

# Dental Office Update



Spring 2026

## The Oregon Dental Conference is just around the corner!

### Stop by our booth and say "Hi"!

Learn what's new, uncover the added value behind our programs, meet your Delta Dental of Oregon's service team and enter to win our raffle.



Looking forward to seeing you Thursday, April 9th and Friday, April 10th!

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## New 2026 benefits are here for our standard plans!

### We are excited to announce Delta Dental of Oregon's new benefits now available on our standard plans!

With the new 2026 benefits for our standard plans, you'll have more flexibility in scheduling your patients for preventative care. This change provides more fluid frequency allowances and helps open access to oral care.

Benefits for cleanings, exams, and fluoride have changed from **once every six months to twice in a plan year**. Group and age limitations still apply.

Cone beam x-rays are also a covered benefit under the new 2026 standard benefits. However, cone beam x-rays for TMJ related issues **are not a covered benefit** unless the member's plan has additional benefits for TMJ related services.

Please continue to check eligibility through Benefit Tracker, our interactive voice response system (IVR) with faxback, or call customer service for plan deviations.

Not all employer groups have standard benefits. Make sure to confirm prior to the patient's appointment.

The 2026 Standard Benefits also does not change any frequency allowances that are part of the Health through Oral Wellness, Oral Health, Total Health, or Intellectual and/or Developmental Disabilities programs.

If the group does not specify a frequency for preventative services within the Groups Limitations section of Benefit Tracker, then the new standard benefit would apply.

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## Save time when submitting your Provider Correspondence through our new webform!

Our [Provider Correspondence webform](#) is up and running!

As of **Jan 1st**, Provider Correspondence must now be submitted online.

Our new online form replaces the process of mailing in your requests for reconsideration of denied claims and will allow us to process these requests faster and help save you and your office valuable time and money!



Our Provider Correspondence webform can be used to submit letters that request reconsideration when an extenuating circumstance exists for a claim that was denied. The webform allows you to include the documentation (i.e., chart notes and/or x-rays) to support your request.

This webform **will not accept** responses to our request for additional clinical information or missing information. It will also not accept claim submissions or corrected claim submissions, prior authorizations for orthodontic services, predeterminations or member appeals.

You can find this webform by visiting [Delta Dental of Oregon's website](#), clicking the Resources tab and then the Forms/docs tab.

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## Are you missing Delta Dental emails from us?

Please review your email address to ensure it follows **standard email formatting** and contains **no more than 40 characters** including the email address and extension (example: [name@example.com](#)).

If the email address we currently have on file does not meet these requirements,

please submit an updated email address at your earliest convenience to [dpror@deltadentalor.com](mailto:dpror@deltadentalor.com). We accept any valid United States email extension. This includes- .com, .net, .org, .edu, .us, and .gov as long as the email address is **under 40 character in total length**.

Thank you for helping us ensure that our communications reach you.

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## Best Billing Practices



### How to handle Coordination of Benefits

#### To reduce the processing time for your claim:

- Include all pertinent information - date of birth, relationship, subscriber ID, valid CDT codes, tooth, surface, arch and quadrant as appropriate.
- If the patient is covered by more than one Delta Dental of Oregon or Alaska plan, submit one claim form indicating the Subscriber names, ID numbers, employers (if applicable) and the group numbers for both plans.
- If covered by another carrier, indicate the above information plus the name, address and policy number of the other carrier.
- If a patient has primary insurance through another carrier, the primary payment amount from that carrier will need to accompany the claim for consideration of payment.
- We accept primary payment amounts electronically without the need for an Explanation of Benefits. Please reach out to your clearinghouse if you have questions on how to submit primary payment amounts electronically on your claim form.
- If you submit the primary carrier's EOB, please make sure to include one of the following notations from the chart below in Box 35 (remarks) of the claim form. This will ensure your claim is handled by one of our dedicated COB claims processors.

EOB	Primary Payment Attached
EOB Attached	Primary Paid
Other Carrier Paid	Prime EOB Attached
Other Carrier Paid	Prime Paid

Other Insurance Paid	Prime Paid
Other Insurance Paid	See Attached EOB
Primary Paid	Primary EOB Attached

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## Save Time and Money with Our Self-Service Tools

**We offer several self-service options designed to significantly reduce the time your staff spends on the phone—saving both time and money for your office.**

Did you know that obtaining a breakdown of benefits over the phone with a customer service representative can take more than 10 minutes?

### Self-Service Options at a Glance

- **Interactive Voice Response (IVR)** - Our IVR systems provides benefit information in about 5 minutes - saving 5 minutes per call.
- **Faxback of Benefits** - Our automated faxback system delivers benefit information in 2-3 minutes, saving 6-7 minutes compared to a phone call.
- **Benefit Tracker** - Our online portal provides benefit details in just 2-3 minutes, also saving 6-7 minutes per inquiry.

We all know that time is money. Our goal is to support your office with efficient, effective ways to obtain benefit information so your staff can spend less time waiting and more time focused on what matters most: providing excellent care to your patients.

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## Health through Oral Wellness Tips & Tricks

How to get the most from this program!



**Keep your patients' extra Health through Oral Wellness benefits active by completing a PreViser risk assessment once every 6 -14 months.**

To confirm your patient's enrollment in the Health through Oral Wellness program, simply log into Benefit tracker and review the Group Limitations page under the Group Limitations tab. Patients who have qualified for enhanced benefits will have one of the following notations listed.

HEALTH THROUGH ORAL WELLNESS - High Risk - Caries/periodontitis only  
HEALTH THROUGH ORAL WELLNESS - High Risk - Oral Cancer only  
HEALTH THROUGH ORAL WELLNESS - High Risk - Caries/periodontitis and oral cancer

What happens if my patient no longer shows as having the Health through Oral Wellness qualifying notation?

- If your patient has missed the 6-14-month reassessment requirement window and are still eligible for the program, simply complete a PreViser risk reassessment with qualifying scores to re-enroll them back into the Health through Oral Wellness program.

If you would like to know more about the Health through Oral Wellness program, have questions, or if you would like a personalized training, please reach out to us by email at [HtOWOR@DeltaDentalOR.com](mailto:HtOWOR@DeltaDentalOR.com) or by phone on our dedicated provider line at 844-663-4433.

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## Save the Date for Our Upcoming Webinars!

Your Delta Dental of Oregon service representatives will be hosting several virtual workshops in the next couple of months via Microsoft Teams. Please see the below details to join us for our free webinars and be entered to win a \$25 gift card for attending!



Part 1

### **Beginners Basic Training**

**Wednesday  
April 29, 2026  
12-1 p.m.**

Join us to learn more about what this program can do for you and your patients. If you are new to the program, want to know more about it, or you could use a refresher, this is the course for you!



Part 2

### **Advanced Tips & Tricks**

**Wednesday  
May 6, 2026  
12-1 p.m.**

Want to know even more! In the second half of this series, we will be reviewing additional PreViser features and updates. You will have time to ask any questions and get feedback.



### **Oregon Providers Workshop**

**Wednesday  
June 10, 2026  
12-1 p.m.**

Some of the topics we'll be covering include policy changes, network options, helpful billing tips, enhanced programs, best practices, and more

Watch your email for your official invitation to register! These invites will be sent out about a month before each webinar. If you did not receive an invitation,

please email us at [rsvpdpror@deltadentalor.com](mailto:rsvpdpror@deltadentalor.com) and we can get you registered for the webinars of your choice.

**In your RSVP, please include:**

- Which event or events you would like to attend
- Attendees(s) name(s)
- Practice name & phone number
- Email address to receive your invite
- Email address for additional staff members wishing to attend using a different email

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## Medicare Advantage Non-Covered Service Waiver Reminder

For our contracted Medicare Advantage (MA) providers, please be sure to check your Medicare Advantage patients' eligibility before each appointment since MA plans vary in coverage and benefits.

If a desired service is **not a covered benefit** for your patient, please fill out the [Non-Covered Service Waiver Form](#) found on our website or have the patient sign a treatment consent **prior** to the proposed treatment. This consent must include the treatment code(s), a description of the treatment, the patient's out of pocket cost, a clause stating that the proposed service(s) are not a covered benefit, and that the patient agrees to pay for any listed non-covered services. Any non-covered services performed without this consent are considered not billable to the patient per CMS (Center for Medicare and Medicaid) guidelines and becomes a provider write off.



For more Medicare Advantage information, please visit our dedicated [Medicare Advantage webpage](#) at [DeltaDentalOR.com](http://DeltaDentalOR.com) .

888-374-8905 | [dpror@deltadentalor.com](mailto:dpror@deltadentalor.com)

deltadentalor.com

Sent to wendy.neidig@deltadentalor.com. [Privacy and Transparency Center](#) | [Manage Preferences](#)

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