

dental news

A Newsletter for Avesis Dental Care Providers

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Updates To The UPMC Provider Manual and Covered Benefits Schedules

The UPMC Provider Manual and covered benefits schedules for the UPMC programs have been updated and are now available on the Avesis website at www.avesis.com. You will need to log in to the web portal in order to view these documents. Your office can download an electronic copy to reference on your computer or you may print the documents from the website should you wish to have a paper copy. If your office does not have internet access, you may request a paper copy of the Provider Manual or covered benefits documents by calling our Customer Service Center at **888-209-1243**. We urge your office to download or print both the Provider Manual and covered benefits schedules, as they provide you with Avesis' administrative guidelines for the UPMC programs.



A Letter From Our Chief Dental Officer

Dear Avesis Doctor:

We would like to thank you for your continued participation in the UPMC Health Plan dental programs administered by Avesis. We are hopeful that you have been treated fairly and promptly by Avesis.

Avesis is committed to providing responsive service to UPMC Health Plan and our dental providers. If you have any questions about the changes outlined within this newsletter, please contact our Customer Service team at **888-209-1243**.

Sincerely,

Fred L. Sharpe
 Fred L. Sharpe, DDS, JD
 Chief Dental Officer



Filing Claims And Pre-Treatment Estimates With Avesis

Avesis wants to make your claim submission and payment process as simple as possible. If your office is able to file claims and pre-treatment estimates electronically, we encourage you to do so. If you have questions, please contact your Provider Services representative and ask how you can get set up for electronic submission. You may also submit claims and pre-treatment estimates directly to Avesis on the secure Avesis web portal at **www.avesis.com**.

Providers may also submit claims and pre-treatment estimates on an ADA claim form to the following address: **Avesis, PO Box 7777, Phoenix, AZ 85011-7777**. Avesis has no special restrictions or requirements regarding which version of the ADA claim form providers may submit, as long as your office uses at least the CDT 2013 codes when submitting claims and include the rendering provider's NPI number on the claim form. Failure to submit

your NPI number on the claim form will result in your claim being returned to you unprocessed. Please be sure that the information is entered clearly in the appropriate fields on the ADA claim form. Avesis scans all claim forms and they are entered into the system using OCR (Optical character recognition).

If your information is not clearly entered in the appropriate field, it is possible that characters may be misread or not recognized as being present on the claim form at all. You will receive written notification of the status of both claims and pre-treatment estimates in the mail. Should you have claims or pre-treatment estimates for which you do not believe you have received a response, you may check the status of those claims and/or pre-treatment estimates on the secure Avesis web portal at **www.avesis.com**, or by calling our Customer Service team at **888-209-1243**.



UPMC Program Changes

UMPC for Kids

The Pennsylvania Insurance Department made some changes to CHIP dental benefits for calendar year 2013. Those are as follows:

- A) Members enrolled in UPMC for Kids will no longer have access to an extended dental benefit. This expanded dental benefit (EDB) was only available for calendar year 2012. However payment will be made on extended dental benefits authorized by Pennsylvania CHIP in 2012 even if the services were provided in whole or in part after 2012. The annual maximum for all non-orthodontia services is \$1500.00 per calendar year.
- B) The orthodontic benefits will no longer be reimbursed at a case rate with all fees being paid in one lump-sum up front. Beginning with new cases banded January 1, 2013 and after, Avesis will be paying based upon the previous process of an initial banding fee followed by quarterly payments. All newly approved and billed orthodontic cases for 2013 will be reimbursed with a banding fee, up to seven quarterly fees and retention. This reimbursement will mirror the way that you are currently being reimbursed through the UPMC Medicaid benefits.

UPMC Community Care; UPMC for Life Options; UPMC for You Advantage

Effective January 1, 2013, UPMC added the UPMC Community Care plan and updated the UPMC for Life Options and UPMC for You Advantage benefits. These three plans comprise UPMC Health Plans Special Needs Plan lineup.

- **UPMC for You Advantage (HMO SNP)**
UPMC for You Advantage offers enhanced dental benefits for dual eligible beneficiaries.
- **UPMC for Life Options (HMO SNP)**
UPMC for Life Options offers enhanced dental benefits for eligible and dual eligible beneficiaries.

- **UPMC Community Care (HMO SNP)**
UPMC Community Care offers enhanced dental benefits for eligible and dual eligible beneficiaries.

All of these Special Needs Plans have the following benefits available to them:

- \$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 comprehensive benefits:
 - Fillings and simple tooth extractions only.

Program Initiatives

Both Avesis and UPMC are committed to putting forth every effort to ensure that the UPMC population is following AAPD (American Academy of Pediatric Dentistry) standards encouraging a dental visit by age one. As time progresses, Avesis will continue to update the network on these initiatives and steps we are taking for its implementation.

Special Needs Program

Avesis has been working diligently with the Pennsylvania Department of Public Welfare on a Special Needs initiative. Your offices will receive a special needs survey from Avesis. Please complete your survey and return it to the Avesis Provider Services department.



Claims and Provider Billing

Avesis would like to take this opportunity to advise all of our dental providers regarding issues that have been found on our office reviews. We want your office to follow our guidelines to ensure that your billings are paid promptly and accurately. Situations have been discovered where dental offices are billing for services on one date and then resubmitting using a different date if the claim is not paid. Some of the reasons we have heard for this are because of Medicaid timely filing limitations or computer mistakes.

We have also been made aware of billing for services not rendered. These are clear violations of the Pennsylvania Medicaid rules and, if determined to be accurate, will result in termination from the network and reporting to the appropriate authorities.

Another frequent issue is offices billing for services rendered by one dentist under another dentist's name and provider number. If your office has been doing this, you need to immediately cease this practice unless you are in a Locum Tenens situation. If you are using a dentist as a Locum Tenens, then you must notify Avesis that your office is employing such a dentist, prior to the Locum Tenens provider beginning to see patients, except in the case of an emergency. Remember that use of a Locum Tenens dentist is limited to sixty (60) days.

If Avesis discovers offices billing under a provider other than the one rendering services we will perform a complete review of all billings from your office for accuracy and we will be required to report the situation to UPMC Health Plan and the appropriate state agency for their investigation. As a dentist in the practice, you are responsible for all acts of your staff members regarding





Claims and Provider Billing (cont'd)

claim submission. You should be aware if there are any inappropriate claim practices occurring within your office and should stop them immediately. Please understand that these issues are some of the key issues that we will be concerned about when reviewing your office's claims. Any office in violation of these guidelines will be required to refund all payments made from Avesis and may risk being terminated from the dental network.

Radiograph Requirements

When submitting images to Avesis for review, all images need to be properly mounted, indicating right or left, date taken, and patient name. The provider's name and address should be on the series or images. It is imperative that the crown and apex of the tooth be visible on periapical images.

Spore Testing

Spore testing or biological monitoring of sterilizers is recommended to be performed on a weekly basis. For further guidance regarding sterilization procedures, please consult the CDC website (www.cdc.gov).

Card Payment Services (CPS)

Your office may have received a communication concerning the partnership between Avesis and Card Payment Services (CPS), to transmit future claims payment transactions via the MasterCard® network. We understand that you may have questions so we have provided some frequently asked questions for your review. If you have any additional questions please contact our Provider Services Department.

CPS Questions and Answers

- Q:** What do I do with the remittance advice?
A: If you received the remittance advice via email, you will use the 6-digit card account prefix (556766) – also

known as the BIN number - and merge it with the 10 digit MasterCard® account number provided in the email/fax/mailed remittance to process the payment through your credit card system as you would any other credit card payment.

- Q:** What is the maximum number of allowable transactions that I can process on a card?
A: There is one (1) per transaction, for the exact amount of the payment.
- Q:** If I lose the card information, what do I do?
A: You may contact your Avesis Provider Services Representative.



CPS Questions and Answers (cont'd)

Q: If the card number I entered does not work, what do I do?

A: Please retry the card information again. You must enter the 6 digit prefix, the 10 digit MasterCard® account number along with the 3 digit security code and expiration date. If your payment is still not processing, you may contact Avesis Provider Services Representative.

Q: Why do I have to run the card for the exact amount?

A: This is a security feature of the program.

Q: When will payment be available for processing?

A: Payment will be available for processing as soon as you receive your specific remittance information.

Q: What charges will I incur by participating in the program?

A: This payment is processed like any other credit payment and the terms of the agreement that you currently have with your MasterCard® processor in order to accept payments through their system is also applicable to these transactions.

Q: How will I be notified that a MasterCard® payment has been assigned to the remit?

A: You will receive the remittance advice via email/fax or mail. The remittance advice contains the details of the invoices being paid along with the 10 digit number, security code and expiration date. All of these elements are necessary to process your payment.

Q: How can I begin receiving payment notifications via email instead of mail?

A: During our initial letter introducing the program, we provided a form to fill out that asks for the email address. Please complete that form and return via fax to **866-701-8076** or email address **ProviderEPayment@avesis.com**.



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.

Fraud and Abuse

If you would like to notify Avesis of any suspected or potentially fraudulent activity please contact us at: **(800) 522-0258 ext 580.**



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**. Please click on UPMC Health Plan, log in and then click on "Contact Us" to submit your inquiry.



Avesis

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