

TO: Ophthalmologists, Optometrists, Opticians, and Dental Providers

RE: Web Portal Claim History Inquiry

The purpose of this bulletin is to notify Dental and Vision providers of the new Web portal claim history inquiry feature for eyeglass/vision and denture claim history which is now available on the secure provider Web site at <u>www.ctdssmap.com</u>. Additional dental codes will be added in the future.

**Effective September 1, 2012,** all providers must use this self service functionality found on the secure Web site to verify client eyeglass/vision and denture history.

To access this new tool, log into the secure Web portal, click on Claims and then click on Eyeglass Vision and Denture Claim History. (See Example 1)

You must enter the client ID, inquiry type and date of service. Under inquiry type you will need to select either "Eyeglass Vision Services" or "Denture Services". For the date of service, enter the date you will be performing the service. Then click "Search". (See Example 2). Please note that future dates can be entered, however providers are reminded that they **<u>must</u>** verify the client's eligibility at the time the service is performed as eligibility can change.

The search results will return either the previous two (2) years of eyeglass/vision services or the previous seven (7) years of denture services the client received based on the date of service entered. (See Example 3)

**Effective September 1, 2012,** the Provider Assistance Center will no longer perform these claim inquiries. Please note that verification of client claim history **does not** guarantee payment for services.

## Example 1:



## Example 2:



## Example 3:

home claim inquiry professional institutional dental eyeglass vision and denture claim history Eyeglass Vision & Denture Claim History Client ID\* 009999999 Inquiry Type\* Eyeglass Vision Services 💌 Date of Service\* 07/19/2012 Date of Service Procedure Provider Name Paid Date ICN Detail Numb V720 - EXAMINATION OF EYES AND VISION VISUAL PERCEPTIONS EYECARE (860)828-1900 2/01/2012 V2020 - FRAMES, PURCHASES 2212201600022 02/01/2012 V2101 - SPHERE, SINGLE VISION, PLUS OR MINUS 4.1 01/15/2012 92002 - EYE EXAM NEW PATIENT V720 - EXAMINATION OF EYES AND VISION V720 - EXAMINATION OF EYES AND VISION VISUAL PERCEPTIONS EYECARE VISUAL PERCEPTIONS EYECARE

Questions? Need assistance? Call the HP Provider Assistance Center Mon.-Fri. 8:00 a.m.-5:00 p.m. Toll free at 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104 Program information is available at www.ctdssmap.com

