



Verification of Payment

“Verification of Payment” is the process used to satisfy TDI regulations found under Rule §19.1719 and means a reliable representation by an insurer to a physician or health care provider that the insurer will pay the physician or provider for proposed medical care or health care services if the physician or provider renders those services to the patient for whom the services are proposed. Verification of payment approval will be valid for 30 days from the date on the notice.

Please be advised that verification is not applicable for all enrollees or health care providers. The verification process includes researching eligibility, benefits, and authorizations. Prior authorizations/pre-determinations should always be initiated prior to requesting a verification of payment.

Providers should always check benefits and eligibility prior to providing services by logging onto *Availity.com* and use the *Patient Registration* tab to run an *Eligibility and Benefits Inquiry* or by contacting Wellpoint Dental Customer Service at 1-833-821-1941.

Important Reminders

If Wellpoint issues an approval to the verification of payment request, remember that:

- A verification of payment does not preclude the plan from enforcing provider contract rules and requirements such as coordination of benefits.
- Providers are required to submit a clean claim with appropriate coding.
- The verification of payment approval number **must** be included on the claim form. If the provider has received both a verification number and prior-authorization number, only the verification number is required.
- A verification of payment does not preclude the plan from performing pre/post claim audits and taking appropriate steps as a result of the audit.

If Wellpoint issues a declination to the verification of payment request, remember that:

- A declination is not a determination that a claim resulting from the proposed services will not ultimately be paid but is simply a decision that a guarantee cannot be issued in advance.
- Providers should not bill the member at the time of service for more than the applicable copayments, deductibles, or coinsurance unless the reason for declination is that the services are not a covered benefit.
- Providers do not need to include the verification number on the claim when a declination has been made.
- Possible reasons for declinations include but not limited to:



- Another carrier may be the primary payor
- Premium payment has not been received to cover the verification period. Note this does not necessarily mean that the member is delinquent.
- Member is delinquent on premium and in a grace period.
- Policy deductible, specific benefit limitations, or annual benefit maximum.
- Service was determined to not be medically necessary, investigational, cosmetic, etc. and/or not a covered benefit

Requesting a Verification of Payment

To initiate a request for verification of payment, please contact Wellpoint Dental Customer Service at 1-833-821-1941 to speak to a Customer Service agent for a Verification. You may also submit your request via chat in Availity or to the following address:

Wellpoint
ATTN: Verification of Payment Request
P.O. BOX 116
Minneapolis, MN. 55440-0116

Wellpoint will not accept Verification of Payment requests via fax or unsecure email.

To initiate your request, the provider must supply the following pieces of information:

- 1) Patient name
- 2) Patient ID number
- 3) Group number
- 4) Patient date of birth
- 5) Name of enrollee or subscriber
- 6) Patient relationship to enrollee or subscriber
- 7) Presumptive diagnosis, if known, otherwise presenting symptoms
- 8) Procedure codes or description of proposed procedure(s) if procedure codes are not available. Important: the description of proposed procedure must provide Wellpoint with enough information to determine if it is a covered benefit or if medical review is required. Providing procedure codes and any applicable modifiers is preferred.
- 9) Place of service code where services will be provided and if a place of service is other than health care provider's office or health care provider's location need name of hospital or facility where proposed service will be provided
- 10) Proposed date of service
- 11) Name of the health care provider providing the proposed services
- 12) Dentist's Tax Identification number and the providers National Provider Identifier (NPI) Tax Identification Number.



13) If known to the health care provider, name and contact information of any other carrier, including

- a) Other carrier's name
- b) Other carrier's address
- c) Other carrier's telephone number
- d) Name of enrollee & subscriber
- e) Other carrier's ID number, group number (if applicable), and group name (if applicable)

IMPORTANT NOTE: In addition to the above required elements, please provide a prior authorization number for those services which require an authorization or pre-determination.

Wellpoint will respond to the health care provider's request with one of the following letters within the required time frames:

- Verification of Payment Approval
- Declination Notice