



## Surgical extraction claims: updated documentation requirements

**We've heard your feedback and adjusted.** Delta Dental of Virginia has updated its documentation requirements for surgical extraction claims to help reduce administrative burden while ensuring we receive the accurate information needed for efficient processing.

### REQUIRED DOCUMENTATION

- 1. Radiograph:** Full-mouth series or panoramic radiograph of diagnostic quality.
- 2. Medical carrier coverage:**
  - Option A:**
    - Explanation of Benefits (EOB) from the medical carrier or
  - Option B (NEW!):**
    - Medical carrier benefits screenshot showing the service is not covered, **and**
    - Required notation in the "Remarks" section on the dental claim form.

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**TWO OPTIONS  
AVAILABLE**



**EASIER FILING  
TO REDUCE  
WORKLOAD**



**STREAMLINED  
PROCESSING**

# Surgical extraction claims: updated documentation requirements (continued)



## WHAT IS A MEDICAL CARRIER BENEFITS SCREENSHOT?

A benefits screenshot is an image taken from the patient's medical insurance portal or eligibility system that includes:

- A. Medical carrier name
- B. Patient name
- C. Date benefits were checked
- D. Benefit details showing no coverage for oral surgery or the applicable service category

The screenshot serves as documentation of non-coverage and may be used in place of a medical EOB.

## CLAIM FORM NOTATION

A notation in the "Remarks" section of the dental claim form is also required.

### Examples of acceptable notations:

- "Patient's medical carrier does not cover surgical extractions."
- "Patient does not have medical insurance."

## Sample screenshot

Date of Service: Feb 30, 2026 Transaction ID 123456788 **Transaction Time Feb 30, 2026, 9:05 AM**

**MOLAR, MARTIN** ← **B**

**C** →

<b>Member Status</b> Active Coverage	<b>Date of Birth</b> Feb 30, 2007	<b>Gender</b> Male	<b>Current Plan Effective Date</b> Oct 1, 2023 - Dec 31, 9999	<b>Relationship to Subscriber</b> Child
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Check Claim Status | Total Member View | Member ID Card | View Member's Language Preference | Certificate of Coverage | Patient Attribution

Member ID: ABC123ABC123  
Subscriber: MOLAR, MOTHER  
Contract Code / Case Number: 00XX  
Group Number: 123123123  
Group Name: DELTA DENTAL GROUP  
Plan Number: 123

**Medical Carrier USA** ← **A**

## Benefit Information

▼ Oral Surgery- 40

Information / Details Co-Insurance Co-Payment Benefit Deductible Limitations Authorization

**Coverage Level:** Family  
**Benefit Start Date:** Jan 1, 2026  
**Benefit End Date:** Jan 1, 2027  
**Name:** **Medical Carrier USA** ← **A**

**Non-Covered** ← **D**

**Coverage Level:** Family  
**Benefit Start Date:** Jan 1, 2026  
**Benefit End Date:** Jan 1, 2027

- **DENTAL EXTRACTION / PARTIAL BONY, SURGERY SERVICES**  
FACILITY-BARIATRIC ANCILLARY DIAGNOSTIC LAB, SURGERY SERVICES FACILITY-FOOT CARE ANCILLARY DIAGNOSTIC LAB, ROUTINE FOOT CARE, SURGERY SERVICES FACILITY-FOOT CARE ANCILLARY DIAGNOSTIC IMAGING-ROUTINE FOOT CARE

## Sample remarks

33. Missing Teeth Information (Place an "X" on each missing tooth.)																	34. Diagnosis Code List Qualifier	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	34a. Diagnosis Code(s) (Primary diagnosis in 'A')	
35. Remarks																	36. Date of Treatment	
PATIENT'S MEDICAL CARRIER DOES NOT COVER SURGICAL EXTRACTIONS																	36. Date of Treatment	
AUTHORIZATIONS																	ANCILLARY C	



FOR QUESTIONS, CONTACT DELTA DENTAL OF VIRGINIA'S BENEFIT SERVICES TEAM AT 800.237.6060.