



EPSDT Medical Provider Billing Instructions – topical fluoride varnish

Effective for dates of services on and after July 1, 2009, EPSDT Medical Providers (physicians and nurse practitioners) who successfully complete a State-approved fluoride varnish training program and participate in the Maryland Medical Assistance Program may provide Fluoride Varnish services (D1206) for recipients age 9 months through 3 years. In order to receive reimbursement for these services, claims for D1206 must be submitted to Doral Dental Services of Maryland (Doral). Instructions for billing are as follows:

- Using the internet, access the Doral secure website at www.doralusa.com.
 - Click on the “Providers” button to continue.
 - To access Provider Web Portal (PWP), click “Provider Web Portal (PWP)”.
 - Type your **User Name** and **Password** and click on the **Log In** button.

- If you are not a registered user, click on the link “Not a registered user” and complete the following information in the User Registration window.
 - **Location ID:** Enter your unique location identifier provided to you on your provider welcome letter or by contacting customer support.
 - **Location Name:** Enter your location name. A partial location name may be entered.
 - **City:** Enter the city for your location.
 - **State:** Enter the 2 character state abbreviation for your location.
 - **ZIP:** Enter the 5 digit ZIP code for your location.
 - **Email Address:** Enter an email address for the new user (optional).
 - Click **Continue** after completing the required fields.
 - Create a User Name and Password
 - **User Name:** Any name that the user would like to select. The username must be at least 4 characters; it can be numbers, letters or a combination of both.
 - **Password:** Any name that the user would like to select. The password must be at least 8 characters and contain a minimum of 2 non-alpha characters. Passwords are case sensitive.
 - **Retype Password:** Retype your password to verify what you entered in the password field.
 - Click **Continue** after completing the User Registration information. If registration is successful, you will receive a message that states “Successfully Registered New User”.
 - Type your **User Name** and **Password** and click on the **Log In** button.

- From the Main Menu; **Enter Dental Claims**.
- **Basic Information** entry fields:
 - **Service Date** is automatically populated with the current date, but it can be changed if needed.
 - **Location** name displays the logged in user’s location.
 - **Provider:** Select a provider. All providers for the logged in user’s location are listed.
 - **POS:** Select a place of service
 - **Group NPI:** If a group NPI is required for the office, the group NPI will automatically be displayed.
- **Member Information** entry fields:
 - **Member DOB:** Enter the member’s date of birth (required).
 - **Subscriber ID:** Enter the member’s complete recipient ID – OR –
 - **Last Name:** Enter the member’s complete last name. A partial last name will result in the member not being found.
 - **First Name:** Enter the member’s first name. A partial first name may be entered.

- **Optional Fields:**
 - **Office Ref #:** Enter an office reference number.
 - **Referral #:** Enter a referral number.
 - **Notes:** Enter any notes for claim entry.
- When all required fields are complete, click the **Enter Service Lines** button to continue claims submission.
- Procedure Code: Enter code D1206 for topical fluoride varnish. Once complete, click on the **Submit Claim** button.
- To submit additional claims; return to the Main Menu by choosing **Claim Entry** from the menu on the right of the screen. When all claims for the day are submitted, view the claim entry report.
- From the Main Menu; **View claim entry report.**
 - This feature allows you to review claims that were submitted using the Provider Portal.
 - From the Claim Entry Confirmation Report page; choose **Report Sort Order** by **Entered Date.**
 - Save or print a copy of this report for your records.
- For Technical Support and Website Questions, contact Doral at 1.800.341.8478 option 7 or email at eclaims@doralusa.com