



# dental news

A Newsletter for Avesis  
Dental Care Providers

## A Letter from Our Chief Dental Officer

Dear Avesis Doctor:

Greetings from Avesis. As we approach the end of our second year of working with UPMC Health Plan, I would like to take this opportunity to again thank each of you for all the work you have done to make the UPMC Health Plan government dental programs work. This coming year - 2012 - will be a time of significant change and it is often challenging to adapt to the changes in these long standing programs. Avesis has sent out individual notices concerning the changes in the UPMC *for Kids* program and the new UPMC *for Life Options* and UPMC *for You Advantage* programs. All of these changes will begin during 2012, so your offices should have a sufficient time to prepare for what are going to be significant changes. As the time for implementation of these changes gets closer, Avesis will continue to provide additional notices and will seek feedback from our Dental Advisory Board, our Members and our dental offices regarding issues and questions.

Again, thank you for your participation with Avesis. We hope that your office has had a good year in 2011.

Sincerely,



Fred L Sharpe, DDS  
Chief Dental Officer  
Avesis Dental Plans



## Office Reviews

Avesis has begun our program of office reviews. During the next 18 months we will be visiting every dental office in our current dental network for UPMC Health Plan government programs. Please do not be alarmed as the office review does not mean that your office is being singled out. The intent of these reviews is to provide feedback to our offices concerning claim processing, compliance with government requirements of OSHA and HIPAA and to allow offices to give Avesis feedback on the overall program administration. During these visits an Avesis representative will review your facility and a small number of charts for UPMC Health Plan members. Avesis is planning on visiting all offices within the UPMC Health Plan service area by the end of 2013. Please try to cooperate and find a convenient time for our staff to visit your office when you are contacted. The visit generally takes 2 - 3 hours for a one or two dentist dental practice.

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## Changes in UPMC *for Kids* - Effective January 1, 2012

As you are all aware, there were some changes to Pennsylvania's CHIP insurance coverage, including the UPMC *for Kids* program, that were effective last January (2011). The primary change was an annual dollar maximum for services. All dental services (preventive, diagnostic, and other), with the exception of orthodontia services, were limited to a maximum of \$1,500 per member per calendar year. Orthodontia services were limited to a \$5,200 lifetime maximum. That limit remains in place for 2012.

However beginning January 1, 2012, The Pennsylvania Insurance Department has created a \$1 million fund to be used for an "Extended Dental Benefits" program. This program is available to all Pennsylvania CHIP members who go over the \$1,500 dental services calendar year limit in 2012 or \$5,200 lifetime orthodontia limit.

### The main points of the benefit are:

- Funding can be requested if a UPMC *for Kids* member is over the regular benefit maximum or if services that are needed will put them over the maximum.
- Each UPMC *for Kids* member may qualify for up to a maximum of \$1,000 in calendar year 2012.
- Funding is available on a "first-come-first-serve" basis. Once the Pennsylvania Insurance Department informs us that the \$1 million fund has been exhausted, there will be no more funds available for Extended Dental Benefits.
- Funding can only be used for services that are covered by UPMC *for Kids*.
- Treatment plans need to be submitted with all extended dental benefit requests. These requests should be made directly by dental provider to Avesis (not by the member), and if deemed medically necessary, Avesis will send the request to the Pennsylvania Insurance Department for approval.
- For all extended dental benefit requests, written notification of their response will be sent out to both the member and provider.
- Submission of claims for extended dental benefits services, once authorized, should follow normal claims submission protocols.



Please contact Avesis provider services at 888-209-1243 should you have further questions regarding this benefit.

# UPMC Dental Program Changes

There have been some changes to the plans offered by UPMC Health Plan since the start of Avesis' administration. We have had questions from offices concerning those changes. We know that you often deal with Members who are not sure of their dental benefits, so we want to ensure that all offices are aware of the changes that have taken place.

There are two new plans being offered by UPMC Health Plan effective 1/1/2012.

## **UPMC for Life Options**

This plan is a Medicare Advantage plan for Members who are dually eligible (meaning that they have both Medicare and Medical Assistance), who demonstrate long-term care needs, that offers more choices than traditional Medicare, including routine dental benefits. Dental coverage under UPMC for Life Options includes preventive and diagnostic services.

The benefits at a glance for this new plan are as follows:

- \$0 copayment for the following preventive services:
  - oral exams up to 1 visit(s) every six months
  - cleanings up to 1 visit(s) every six months
  - dental x-rays up to 1 visit(s) every six months
- No fillings or simple tooth extractions.
- No comprehensive dental allowance.

## **UPMC for You Advantage**

This plan is a Medicare Advantage plan for Members who are dually eligible (meaning that they have both Medicare and Medical Assistance) that offers more choices than traditional Medicare, including routine dental benefits. Dental coverage under the UPMC for You Advantage includes both preventive and diagnostic services.

The benefits at a glance for this new plan are as follows:

- \$0 copayment for the following preventive services:
  - oral exams up to 1 visit(s) every six months
  - cleanings up to 1 visit(s) every six months
  - dental x-rays up to 1 visit(s) every six months
- Additional benefits are available for fillings and simple tooth extractions only.

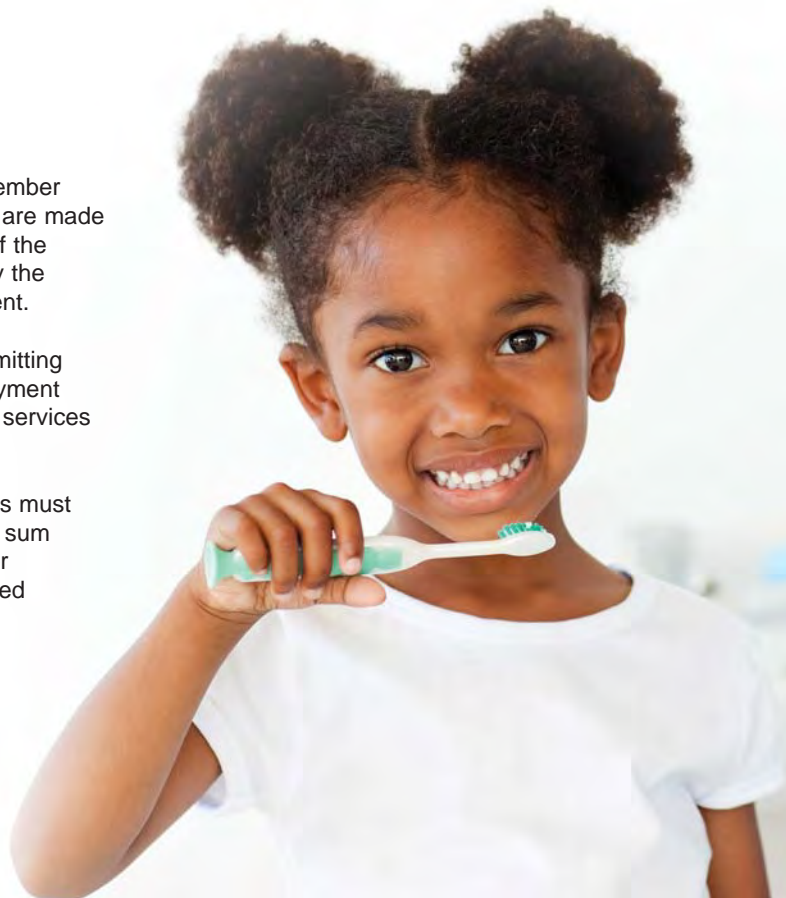
## **UPMC for Kids Orthodontic Services**

Reminder that as of last January (2011), once a UPMC for Kids member was approved for comprehensive orthodontic treatment, payments are made to the authorized dental provider as a lump sum at the beginning of the member's course of treatment. The lump sum payment received by the provider from Avesis is payment in full for the full course of treatment.

Avesis has noticed that there are some providers who are not submitting authorization requests and/or claims based upon the lump sum payment methodology. Both authorization requests and claims for approved services should be submitted at the lump sum payment rate.

Starting 1/1/2012, requests for authorization for orthodontic services must include a request for authorization for the D8080 at the total lump sum payment amount in order to be considered. In addition, requests for payment of claims for approved orthodontic cases must be submitted with case rates to be honored for payment.

If your office is unaware on how to request authorization or bill claims for orthodontic services based on case rates, please contact your provider services representative for assistance.







## Oral Health Initiative

Just a reminder that Avesis is partnering with UPMC for You and UPMC *for Kids* on an oral health initiative to ensure that these Members are receiving services in accordance with the AAPD schedule. In November, a mailing that included a dental education brochure was sent to these Members in the McKeesport area as that is one of the largest non-fluoridated communities for this membership. Avesis is following up with communication to all the dentists in the McKeesport area. Contact Avesis if your office would like to have copies of the brochure that was sent to the Members. Please remember that Avesis follows the AAPD periodicity schedule and advocates children have a dental visit by age 1. We welcome you to invite these members into your offices and partner with them to become their dental home.

## NPI Requirements

As you are aware, the federal government has been actively involved in electronic medical records and privacy through the HIPAA requirements. Part of those efforts is the issuing of a National Provider Identifier to all healthcare practitioners, hospitals and other healthcare institutions. You should all have an NPI and that needs to be used on all ADA claim submissions. Avesis is required to have the correct NPI number for each office on your claim forms. Claims submitted without the NPI number will be returned to the dental office without processing by Avesis.

## Anesthesia Billing

Avesis has had issues over the past months concerning the submission of anesthesia claims prior to receipt of claims for the dental treatment being performed under anesthesia. In order to not delay or limit payment to our anesthesiologists, Avesis has modified its review to a post review of the services performed under anesthesia, either IV sedation or general anesthesia. Since the general dentist or pediatric dentist performing the dental services is the provider who determines the treatment plan and how long the treatment takes, Avesis is changing our process to review each anesthesia case after receipt of the claim for dental services.

This also means that we are not withholding payment from the anesthesiologists, but will reserve the right to recover the anesthesia fees for dental cases that are determined to have insufficient treatment to warrant IV sedation or general anesthesia. Our determination will be based upon a series of factors including: the Member's age, the number of services being performed, the previous attempts at local anesthesia and /or nitrous oxide sedation or oral sedation and any significant health conditions. Avesis will be sending a memo to all dentists who routinely use dental or medical anesthesiologists, either in a private office or surgical center.



# Concerns About Codes and Billing

## Prior Authorizations

Avesis has had discussions with several network providers concerning approvals of multiple crowns or other major services. The providers and staff members submitting pre-treatment estimates for approval must understand that the review by Avesis' dental directors is strictly based upon the medical or dental necessity for the services submitted and not the limitations of the plan design. Avesis reviews each tooth or area of the mouth to determine the necessity of the proposed treatment. If your office submits five crowns for approval, if all of the crowns are clinically necessary, then they will all be approved. It is up to your office to understand the plan limitations for the proposed services. If all 5 crowns submitted were clinically necessary, Avesis would approve all five. If they were all in the same quadrant, we would only pay for two, so if your office performed all 5 in a single quadrant only two would be paid. Again, I repeat, it is up to you and your office to understand the plan design and the limitations. If you have questions about a given treatment plan, refer to your Provider Manual or contact Avesis Customer Service.

We are concerned that all of our provider offices understand this issue clearly. We are not allowed to dictate treatment and in the case described above, to determine which crowns should be prepared. That decision is up to you as the treating dentist and the clinician who is actually looking into the Member's mouth. If a service is approved then you have the opportunity to perform the service, provided the Member is still eligible and has not reached any benefit limits relating to that particular service at the time service is being rendered.

Avesis wants to take this opportunity to remind you that as stated on your authorization request responses, authorizations are a determination of a request for authorization to perform services that require prior approval and in no way guarantees or implies that payment will be made. Payment is contingent upon the member's benefit eligibility on the date the claim is received as well as other factors. Please be sure to confirm eligibility prior to rendering services for all members to ensure that you are aware of the limitations of their benefit plan and the services that they may have utilized prior to being seen in your office.

## Repeat Billings

The second issue regarding billing is the frequency of repeat billing for the same services. Our general rule is that we pay all clean claims within 15 business days of receipt. We are finding that some offices are sending in second and third claims for the same services within several days. Since our claims process is already working, these redundant requests simply serve to slow down our responsiveness to everyone seeking payment. Your office should only send in a second request for payment if you have received a request for additional information, or if Avesis has indicated that we do not have a record of your claim on file. Our web site shows the status of every claim we have in process. Simply go to [www.avesis.com](http://www.avesis.com) and check under the Claim Status menu behind the secure provider login. In order to expedite processing of your claims, please restrict your claims to one date of service per claim.

## Wrong Code or Tooth Number

Avesis has also noticed that there have been instances where there is a mismatch between the ADA code billed and the tooth number being restored. Historically Avesis has denied these claims and indicated that offices must resubmit with the correct information. In order to expedite payment for services offices have rendered, in the future Avesis will process these claims under the assumption that the tooth number is the correct piece of information. For example, if Avesis receives a claim for a D2332 on tooth number 30, Avesis will deny that line and adjudicate the line as D2392 on tooth number 30. Please contact Avesis provider services department if you have questions regarding this issue.



## Cultural Competency

As a company dedicated to providing clients with superior service, Avesis fully recognizes the importance of serving Members in a culturally and linguistically appropriate manner. We know from direct experience that:

- Some Members have limited proficiency with the English language including some Members whose native language is English but who are not fully literate.
- Some Members have disabilities and/or cognitive impairments that impede their communicating with us and using health care services.
- Some Members come from other cultures that view health-related behaviors and health care differently than the dominant culture.

To be culturally competent, Providers shall:

- Work with Members so that once Members are identified that may have cultural or linguistic barriers alternative communication methods can be made available.
- Utilize culturally sensitive and appropriate educational materials based on the Member's race, ethnicity and primary language spoken.
- Ensure that resources are available to overcome the language barriers and communication barriers that exist in the Member population.
- Make certain that you recognize the culturally diverse needs of the population.
- Teach staff to value the diversity of both their co-workers inside the organization and the population served, and to behave accordingly.







## Special Needs

As you may recall, Avesis is working on a Special Needs dental initiative in conjunction with the Department of Public Welfare (DPW) to ensure that the needs of all our Special Needs Members are met. In an effort to facilitate these Members obtaining timely care in the most appropriate place, we are also updating the status of all of our network providers as it relates to their ability to provide care for Special Needs Members.

Your practice should have already received a Provider Practice Status update form which includes information on the Special Needs Program and has been updated with a question relative to the level of care your office can provide. Please make sure that you complete this form and return it as soon as possible making sure to indicate the level of care your office can provide so that proper referrals can be made for Special Needs Members.

[www.avesis.com](http://www.avesis.com)

## New Staff for Our Pittsburgh Area

Avesis is pleased to welcome our new field representative for Western Pennsylvania - Lori Retort - to the Avesis dental team. Avesis has done some restructuring and as a result, Lori will be taking over the field visits from the UPMC territory from Reggie Lynch who has been transitioned into an internal provider services representative for PA. It is our hope that you are now able to reach Reggie by phone more readily. Lori will be the key contact person for onsite office training issues and for office audits for our network in Western PA. Lori has a long history of working in dental offices and will be an asset to your office to answer questions and help with training of new staff members regarding claim submission for Avesis.

Our goal for our network support is to assist all of our dental team members in understanding the UPMC programs effectively and to be informed regarding pending changes in the UPMC Health Plan government programs that could impact your office. If your office has a new staff member, we want to assist in explaining the details of running the programs within your office. Our team is always ready to train new staff members at our provider offices, so please let us know how we can help.





## Contact Us

If you have any questions about any information provided in this newsletter, please contact our Customer Care Department at 1-888-209-1243. Inquiries may also be submitted through the Avesis website at [www.avesis.com](http://www.avesis.com). Please click on UPMC Health Plan, log in and then click on "Contact Us" to submit your inquiry.

**Avesis Third Party Administrators**  
P.O. Box 7777  
Phoenix, AZ 85011-7777

## Changes in the Medical Assistance Program

Avesis will continue to keep you posted on any changes to the UPMC Medical Assistance Program (*UPMC for You*).

Customer Service Hours: Monday through Friday - 7:00 A.M. to 8:00 P.M. EST

# Avesis

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