

Navigating the G.E.H.A provider portal

Bringing operational efficiency to your practice



G.E.H.A Provider Portal Frequently Asked Questions (FAQ)

Q: Does the portal system show both ID numbers if patients have medical and dental in GEHA? A: Not for providers. The provider will need to have the ID card for each type of benefit. Members will have separate ID for medical and dental, therefore, ask the member for their medical/dental ID card.

Q: Who do we call to get the dental ID? A: Please contact the appropriate number listed on the member's ID card:

- **FEHB Medical:** 1-800-821-6136
- **FEDVIP Dental:** 1-877-434-2336
- **CD Plus Dental:** 1-800-793-9335

Representatives are available Monday–Friday, 7:00 AM to 7:00 PM CT (excluding holidays).

Q: Does this site show both medical and dental ID numbers if a patient has medical and dental through GEHA? A: The portal will display the medical and dental benefits based on the member ID that you enter in the portal. If a member is covered under FEDVIP or CD Plus it will not show for providers as it is separate eligibility.

Q: Are we able to obtain fee schedules on the web or do we need to call to confirm? A: Fee schedules are not available on the portal. To obtain this information, please contact the appropriate number listed on the member's ID card: **FEHB Medical** 1-800-821-6136, **FEDVIP Dental** 1-877-434-2336, or **CD Plus Dental** 1-800-793-9335, Monday – Friday 7:00am – 7:00pm CT (excluding holidays).

Q: On the benefits page, will it indicate if prior authorization is required for that specific ADA code, or do we need to refer to the prior authorization tab? A: GEHA Dental plans do not require pre-determination but are encouraged for any extensive treatment.

Q: Can the passcode also be obtained through a phone call? A: Yes.

Q: If there is an overpayment recovery offset, will the portal provide details of who the recovery is from? A: The remittance advice will have these details. Providers can also track

refund requests via the portal under refund tracking using the financial control number from the letter.

Q: For the Providers Service Center, when we call the 1-800 number, will we be able to speak to a live representative and get assistance or is there a turnaround time for a representative to reach out to us? A: Yes, you will be able to speak with a live representative. If you have a passcode number, you will be able to move through the call queue faster. Business hours are Monday – Friday 7:00am – 7:00pm CT (excluding holidays).

Q: Are we able to see benefits for 2024? A: Yes

Q: What does network level - traditional mean? A: For dental, traditional means in-network providers Connection Dental, Dentemax, or Careington.

Q: Is COB, MTC, waiting periods, pre-authorizations, and downgrades available on the website, or will we need to call for this information? A: Please reference the [GEHA 2025 Provider Plan Manual](#)

Q: Are web logins office-specific? A: For security purposes, logins are individual to the user and should not be shared.

Q: Will additional features be available in the future? We are continuously working to enhance the provider's experience. As new portal features and capabilities are introduced, we will communicate updates and enhancements accordingly.

Q: Can we view dental claims when the dental is embedded in the medical policy? A: Yes, dental claims embedded in the medical policy can be viewed by using the member's **medical ID** and accessing the claim under the medical section of the portal.

Q: Why can't I see a claim for my office? To view the claim, your provider TIN must be included in the TIN maintenance section of the portal. *You will not be able to view a claim if the associated provider TIN is not added.*

Q: When editing TINs, can we enter the legal name under the TIN to pull up all providers active with GEHA if we have multiple providers? A: If the active provider is billing using the group TIN, the user should be able to see all claims associated with the TIN.

NOTE: When adding TINs to your TIN maintenance, please allow up to one hour for the system to update your account to view any associated claims.

Q: Can dental claims be submitted through the website? A: There are two options for dental claims submission:

1. Electronic Claims Submission: Continue using your office's electronic claims submission portal with G.E.H.A EDI #39026. This method also supports orthodontic pre-determination requests.

2. **Provider Clearing House (PCH):** If your office does not use electronic claims submission, you can create an account with PCH and use G.E.H.A EDI #39026. The PCH platform is accessible via the G.E.H.A provider portal or directly through the PCH website.

Once submitted, you can check the status of claims and pre-determinations on the G.E.H.A provider portal. Please allow at least 2 business days for claims to appear.

Q. Does the carrier still pay automatically quarterly for ortho services? A: For treatment plans that **began in 2024**, payments are issued **monthly**. For treatment plans that **begin in 2025**, payments are made **quarterly**.

For example, if treatment started in **March 2025**, the first quarterly payment would be issued in **May 2025**, marking the end of the first quarter of that treatment plan.

Q: Would I be able to find the current Payor List on this website? A: Participating providers should refer to their network contract and contact the network directly for a copy of the payor list.

Q: Is there a fee associated with using the claims submission site? A: No

Q: Will the email option be able to provide claim status information just like calling into GEHA? A: Yes

Q: Will GEHA have an option to see if we access GEHA through a leased network on the portal? A: Not currently.

Q: Can they ask about multiple patients/claims with the message center without sending a new request for each one? If not, can they at least ask about multiple dates of service if it is for the same person? A: You may include **multiple dates of service** in a single request **if they pertain to the same member**. However, **inquiries for multiple members must be submitted separately**, with one request per member.

Q: Can you search for claims from 2024? A: Yes, claims from 2024 can be searched. Please note that the portal displays a maximum of **200 claims** and only retains claim data for a **rolling 24-month period** based on the date of service

Q: Is there any way to get more information when the claim is listed as pending or under review? A: The portal displays status and indicates to check back in 72 hours for status updates. The status updates are consistent with the inventory system.

Q: Are any appeals from 2024 available on this dashboard? A: Appeals information is only available for appeals submitted after 1/1/25.

Q: What do class codes mean? A: Class codes represent the GEHA plan type. The following class codes are for dental: DS1-DS4 is Standard, DH1-DH4 is High, CC1-CC2 is CD Plus.