

Verifying Claims

This document outlines how to verify a claim to send to the OrthoFi Claims team. The claim is pre-populated based on the selections from the Treatment Build page, but there are some fields that need verification prior to sending to the insurance carrier.

1. Navigate to the “Insurance” filter of the Dashboard. When a patient’s appliance placement date arrives, they will fall into this filter for claim verification.



2. Click “Verify Claim.”

Start Date	Est. Appliance Placement	Patient	Status	
08/23/2022 10:20 AM	8/23/2022	TEST, TMB	1	Verify Claim

3. Verify the fields in yellow highlight.

Record of Services Provided						
24. Procedure Date (MM/DD/YYYY)	25. - 28. Tooth Details	29. Procedure Code	29a. Diag. Pointer	29b. QTY	30. Description	31. Fee
05/09/2022	Add Detail	D8090	A	1	Comprehensive orthodontic treatment of the adult dentition	6200.00
10/19/2022	Add Detail	D0330	B	1	Panographic Radiographic Image	100.00 Delete
10/19/2022	Add Detail	D0340	B	1	Cephalometric Radiographic Image	75.00 Delete
10/19/2022	Add Detail	D0350	C	1	Oral/Facial photographic image obtained intraorally or extraorally	75.00 Delete
10/19/2022	Add Detail	D0470	D	1	Diagnostic Casts	150.00 Delete
Add Record						

33. Missing Teeth Information (Place an "X" on each missing tooth)	34. Diagnosis Code List Qualifier <input type="radio"/> B <input type="radio"/> (ICD-9=8, ICD-10=AS)	31a. Other Fees																																
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	34a. Diagnosis Code(s) A M26.211 <input type="radio"/> C M26.36 View Summary (Primary Diagnosis in "A") <input type="radio"/> B M26.24 <input type="radio"/> D G47.31 X	32. Total Fee 6600.00
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																			

- a. **Box 24: Procedure Date** - The date that the service occurred.
 - b. **Box 29a: Diag. Pointer** - In reference to box 34a, the diagnosis code that pertains to that service.
 - c. **Box 34a: Diagnosis Code(s)** - The reason why patient is receiving treatment. Only 1 diagnosis code is required, but the claim can hold up to 4 diagnosis codes.
4. Once fields are verified, enter your PIN or password. You can “Submit Claim” if all dates of service have come or “Save and Verify Later” if there is a future date of service.

I verify that the information provided is correct.

Staff Pin / Password

If there are future dates of service listed in box 24 of the claim.

If dates of service listed in box 24 of the claim is current day or in the past.

Save & Verify Later
▶

Submit Claim
▶