE (EL PASO,	TZ)				Active or In-Active
Address	106	MESA PARK DR					
						Contact Persor	
	EL P	PASO	ТХ	79912		Blue	
	City		State	e Zip Coo	le	Color	Pay Profile Num
Telephone 1	915	545-1358	Fax				
Telephone 2	<u> </u>		- Pay	yer ID#		Payer	
EMAIL Addr	-	1			YES	Submit Electro	nic Claims Yes/No?

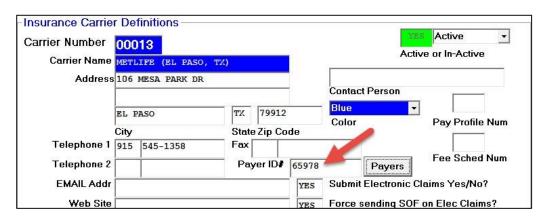
2) A list of all Carrier IDs and if they support Online Eligibility will be listed.

		Payer List –
		METLIFE (EL PASO, TX)
		Search
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
CXADN	No	A.D.N. Administrators (Southfield MI)
75240	No	AG Benefit Plan Administrators (Dallas
37283	No	AAG-American Administrative Group (Lubboo
AARP1	Yes	AARP Dental Insurance Plan (Mechanicsburg
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.

5	1		Payer List		-	×
		METLIF	E (EL PASO, TX)	2		
METLIFE	-	s	Search			
PayerID	Eligibility	Carrier	Name			 - 22
65978	Yes	Metlife	(El Paso TX)			- 63
	3					

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**.

		Ge	neral Patient Info - Data Tec: 0012	23 Espiritu Jordan
nd	Patient Data Entry	OrthoPics Print	Fools Email Window	
Find	Prev Next	Fam Gen Led	Calculator Calendar Change Name	Chr eChart S
	1 and the second	Acct No Add	ClipBoard Info Ezlist Note Pad Phone Dialer	
	NG3		Family Clear	te MO Zip Code
		Birtho	Options Phone List	444 11 2222
	N Y LI W I	13 METLIFE (E	Printer Selection	
	Picture WebC	am	Alternate # Field Change	
	ACTIVE -	Phone Home 3 Work 6	Florida Probe Setup Imaging Software Location Setup	
	Status		Insurance Eligibility	
	Sidius	Recall Last Recall Interval	Customize Ins Print Option	MedAlert

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

5		Patient Elig	gibility		×
Tools					
-Pat	ient Eligib	oility			
		Name			
00	123	ESPIRITU JORD	AN		
press of the local division of the local div	ointment Da	1 2			
	Run	Update Carrier		Exit	

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 though the detailed information.

0123 ESPIR	RITU JORDAN			
ESPI	KITU JUKDAN			
Payer				1
Payer Name	METLIFE EL PASO TX	Transaction ID	955480599	
Provider				
Provider	RACHEL CHEN			
Address				
Provider ID	1124393590	Tax ID		
Subscriber				
Patient Name	JORDAN ESPIRITU			
Member ID	901105207	SSN		
Group Number	305938	Group Name		
Date of Birth	07/15/1981	Gender	Male	
Address	5867 S 326TH CT			
	AUBURN, WA 98001-5801	1.6		
Coverage Typ	De		2	
Dental: Family, A Group Policy	tive Coverage			
Coverage Dat	tes 👔			
Subscriber Covera	age Dates			
Policy Effective 1/	1/2019			
Plan Begin Date 1	/ _019			

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.

	EDS EDI E	ligibility			
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00123 ESPIRITU JOR	DAN	2			
Coverage Type					/
Dental: Family, Active Covera					
Group Policy	ye .				
One of the Destant					
Coverage Dates					-
Subscriber Coverage Dates					
Policy Effective 1/1/2019 Plan Begin Date 1/1/2019					
Plan End 12/31/2019					
Deductibles & Maximu	ms				
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		1		\$150.00	
			5 34	10 St 8805-50 - 10	
Maximum	4	In Net	work	Out of Network	
Individual, Dental Care	Annual	\$1,5	00.00	\$1,500.00	
	Amount Used		\$0.00	\$0.00	
	Amount Remaining	\$1.5	00.00	\$1,500.00	
Refresh Print					Ewit
Reliesh				al second	Exit

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, Den	tal Care	Annual	\$1,500.00	\$1,500.00
		Amount Used	\$0.00	\$0.00
		Amount Remaining	\$1,500.00	\$1,500.00

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Tools -

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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

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Tools -

00123 ESPIRITU JORDAN

Description	In Network	Out of Network	Deductible Applies	Message	
Diagnostic Dental	100%	100%			
Routine(Preventive) Dental	100%	100%			1
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%			1
D0270	100%	100%			1
D0431				NOT COVERED	3
D1110	100%	100%			
D1208	100%	100%			
D1351	100%	100%			
D1510	100%	100%			
D2140	90%	80%	YES		
D23 <mark>9</mark> 1	90%	80%	YES		1
D2630	60%	50%	YES		
02642	60%	5086	VEC	1	1

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Tools -

00123 ESPIRITU JORDAN

0150 0210 0270 1110 208 351 2140	2 times per 1 Calendar Year 1 time per 60 Months 1 time per 1 Calendar Year 2 times per 1 Calendar Year 1 time per 1 Calendar Year 1 time per 60 Months	12/18/2018 12/19/2017 09/25/2018 11/14/2017	
270 110 208 351	1 time per 1 Calendar Year 2 times per 1 Calendar Year 1 time per 1 Calendar Year	09/25/2018	
110 208 351	2 times per 1 Calendar Year 1 time per 1 Calendar Year		
.208 .351	1 time per 1 Calendar Year	11/14/2017	
.351	Reserves and		- 6
	1 time per 60 Months		- 3
140			
	1 time per 24 Months		
391	1 time per 24 Months		
630	1 time per 84 Months		
2643	1 time per 84 Months		
2750	1 time per 84 Months		
954	1 time per 84 Months		
310	1 time per 24 Months		
260	1 time per 36 Months		
341	1 time per 24 Months	12/26/2017	-
910	4 times per 1 Calendar Year	12/18/2018	
5110	1 time per 84 Months		
010	1 time per 84 Months		
5013	1 time per 84 Months		× ×
	643 750 954 310 260 341 910 3110 010	6431 time per 84 Months7501 time per 84 Months9541 time per 84 Months3101 time per 24 Months2601 time per 36 Months3411 time per 24 Months9104 times per 1 Calendar Year1101 time per 84 Months0101 time per 84 Months0111 time per 84 Months	6431 time per 84 Months7501 time per 84 Months9541 time per 84 Months3101 time per 24 Months2601 time per 36 Months3411 time per 24 Months12/26/20179104 times per 1 Calendar Year12/18/20181101 time per 84 Months0101 time per 84 Months0131 time per 84 Months

Tools -

B ESPIRITU JORDAN				
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			
	D3310 D4260 D4341 D4910 D5110 D6010 D6013 D6210	D3310 1 time per 24 Months D4260 1 time per 36 Months D4341 1 time per 24 Months D4910 4 times per 1 Calendar Year D5110 1 time per 84 Months D6010 1 time per 84 Months D6013 1 time per 84 Months D6210 1 time per 84 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

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