

# Avēsis

*A National Vision, Dental and Hearing Company*

## Dental Provider Manual

**The material in this manual is confidential. Contents may not be reproduced or disclosed to anyone other than the intended recipient(s) and their staff. Failure to follow this procedure may result in termination of the contract.**

PROPERTY OF:

**Avesis Third Party Administrators, Inc.**

3030 North Central Avenue, Suite 300  
Phoenix, Arizona 85012

Phone: (888) 209-1243 | Fax: (866) 653-5544 | IVR: (866) 234-4806

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

Dear Avesis Provider:

Avesis Third Party Administrators, Inc. (Avesis) would like to take this opportunity to welcome you and your staff as participants in our national network of preferred Providers. We are pleased that you have chosen to participate with us.

Throughout your ongoing relationship with Avesis, this Dental Provider Manual will provide you with useful information concerning the Avesis Dental Program.

When communicating with our Participating Providers, we make every effort to be clear and concise. Our expectation is to answer questions promptly when they arise. We want to provide accurate and effective information that will allow you and your dental team to understand which American Dental Association (ADA) Current Dental Terminology (CDT) codes are covered and what to expect from Avesis.

If you require assistance or information that is not included within this Provider Manual, please contact our Provider Services Department at the following number:

Provider Services: **(888) 209-1243**

Monday – Friday 8:00 AM to 5:00 PM (EST)

A Quick Reference Guide is also provided within this Manual. This easy to read Reference Guide is intended to give you the most important information in one place. Please place this Guide in a convenient location at your front desk so that it may be used as a reference to answer questions regarding the Dental Program(s).

Specific details regarding the Programs can be found throughout this Provider Manual. Please visit the Avesis website at [www.avesis.com](http://www.avesis.com) periodically to ensure that your Provider Manual is up to date.

Again, we welcome you and your staff to the growing list of Avesis Providers. We look forward to a successful relationship with you and your practice.

Sincerely,

Avesis Provider Services

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## **Avesis Contact Information**

### **Avesis Executive Offices**

10324 South Dolfield Road  
Owings Mills, Maryland 21117  
(410) 581-8700  
(800) 643-1132

### **Avesis Corporate Offices**

3030 North Central Avenue, Suite 300  
Phoenix, Arizona 85012  
(602) 241-3400  
(800) 522-0258

### **Avesis Provider Services**

Provider Services  
(888) 209-1243

### **Avesis Utilization Management**

Utilization Management  
(866) 653-5544 (secure fax)

### **Avesis Chief Dental Officer**

Fred L. Sharpe, DDS  
[fsharpe@avesis.com](mailto:fsharpe@avesis.com)

### **Avesis EFT Contact**

Avesis Third Party Administrators, Inc.  
Attn: Finance  
P.O. Box 782  
Owings Mills, Maryland 21117

### **Avesis Pennsylvania Dental Director**

Richard Celko, DDS  
(888) 209-1243

### **Avesis Philadelphia Area Dental Director**

Martin Weinberg, DMD

### **Avesis Pre-Treatment Estimate**

Avesis Third Party Administrators, Inc.  
Attn: Pre-Treatment Estimate  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

### **Avesis Post Review**

Avesis Third Party Administrators, Inc.  
Attn: Post Review  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

### **Avesis Specialty Referral Form**

Avesis Third Party Administrators, Inc.  
Attn: Dental PA Specialty Referrals/Authorizations  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

### **Avesis Dental Claims**

Avesis Third Party Administrators, Inc.  
Attn: Dental Claims  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

### **To Correct Claims**

Avesis Third Party Administrators, Inc.  
Attn: Corrected Dental Claims  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

### **Avesis Member Services**

UPMC for You Dental: (888) 257-0474  
UPMC for Life Dental: (888) 257-0066  
UPMC for Life Specialty Plan Dental: (888) 729-7951  
UPMC for Kids Dental: (888) 257-0350  
UPMCHP Federal Commercial Dental: (888) 729-7949  
TTY: (800) 201-7165

### **Avesis Member Services**

Health Partners: (855) 536-7764

## Other Contact Information

**Pennsylvania Department of Public Welfare**

General Information: (717) 772-6181

Provider Hotline: (800) 537-8862

Electronic Verification System: (800) 766-5387

**Pennsylvania Health Law Project**

(800) 274-3258

**Medical Assistance Clinical Sentinel Hotline**

(866) 542-3015

**Pennsylvania Legal Aid Network**

(800) 322-7572

Avesis makes every effort to maintain the accuracy of information contained in this Provider Manual. If any typographical errors are found please contact Avesis at **(800) 327-4462**. Avesis is not liable for any damages, directly or indirectly, that may occur from a typographical error.

## Statement of Providers' Rights and Responsibilities

Providers shall have the right and responsibility to:

- Communicate openly and freely with Avesis
- Communicate openly and freely with Member(s)
- Suggest dental treatment option(s) to Member(s)
- Recommend non-covered service(s) to Member(s)
- Manage the dental health care needs of Members to assure that all necessary services are made available in a timely manner
- Maintain the confidentiality of members' personal health information, including medical records and histories, and adhere to state and federal laws and regulations regarding confidentiality.
- Ensure disclosure form is signed for non-covered service(s) by all parties prior to rendering service(s)
- Obtain information regarding the status of claims
- Receive prompt payments from Avesis for clean claims
- Resubmit a claim with additional information
- Make a complaint or file an appeal with Avesis on behalf of a Member with the Member's consent
- Inform a Member of appeal status
- Question policies and/or procedures that Avesis has implemented
- Request Pre-Treatment Estimate for services to be rendered in the General/Pediatric Dentist's office
- Request that referrals be performed in a setting other than the General/Pediatric Dentist's office
- Inquire about re-credentialing
- Update credentialing materials including State licensure, DEA and professional liability insurance
- Abide by the rules and regulations set forth under the General Provision of 55PA Code, Chapter 1101.

Provider further understands that Provider is prohibited from:

- Discriminating against members on the basis of race, color, creed, sex, religion, age, national origin, ancestry, marital status, sexual orientation, language, MA status, health status, disability, disease or pre-existing condition, anticipated need for health care, physical or mental handicap, or limited English proficiency except where medically indicated. Provider agrees to comply with the Americans with Disabilities Act, and the Rehabilitation Act of 1973 and all other applicable laws related to the same. See Title VI Civil Rights Act of 1964, [www.usdoj.gov/crt/cor/coord/titlevi.htm](http://www.usdoj.gov/crt/cor/coord/titlevi.htm)
- Discriminating against qualified individuals with disabilities for employment purposes
- Discriminating against employees based on race, color, religion, sex, or national origin
- Offering or paying or accepting remuneration to or from other providers for the referral of Members for services provided under the Dental Program
- Referring Members directly or indirectly to or solicit from other providers for financial consideration
- Referring Members to an independent laboratory, pharmacy, radiology or other ancillary service in which the Provider or professional corporation has an ownership interest



## Statement of Members' Rights

Members shall have the right to:

- Communicate openly and freely with Avesis without retribution
- Communicate openly and freely with their Avesis Providers without retribution
- Expect privacy according to HIPAA and other State or Federal guidelines
- Be treated with respect and dignity
- Be treated the same as all other patients
- Be treated without discrimination based on race, religion, color, sex, national origin or disability
- Be informed of their oral health status
- Participate in choosing treatment option(s)
- Receive information on treatment options in a manner that Members understand
- Participate with parent(s) or guardian in making a decision(s) regarding their oral health
- Know whether treatment is medically necessary
- Be provided with a phone number to call the provider in case of an emergency
- Obtain non-covered service(s) only when a disclosure form is signed by all parties
- File a complaint or grievance against a provider
- Be informed of any appeal filed on their behalf
- Access their records to review and/or change
- Prior notice of and participation in a fair hearing to contest any adverse determination made on the Member's behalf (only applicable to certain products)
- Change Providers
- Receive materials translated into Member's language, upon request

## **Statement of Members' Responsibility**

The Members shall to the best of their ability:

- Choose Providers who are participating in the Avesis network
- Choose specialists who are participating in the Avesis network
- Be honest with Providers
- Provide accurate information to the Providers
- Behave in a respectful manner
- Understand the status of their oral health
- Choose a mutually agreed upon treatment plan with option(s) that they believe is in the best interest of their oral health
- Have Providers explain fees associated with non-covered services and payment arrangements agreed upon in advance for services being rendered
- Use best efforts to not miss or be late for an appointment
- Cancel appointments in advance, if unable to make scheduled appointment
- Supply the providers with emergency contact information
- Follow home care instructions
- Call the dentist of record in the event of an emergency

**Definitions:**

Appropriate Radiographs – radiographs that are clear, labeled to identify the area of the mouth and showing the parts of the tooth or teeth to be treated.

Dental Emergency – a situation where the Member has or believes there is a current, acute dental crisis that could be detrimental to their health if not treated promptly.

Medically Necessary – Except as otherwise defined for Medicare Advantage, Medical Assistance and CHIP Product Regulatory Requirements or by the applicable State or Federal agency Medically Necessary is defined as a Covered Benefit that will or is reasonably expected to prevent the onset of an illness, condition or disability; or will or is reasonably expected to reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability

Medically Necessary (UPMC for Life): For purposes of determinations of medical necessity of services provided to Members in Medicare Advantage Products, Avesis will utilize the following definition in accordance with CMS regulations:

Medical Necessity or Medically Necessary means medical or hospital services that are determined by Company to be:

1. Rendered for the treatment or diagnosis of an injury or illness; and
2. Appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient scientific evidence and professionally recognized standards; and
3. Not furnished primarily for the convenience of the Member, the attending physician or other provider of service.

Whether there is “sufficient scientific evidence” shall be determined by Avesis based on the following: peer reviewed medical literature; publications; reports; evaluations and regulations issued by state and federal government agencies, Medicare Advantage local carriers and intermediaries; and such other authoritative medical sources as deemed necessary by Avesis.

Medically Necessary (UPMC for You and/or Health Partners): For purposes of determinations of medical necessity of services provided to Members in a Medical Assistance Product, Avesis will utilize DPW’s definition of medically necessary:

A service or benefit is Medically Necessary if it is compensable under the Medical Assistance Program and if it meets any one of the following standards:

1. The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
2. The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
3. The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account

both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

Determinations of Medical Necessity for covered care and services, whether made on a prior authorization, concurrent review, retrospective review, or exception basis, must be documented in writing. The determination is based on medical information provided by the Member, the Member's family/caretaker and the Primary Care Provider, as well as any other Providers, programs, agencies that have evaluated the Member. All such determinations must be made by qualified and trained health care providers. A health care provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.

Medically Necessary (UPMC for Kids and/or KidzPartners): For purposes of determinations of Medical Necessity of services provided to Members in a CHIP Product, Avesis will utilize the PID's definition:

Services or supplies provided by a health care provider that Avesis determines are:

1. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury; and
2. provided for the diagnosis, or the direct care and treatment of the Member's condition, illness, disease or injury; and
3. provided in accordance with standards of good medical practice and consistent in type, frequency and duration of treatment with scientifically based guidelines from medical research or health care coverage organizations or governmental agencies that are accepted by Avesis; and
4. not provided as a convenience.

Avesis reserves the right to determine in its judgment whether a service is Medically Necessary. No benefits hereunder will be provided unless Avesis determines that the service or supply is Medically Necessary. Authorization decisions shall be made by Avesis with input from the member's PCP, or other health care provider providing service at the direction of the PCP, constituting proof of Medical Necessity for purposes of determining the Member's potential liability.

Primary Care Practitioner (PCP) – A specific physician, physician group or a CRNP operating under the scope of his/her licensure, and who is responsible for supervising, prescribing, and providing primary care services; locating, coordinating and monitoring other medical care and rehabilitative services and maintaining continuity of care on behalf of a Member.

Prior Authorization – a request made in advance for dental services to be performed by the Avesis network General/Pediatric Dentist.

Referral – a request for dental services to be performed by an Avesis network specialist.

## General Information

Avesis Incorporated, the parent company of Avesis Third Party Administrators, Inc., has been providing fully insured dental and vision services since 1978. Recognizing that every client is unique, Avesis has built a network of general and specialty providers to support the constantly growing needs of the Commercial / Medical Assistance / Medicare Advantage and indigent populations. Avesis believes that a successful dental program is one where the Members receive the best possible care and the network providers are satisfied with the support that they receive.

Avesis prides itself on providing excellent account management and provider services in order to support you and your staff. To minimize your administrative responsibilities, Avesis maintains a web based processing system allowing for verification of eligibility and claims submission. The staff of Avesis includes the Chief Dental Officer, Pennsylvania Dental Director and representatives of the Avesis Provider Services Department who are your key contacts. If you would like to speak to the Avesis Chief Dental Officer or Provider Services, please call Provider Services at the number listed below. There is also a Pennsylvania Dental Director in your region who is available by calling the Provider Services number below.

Please take the time to familiarize yourself with this Manual as it contains a great deal of information. If you have any questions please do not hesitate to call for assistance or clarification:

Provider Services: **(888) 209-1243**

Monday - Friday 8:00 AM to 5:00 PM (EST)

All offices will be notified thirty (30) days prior to the effective date of any changes or revisions to this Provider Manual, unless the change is required by law or regulation. An update/revision will be sent to the office and will be accompanied by a cover sheet to indicate the subject matter being addressed as well as the page(s) to be replaced or added and the effective date of the change. To assist you with the administration of benefits to Members, information in this Provider Manual will be updated on the Avesis website at [www.avesis.com](http://www.avesis.com). It is your responsibility to stay abreast of changes to this Manual. If you print the Manual from the Avesis website, when changes occur, you should:

- Remove the older page(s)
- Replace with the revised page(s)

Please note the document numbers at the bottom left of the page. PM-D refers to Provider Manual – Dental and the “v” stands for version which refers to the date. If you are in doubt as to whether you have the latest revision, please check the Avesis website at [www.avesis.com](http://www.avesis.com) for the most current version of a form. You will be able to download individual pages.

Promptly inserting revisions will keep your Provider Manual current and accurate.

## Descriptions of Coverage Types

Coverage limitations and reimbursement guidelines are outlined in the Covered Benefits Schedule. Details for this program can be found throughout this Provider Manual. The descriptions of the various UPMCHP products are:

### **UPMC for You**

*UPMC for You*, affiliate program of UPMC Health Plan, offers high-quality care to eligible Medical Assistance recipients in the UPMCHP service areas.

### **UPMC for Kids** (ages birth to 19)

*UPMC for Kids* is available through a contract with the Children's Health Insurance Program (CHIP) of Pennsylvania. CHIP is a State and Federally funded program to provide health insurance for uninsured children from birth until they reach the age of 19. In 2007, Pennsylvania CHIP was expanded to offer health insurance to children and teens who are not eligible for Medical Assistance, regardless of family income. Enrollment eligibility is evaluated every 12 months.

### **UPMC for Life**

*UPMC for Life* HMO and PPO offer choices for more enhanced services and care options than are available through traditional Medicare Advantage, including routine dental care.

### **UPMC for Life Specialty Plan**

*UPMC for Life Specialty Plan* offers dual eligible Members (Medical Assistance/Medicare Advantage) choices for more enhanced services and care options than are available through traditional Medicare Advantage, including routine dental care.

## **Federal & Postal Employee Health Benefits (FEHB) Discount Dental Program**

UPMCHP is offering limited dental coverage to Members enrolled in the **Federal & Postal Employee Health Benefits (FEHB) Discount Dental Program**. These groups are offered two levels of benefits. The first level includes routine, diagnostic and preventive services that are provided at no cost to the Member. The second level lists all of the other covered services and the corresponding fee due from the Member according to standing office policies. Procedures not listed are the responsibility of the Member. Both levels of benefits are also listed in this manual.

## **Health Partners**

Health Partners, Inc. is a not-for-profit Pennsylvania licensed managed care organization (MCO) that, since 1985, has provided comprehensive health care coverage to individuals and families living in the Philadelphia region. Health Partners administers a Medical Assistance program for which Avesis currently administers dental benefits.

## **KidzPartners**

In 2008, Health Partners introduced a new program, KidzPartners, providing care through Pennsylvania's Children's Health Insurance Program to eligible children throughout a five-county service area. The first KidzPartners members became active in 2009.

## **FREQUENTLY ASKED QUESTIONS**

### **With which Managed Care Organization(s) (MCO) is Avesis associated?**

Avesis is associated with UPMCHP and Health Partners. Throughout this Manual we have referred to UPMC Health Plan, Inc. as UPMCHP and Health Partners as HP.

### **What is the relationship between Avesis and UPMCHP?**

Avesis has contracted with UPMCHP to arrange for the provision of dental services to their eligible Members as well as to adjudicate, process and pay claims to providers.

### **What is the relationship between Avesis and HP?**

Avesis has contracted with HP to arrange for the provision of dental services to their eligible Members as well as to adjudicate, process and pay claims to providers.

### **Do I contract with Avesis or UPMCHP?**

You will contract directly with Avesis.

### **Do I contract with Avesis or Health Partners?**

You will contract directly with Avesis.

### **Will third party liability still be the same?**

For Centers of Medicaid and Medicare Services programs and CHIP programs, Avesis, on behalf of UPMCHP, is always the payer of last resort. If the Member has other health insurance, claims must be filed with that payer first. Upon receipt of the primary Remittance Advice (RA), you will submit a claim to Avesis with the primary payer's RA within ninety (90) days of the date on the primary payer's RA.

However, for UPMC *for You and for Health Partners*, Avesis agrees to pay all Clean Claims for EPSDT services to children. Avesis recognizes that cost avoidance of these Claims is prohibited.

### **Will we get new PROMISe (Medical Assistance) provider numbers?**

You will keep your current PROMISe Provider number. If you do not have a PROMISe Provider number, you will need to apply for one. You should apply for your PROMISe Provider number through the Commonwealth's website. The application can also be found on the Avesis website at [www.avesis.com](http://www.avesis.com). Please note that you will need a unique number for each location where you render services.



**Will we get an Avesis provider number?**

After you are credentialed, you will receive an Avesis PIN number which will be your Avesis identification number.

**What is a NPI number?**

The NPI (National Provider Identifier) number was mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is a unique identification number used by health care providers when submitting claims for reimbursement. Health care providers and all health plans and health care clearinghouses are required to use the NPI numbers in the administrative and financial transactions specified by HIPAA. The NPI contains no embedded intelligence; that is, it contains no information about the health care provider such as the type of health care provider or State where the health care provider is located. The NPI must be used in connection with the electronic transactions identified in HIPAA. The NPI does not:

- Replace the DEA number when required for prescribing controlled substances or other DEA-regulated activities.
- Replace state-issued licenses and certifications verifying a Provider's licensing or qualifications.
- Replace Social Security Number, Individual Tax ID, or Employer ID for tax purposes.

Source: <http://www.cms.hhs.gov/MLN MattersArticles/downloads/SE0528.pdf>  
<http://www.ada.org/prof/resources/topics/npi.asp>

**Does Avesis pay on a Fee for Service Schedule?**

Yes.

**Will Members have to choose a primary care dentist?**

No, the Member may go to any provider in the Avesis provider network.

**Can our office refuse to see a Member who comes to the office and does not present a Health Plan identification card?**

It is not necessary to refuse treatment to a Member who does not present with his/her Health Plan identification card. Eligibility can be verified 24 hours a day 7 days a week with Avesis for any Member by calling our IVR or checking on the Avesis website at: [www.avesis.com](http://www.avesis.com). Medical Assistance Members may also produce their Medical Assistance issued ACCESS card to Providers to verify eligibility.

**Provider Services**

**Is there a number to call where you can speak to a representative?**

Avesis Provider Services is available to assist you at (888) 209-1243 Monday through Friday from 8 AM until 5 PM EST, except observed holidays.

## **Eligibility**

### **How will I know that the Member has chosen to participate with a Health Plan for whom Avesis administers dental benefits?**

The Member will present with a health plan identification card or Providers may verify eligibility 24 hours a day 7 days a week with Avesis for any member enrolled in a Health Plan with dental benefits administered by Avesis by calling our IVR or checking the Avesis website at [www.avesis.com](http://www.avesis.com). Medical Assistance Members may also produce their Medical Assistance issued ACCESS card to Providers to verify eligibility.

### **For Medical Assistance, when are children considered adults under this program?**

The first day of the month following their 21st birthday.

### **How will I obtain eligibility and benefits information?**

Your office can:

- Visit the Avesis website anytime at [www.avesis.com](http://www.avesis.com)
- Utilize Avesis IVR anytime at: (866) 234-4806
- Call Avesis Customer Service Center during normal business hours at: (888) 209-1243

### **Do I need to verify eligibility each time a Member presents?**

Yes, it is required that you verify eligibility prior to each visit.

## **Benefits**

### **Will we be able to view the Member's benefits online?**

Full benefit information is available on the Avesis website at [www.avesis.com](http://www.avesis.com).

### **Are dentures ever a covered benefit?**

Dentures may be covered for medical necessity. A Prior Authorization Request must be requested and approved by Avesis prior to this service being rendered.

### **Does Avesis require radiographs?**

The Covered Benefits Schedule clearly states when radiographs are required.

## **Billing and Claims**

### **How will dentists be assured that Avesis is financially solvent and will pay claims timely?**

Avesis is the dental program administrator for both UPMCHP and Health Partners. Avesis is a licensed third party administrator in Pennsylvania and will work closely with UPMCHP and Health Partners to ensure that claims are paid correctly and in a timely manner. Under Pennsylvania insurance law, managed care subcontractors are required to meet specific standards for claims payment. The parent insurance company is, however, ultimately responsible for claims payment.

### **What if a Member requests Non-Covered Services?**

A provider may bill an MA recipient for a noncompensable service or item if the recipient is told before the service is rendered that the program does not cover it. If, in the course of the exam, you determine that the Member requires services not covered by the Program you will be expected to discuss possible options with the Member. Should the Member choose to receive Non-Covered Services, the Non-Covered Services Form provided herein should be completed and signed by you and the Member.

For Medical Assistance Members enrolled in UPMC *for You* and Health Partners Members, the Benefit Exception Process further described in this manual can be utilized when a provider requests review of a service that is not a covered benefit under the Program to determine if an exception should be made based on medical necessity.

### **Should I send a copy of the Non-Covered Services Form to Avesis?**

No, this form should be included in and become part of the Member's permanent record.

### **Can the non-covered services form be completed online?**

No, that is not possible since the form requires signatures.

### **Is orthodontics a covered benefit? How do I bill for orthodontics?**

Orthodontics is covered by prior authorization only. Information as to how to request prior authorization and bill for orthodontics is outlined in detail in this provider manual.

## **Electronic Funds Transfer**

### **Will I need to send a check with the EFT agreement?**

Yes, if you are interested in electronic remittance, you will need to provide Avesis a voided check with the completed EFT form, available in this Manual.

### **Where do I send my EFT Agreement?**

Please **mail** the EFT Agreement and voided check to:

Avesis Third Party Administrators, Inc.  
Attn: Finance  
PO Box 782  
Owings Mills, Maryland 21117

### **How are claims submitted to Avesis?**

In one of three ways:

- Electronic Data Interchange (EDI)
- Manually entered on the Avesis website at [www.avesis.com](http://www.avesis.com)
- By mail, using the current ADA Form

### **Will you accept faxed claims?**

No.

### **Will Avesis accept HIPAA compliant electronic claims (837)?**

Yes, Avesis will accept HIPAA compliant 837 claims.

### **How often are claims paid?**

Avesis adheres to applicable State and/or Federal prompt payment laws regarding the processing and payment of clean claims. Avesis does weekly check runs.

## Quick Reference Guide

### Identification Card

Members should present with a UPMCHP or HP Member identification card. Medical Assistance Members may also produce their Medical Assistance issued ACCESS card to Providers to verify eligibility.

### Eligibility Verification

Providers are required to verify Member eligibility. It is required that you verify eligibility for each Member's appointment the business day prior to rendering services. See Eligibility Section for details.

Using your Avesis provider PIN and the Member's identification number you may:

- Call the Interactive Voice Response (IVR) at: (866) 234-4806; or
- Visit the Avesis website at: [www.avesis.com](http://www.avesis.com); or
- Submit an Eligibility Verification Fax Form to the Avesis secure fax line at: (866) 332-1632. The form will be returned to you via fax no later than one (1) business day after receipt; or
- Call Avesis Provider Services at: (888) 209-1243

For more details refer to the Eligibility Verification and Confirmation section.

### Provider Services

- Check Re-credentialing Status
- Request Provider PIN number
- Verify Eligibility
- Check Claims Status
- Ask General Questions

Fax: (866) 653-5544 (secure fax)

### Provider Service Hours

Monday - Friday 8:00 AM to 5:00 PM (EST)

### Observed Holidays

Avesis observes the following holidays: New Year's Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day (may vary when holiday falls on a weekend).

### Approval Policy

Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received.

## Claims

Electronic claims may be submitted to Avesis:

- Through EDI (arrangements must be made with the Avesis IT Department prior to submission); or
- On our website at: [www.avesis.com](http://www.avesis.com); or
- Submitting paper claims using the current ADA claim form to:

Avesis Third Party Administrators, Inc.  
Attn: Dental Claims  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

## To Correct Information

You have the right to correct information submitted incorrectly within ninety (90) days from the date of service. You must include the reason for the change and a copy of the Remittance Advice. Change(s) must be made in writing and submitted to:

Avesis Third Party Administrators, Inc.  
Attn: Corrected Dental Claims  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

If you prefer, corrections can be made directly on the Avesis website.

## Claims Appeals

If payment for services is denied in whole or in part, you may appeal the decision by requesting a review in writing. All claim reviews are handled in accordance with the Avesis Complaint, Appeal and Grievance (CAG) policies and procedures as well as applicable Department, State and Sponsor guidelines. All appeals must be submitted within thirty (30) business days from date of receipt of the denial notification. For more details please refer to the Appeals Process section.

## Payment

Avesis providers who use our Internet site for Member eligibility and claim submission functions are eligible to receive payments from Avesis via Electronic Funds Transfer thereby enabling your practice to maintain a positive cash flow.

## **Emergency Care**

You are responsible for facilitating emergency treatment, as needed.

Members may need to be directed to their medical provider. Assistance is available as follows:

### **UPMC for Life**

Call the Member Services Department at (877) 539-3080; TTY users can call toll-free (800) 361-2629. Member Services is available from 8 AM to 8 PM, seven days a week. From March 2 through November 14, calls will be answered by a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

### **UPMC for You**

Call the Member Services Department at (800) 286-4242; TTY users can call toll-free (800) 361-2629. Member Services is available Monday through Friday from 8 AM to 8 PM and Saturday from 8 AM to 3 PM.

### **UPMC for Kids**

Call the Member Services Department at (800) 650-8762; TTY users can call toll-free (800) 361-2629. Member Services is available Monday through Friday from 8 AM to 8 PM and on Saturdays from 8 AM to 3 PM.

### **UPMC for Life Specialty Plan**

Call the Member Services Department at (800) 606-8648; TTY users can call toll-free (866) 407-8762. Member Services is available from 8 AM to 8 PM, seven days a week. From March 2 through November 14, calls will be answered by a messaging service on weekends and holidays. Please leave a message and your call will be returned the next business day.

### **FEHB**

Call our Member Services Department at (888) 876-2756; TTY users can call toll-free (800) 361-2629. Member Services is available Monday through Friday from 8 AM to 8 PM and Saturday from 8 AM to 3 PM.

### **Health Partners**

Call the Member Services Department at (888) 888-1211; TTY users can call toll-free (877) 454-8477. Member Services is available Monday through Friday from X AM to X PM and Saturday from 8 AM to 3 PM.

### **KidzPartners**

Call the Member Services Department at (888) 888-1211; TTY users can call toll-free (877) 454-8477. Member Services is available Monday through Friday from 8 AM to 3 PM and Saturday from 8 AM to 3 PM.

## Eligibility and Confirmation

The confirmation of eligibility is an important step for every dental appointment. Avesis strongly recommends that you verify eligibility for each Member *prior* to the visit. Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received for payment. Avesis will update the eligibility files monthly or as provided by the Health Plan.

Avesis Provides four options for eligibility verification:

### IVR (Interactive Voice Response System)

1. Call the IVR at: (866) 234-4806
2. Enter your Avesis provider PIN number
3. Enter the Member's identification number
4. You will receive a real time response
5. Please be mindful that the Interactive Voice Response system provides verification of coverage only and does not provide utilization of benefit information.

### Internet

1. Go to [www.avesis.com](http://www.avesis.com)
2. Enter your User Name and Password
3. Click "Check Eligibility"
4. Enter the Member information

You will receive a real time response

### FAX

1. Fill out the Avesis Verification Fax Form
2. Fax toll free to: (866) 332-1632

You will receive a reply to the fax within one (1) business day

### Provider Services

Call Avesis Provider Services toll free at: (888) 209-1243  
Provide your Avesis provider PIN number  
Provide the Member's identification number

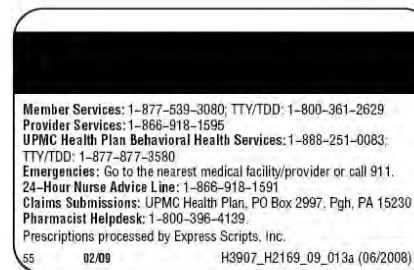
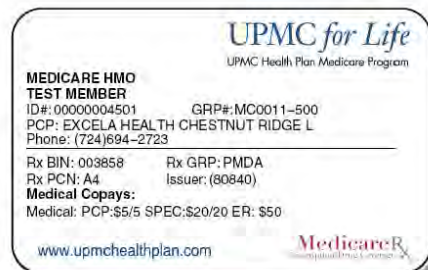
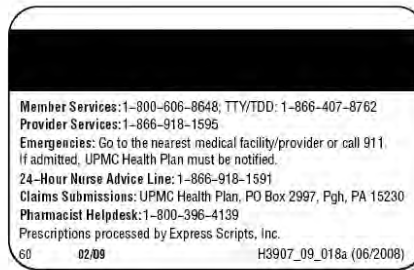
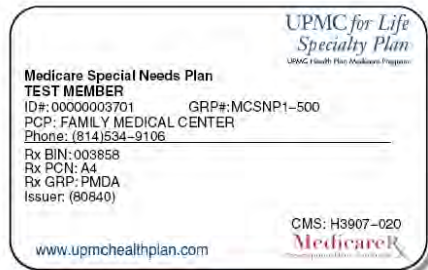
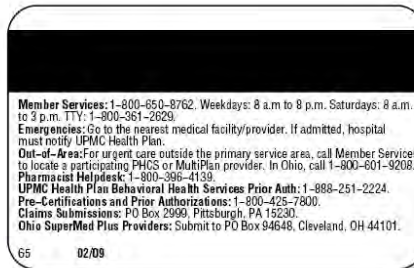
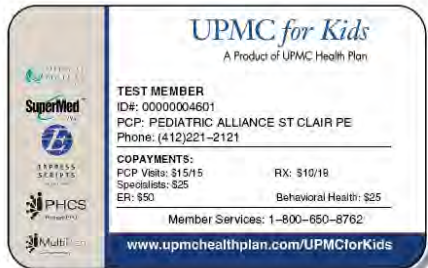
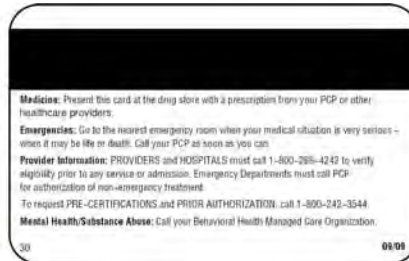
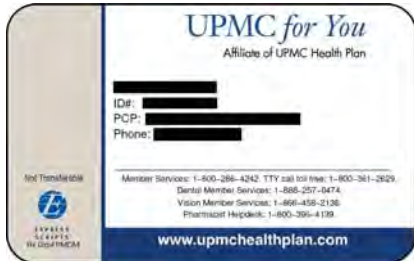
**Remember:** Eligibility verification is not a guarantee of payment. Benefits are determined at the time the claim is received for processing.





## Samples of Accepted Identification Form

These cards are samples of the UPMCHP issued cards.



## Samples of Accepted Identification Form

These cards are samples of the HP issued cards.

**HP HEALTH PARTNERS**

9999999999  
DOEREMIFASOLATIDO, MARY Q

PCP: DR. JOHN SMITH  
999-999-9999

PROV #: 9999999999

DOB: 99/99/9999

RxBIN: 600428 RxCPCN: 02530000

**SAMPLE**

- Always carry this card with you. Always call your Primary Care Provider (PCP) for medical care. PCP referral needed for most specialist services. PCP or Health Partners participating specialist must arrange for all elective hospital care.
- **EMERGENCIES: Call 911 or go to the nearest Emergency Room. Call your PCP as soon as possible to arrange follow-up care.**
- **MEMBER RELATIONS** for help or questions: Call 1-800-553-0784 or 215-849-9600 (TTY 1-877-454-8477).
- **PROVIDERS:** Call 1-800-225-2978 to verify eligibility. Call Utilization Management at 215-849-3513 for prior authorization of all elective hospital and SPU admissions. For non-elective admissions, HOSPITAL MUST NOTIFY HEALTH PARTNERS WITHIN TWO BUSINESS DAYS. Non-participating providers must call 215-849-3513 for pre-approval for all non-emergency services. Send claims to: Health Partners, PO Box 1220, Philadelphia, PA 19105-1220.

MS-001 10/08

**Kidz PARTNERS**  
HEALTH PARTNERS' Plan for Children

DOEREMIFASOLATIDO, MARY Q  
3999999999

DOB: 99/99/9999

PCP: DR. JOHN SMITH  
999-999-9999

PROV #: 9999999999

PCP \$XX SPEC \$XX ER \$XX RX \$XX/\$XX

RxBIN: 600428 RxCPCN: 02530000

**SAMPLE**

Always carry this card with you. Always call your Primary Care Provider (PCP) for medical care. PCP referral needed for most specialist services. PCP or KidzPartners participating specialist must arrange for all elective hospital care.

**EMERGENCIES:** Call 911 or go to the nearest Emergency Room. Call your PCP as soon as possible to arrange follow-up care.

**MEMBER RELATIONS** for help or questions: Call 1-888-888-1211 or 215-967-4540 (TTY 1-877-454-8477 or 215-849-1570).

**MENTAL HEALTH/SUBSTANCE ABUSE:** Call CompCare at 1-877-710-8222.

**PROVIDERS:** Call 800-225-2978 to verify eligibility. Call 866-500-4571 to prior authorize all elective hospital and SPU admissions. For non-elective admissions, HOSPITAL MUST NOTIFY HEALTH PARTNERS WITHIN TWO BUSINESS DAYS. Non-participating providers must call 866-500-4571 to pre-approve all non-emergency services. For other assistance, call 888-991-9023. Pharmacies, call 800-522-7487. Send claims to: Health Partners, PO Box 1230, Philadelphia, PA 19105-1230.

www.kidzpartners.com KP-005 7/08

**SAMPLE**

## CDT Codes for Avesis Dental Programs

Detailed descriptions for CDT Codes including benefit limitations and attachments required for claims processing may be found on the Covered Benefits Schedules located behind the Agreement in this Manual.

Medically necessary dental services must be appropriate and consistent with the standard of care for dental practices. You understand that the omission of services could adversely affect the Member's condition. The nature of the diagnosis and the severity of the symptoms must not be provided solely for the convenience of the dental professional or facility or other entity. There must be no other effective and more conservative or substantially less costly treatment available.

Furthermore, for certain procedures requiring prior-authorization as set forth herein, the procedure is medically necessary to prevent or minimize the recurrence and progression of periodontal disease in recipients who have been previously treated for periodontitis; prevent or reduce the incidence of tooth loss by monitoring the dentition and any prosthetic replacements of the natural teeth; and increase the probability of locating and treating, in a timely manner, other diseases or conditions found within the oral cavity.

## Non - Covered Items or Services

Non-covered services include investigational items and experimental drugs or procedures not recognized by the United States Food and Drug Administration, the United States Public Health Service, CMS, and the Avesis Chief Dental Officer and Pennsylvania Dental Director as universally accepted treatment, including but not limited to, positron emission tomography, dual photon absorptiometry, etc.

A provider may bill an MA recipient for a noncompensable service or item if the recipient is told before the service is rendered that the program does not cover it. Avesis requires that you and the Member complete the Non-Covered Services Disclosure Form included herein *prior* to rendering these services. If the Member elects to receive the non-covered procedure(s) or treatment(s), the Member would pay your usual and customary rate as payment in full for the agreed upon procedure(s) or treatment(s). The Member is financially responsible for such services. If the Member will be subject to collection action upon failure to make the required payment, the terms of the action must be kept in the Member's treatment record. Failure to comply with this procedure will subject the provider to sanctions up to and including termination.

## Benefit Exception Process

The benefit exception process occurs when a provider requests review of a service that is not a covered benefit to determine if an exception should be made based on medical necessity. The process also applies to benefit limitations, or when a provider requests additional treatment for a member who has exhausted the benefit limit (i.e., duration or quantity) of a particular service.

### Key Principles

- The UPMC *for Kids*, UPMC *for Life*, UPMC *for Life Specialty Plan* and FEHB product benefit plans do not provide any provision for benefit exceptions.
- The KidzPartners product benefit plan does not provide any provision for benefit exceptions.
- UPMC *for You* and Health Partners' Medical Assistance programs require consideration of written provider requests for a benefit exception if the member is 20 years of age or younger. For members greater than 20 years of age, benefit exceptions may be reviewed by Avesis on a case-by-case basis.

**Process.** If a UPMC *for You* or Health Partners Medical Assistance member or provider contacts Avesis and requests coverage of a non-covered item or service or a "benefit exception," the following procedure should be followed:

1. Requests for benefit exceptions must delineate the medical necessity for the exception via a Letter of Medical Necessity from an Avesis provider or a Health Plan physician.
2. Letters of Medical Necessity must be forwarded to the attention of "Avesis Utilization Management-Benefit Exception" via fax # (866) 653-5544."
3. Requests will be reviewed for medical necessity and appropriateness.
4. Avesis must make a determination and notify the provider and member verbally within two (2) business days of receipt if all of the information needed to make the determination is available. Written notification must be sent within two (2) business days of the verbal notification to the Provider and Member. If all of the information is not available, additional information must be requested within two (2) business days. If we do not receive the additional information within 14 days, the decision to approve or deny the service will be made, based on the available information.

## Non - Covered Services Disclosure Form

### To be completed by Dentist Rendering Care

I am recommending that \_\_\_\_\_ receive  
Member Name and Identification Number  
 services that are **not** covered by the Avesis Covered Benefits Schedule for  
 \_\_\_\_\_. I am willing to accept my Usual and Customary Fee  
 aspayment in full. A provider may bill an MA recipient for a noncompensable service or  
 item if the recipient is told before the service is rendered that the program does not  
 cover it. The following procedure codes are recommended:

CODE	DESCRIPTION	FEES	

The total amount due for service(s) to be rendered is \$ \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

### To be completed by Member

I \_\_\_\_\_, have been told prior to  
Print Your Name  
 receiving services that I require services or have requested services that are not covered  
 by the \_\_\_\_\_ Avesis Covered Benefits  
 Schedule.

Read the question and check either YES or NO	YES	NO
My doctor has assured me that there are no other covered benefits.		
I am willing to receive services not covered by my Health Plan.		
I am aware that I am financially responsible for paying for these services.		
I am aware that my Health Plan is not paying for these services.		

I agree to pay \$ \_\_\_\_\_ per month. **If I fail to make this payment I may be subject  
 to collection action.**

\_\_\_\_\_  
Member's Signature if over eighteen (18) or Parent / Guardian

\_\_\_\_\_  
Date

## Services Performed by the General/Pediatric Dentist

The Avesis Dental programs are intended to be General/Pediatric Dentistry programs. Avesis considers the General/Pediatric Dentist to be the provider responsible for rendering all primary care to the Members. That dentist is responsible for the initial examination and basic radiographs necessary for any professional review by Avesis.

General/Pediatric Dentists should render the following services:

1. Preliminary diagnostic and all preventative care
2. Simple forceps extractions (D7140)
3. All anterior (D3310) and bicuspid (D3320) root canal therapy
4. Initial root planing, scaling and follow-up evaluation for all periodontal cases
5. Endodontics.
6. Routine restorative dentistry for children.

**The aforementioned procedures should not be referred to a specialist unless they present with an unusual complication or fall outside the scope of your practice.**

**Note:** It is the responsibility of the General/Pediatric Dentist to provide a copy of diagnostic quality radiographs to any Successor Dental Provider. If radiographs cannot be obtained from the General/Pediatric Dentist, the Successor Dental Provider shall contact Avesis to advise. Avesis shall notify the General/Pediatric Dentist, in writing, within thirty (30) calendar days, that the Successor Dental Provider did not receive diagnostic quality radiographs. Avesis will charge back the General/Pediatric Dentist for radiographs that the Successor Dental Provider must retake for appropriate care if:

1. The General/Pediatric Dentist has taken radiographs that were not of diagnostic quality as determined by Avesis clinical staff; and/or,
2. Radiographs were not submitted to the Successor Dental Provider within ten (10) business days following a request for said radiographs.

For those Providers requesting radiographs less than ten (10) days prior to a Member being treated by the Successor Dental Provider, Avesis will not charge back the General/Pediatric Dentist.

If the specialist deems that radiographs do not need to be repeated, the specialist must include a narrative to clearly explain the dental conditions found upon examination.



## Prior Approval for Non-Emergency Situations

Non-emergency treatment started prior to the granting of authorization will be performed at the financial risk of the dental office. If authorization is denied, the dental office or treating provider may not bill the Member, the sponsor, or Avesis.

You will receive an authorization number within two (2) business days of receipt of all required and/or requested information necessary to complete the request from Avesis, if the clinical reviewer deems the service(s) to be necessary. Should the Pennsylvania Dental Director, in conjunction with the Avesis Medical Director, determine that the service is not necessary you will be notified within two (2) business days of receipt of all required information. If additional documentation is required to make a determination, you will be notified within forty-eight (48) hours. If we do not receive the additional information within 14 days, the decision to approve or deny the service will be made, based on the available information. Authorization determinations communicated to you will also be sent in writing within two (2) business days of the initial communication. Once the determination has been communicated to you, you are responsible for advising the member of the review decision, both approvals and denials within 2 business days.

Services that require Prior Approval for non emergency care can be found in the Covered Benefits Schedule at the end of this Manual.

### Form to use:

ADA Claim Form for Pre-Treatment Estimates

You may submit a Pre-Treatment Estimate in one of two ways:

1. **Electronic submission**, please go to the Avesis website at [www.avesis.com](http://www.avesis.com)
2. Or **Mail** on an ADA claim form to:

Avesis Third Party Administrators, Inc.  
P. O. Box 7777  
Phoenix, Arizona 85011-7777  
Attn: Dental Pre-Treatment Estimate

**Avesis does not accept ADA claim forms via fax. Because all prior authorization requests must be submitted electronically on our website or on an ADA claim form, you must either submit them on the Avesis website or mail in an ADA claim form with the appropriate box checked indicating that you are submitting a request for pre-treatment estimate.**



NOTE: Prior authorization of dental services must be performed as a part of a complete dental treatment program and must be accompanied by a detailed treatment plan. The treatment plan must include all of the following:

- pertinent dental history;
- pertinent medical history, if applicable;
- the strategic importance of the tooth;
- the condition of the remaining teeth;
- the existence of all pathological conditions;
- preparatory services performed and completion date(s);
- documentation of all missing teeth in the mouth;
- the oral hygiene of the mouth;
- all proposed dental work;
- identification of existing crowns, periodontal services, etc.
- identification of the existence of full and/or partial denture(s), with the date of initial insertion;
- the periodontal condition of the teeth, including pocket depth, mobility, osseous level, vitality and prognosis;
- identification of abutment teeth by number;
- for periodontal services, include a comprehensive periodontal evaluation.

**Note:** For those Service Programs where dental services are limited to services provided in an inpatient hospital, hospital short procedure unit or ambulatory surgical center, please include a statement identifying where the service will be provided.

### **UPMCHP Participating Hospitals**

<http://www.upmchealthplan.com/doctor/Hospital.aspx>

### **Health Partners Participating Hospitals**

<http://www.providerlookuponline.com/HealthPartners/PO7/Search.aspx>

## **Specialty Referral Process**

A member requiring a referral to a dental specialist can be referred directly to any specialist contracted with Avesis without authorization from Avesis. The dental specialist is responsible for obtaining prior authorization for services according to the covered benefits schedule found in this Manual. If you are unfamiliar with the Avesis contracted specialty network or need assistance locating a certain specialty, please contact Avesis' Member Services Department. In addition, Members may self refer to any network provider without authorization from Avesis.

## Emergency Care

In the event that the emergency cannot be treated within twenty-four (24) hours, you must contact Avesis at (888) 209-1243 to allow Avesis the opportunity to arrange for timely emergency care. Avesis requires that you provide sufficient access to ensure that Members can receive services in your office rather than in a hospital emergency room.

## Emergency Access and Authorizations

All Avesis provider offices shall be responsible for the effective response to and treatment of dental emergencies. In relation to dental emergencies, there are two types of Members:

- 1) Members of record; or
- 2) Members who have not been part of the practice

and two situations:

- 1) during regular office hours; or
- 2) after hours

To confirm whether the situation is a true emergency, the dentist must speak with the Member to determine the Member's problem and take the necessary actions. If it is determined by you and the Member that it is a true dental emergency (that is: a situation that cannot be treated simply by medication and, that left untreated, could affect the Member's health or the stability of their dentition), then you may either: A) render services in the dental office to treat the emergency, or B) assist the patient in obtaining proper dental care from another dental provider or a hospital emergency room, if the condition warrants emergency room treatment.

## Patient of Record

If the Member telephones with an emergency before 12 Noon, you must treat the Member that business day, if possible. If the Member telephones after 12 Noon, the Member must be treated that day if possible, but no later than the following business day. If you are not treating patients the following business day, then weekend requirements will apply.

For a weekend, holiday, or other "off hour" dental emergency, you must make available an answering service or telephone number available for the Member of record to contact. The responding dentist should assess the emergency request from the patient and make arrangements to provide appropriate follow up care. If the situation is determined to be a true dental emergency (a situation that cannot be treated simply by medication and, that left untreated, could affect the Member's health or the stability of their dentition), the responding dentist must either:

- arrange for the Member to come into the office to treat the emergency, or
- assist the Member in obtaining proper dental care from another network dental provider

Avesis is committed to providing effective emergency care for patients without the use of hospital emergency rooms, unless absolutely necessary. Members of record shall be required to see their dentist of choice prior to any hospital admission.

In accordance with the Provider Agreement, Section D. Urgent/Emergency Dental Condition, in the case of a Dental Emergency or Urgent dental condition, Participating Provider shall make every effort to see the Member immediately and shall see the Member within twenty-four (24) hours. For weekend Dental Emergencies, Participating Provider and/or Dentist Participating Provider(s) shall have an answering service or cell phone number available for contact. Avesis shall permit treatment of Dental Emergency for Member without prior authorization. However, elective dental services, not necessary for the relief of pain and/or prevention of immediate damage to dentition shall fall under standard Pre-Treatment/Prior Authorization estimate procedures.

## Waiver of Pre-Treatment Estimate/Prior Approval for Emergencies

Avesis recognizes that in the case of emergency care, you may not be able to obtain Pre-Treatment Estimate / Prior Authorization. In this situation, Avesis requires that a treatment plan be submitted after treatment to the Avesis Pennsylvania Dental Director along with supporting documentation including radiographs, narrative, and CDT codes within thirty (30) business days of the date of service. Claims sent without documentation will be denied and the Member is not liable for payment. The minimum materials must include:

1. Narrative explaining the emergency and treatment rendered
2. Claim form complete with all applicable ADA-CDT codes or medical CPT codes
3. Radiograph(s) of tooth / teeth and any area of treatment
4. Hospital records, if admitted to hospital
5. Anesthesia records, if general anesthesia was administered
6. Claims and accompanying information must be submitted within thirty (30) calendar days of the issuance of temporary referral approval number. If the procedure does not occur within thirty (30) calendar days, Avesis will terminate the temporary referral approval and require that a new referral approval number be issued.

The Avesis clinical reviewer and Pennsylvania Dental Director or Dental Advisory Board Member will review the claim along with the accompanying documentation submitted. If the claim is found to not be a qualified emergency, the payment may be reduced or denied.

In the event that the emergency occurs after Avesis business hours and you can not treat the Member within twenty-four (24) hours, you must contact Avesis at (888) 209-1243 to allow for the arranging of timely emergency care. Although Avesis requires that you provide sufficient access so that you attempt to limit having services rendered in a hospital emergency room, do refer Members to a hospital emergency room when you cannot provide or arrange immediate care.

Emergency services shall not include the following:

1. Prophylaxis, fluoride and routine examinations
2. Routine restorations, including stainless steel and composite crowns
3. Dentures, partial dentures and denture relines and repair
4. Extraction of any asymptomatic teeth, including 3<sup>rd</sup> molars

## Post Treatment Review

### Routine Services

While Avesis will review some dental services after the treatment is completed, Avesis will not delay payment for this review. You are however responsible for submitting all necessary attachments. If Avesis does not receive these attachments, Avesis may take-back future claim payments.

If the Avesis Pennsylvania Dental Director or Member of the Dental Advisory Board determines that the treatment was inappropriate or excessive based upon the status of the tooth on the radiograph, Avesis may reduce future claim payments. If there are extenuating circumstances that are relevant, it is imperative that the dental provider include a written explanation with the claim.

Dental service codes requiring post treatment review are indicated in detail in the Avesis Covered Benefits Schedules for each health plan. These services are indicated as requiring attachments to accompany the claim. Avesis clinical staff will review these services after the treatment has been performed.

All of these services will require **copies of pre-treatment radiographs** of the tooth or teeth to be included at the same time that the claim form is submitted. The claim form and pre-treatment radiographs may be submitted either electronically or on the current ADA claim form. Please note that no additional radiographs will be requested other than those necessary for proper diagnosis and treatment.

## Claims Process

All claims submitted will be processed and paid according to the Avesis Covered Benefits Schedule. Avesis follows American Dental Association (ADA) Current Dental Terminology (CDT) guidelines. Each claim must include the appropriate line item with your usual charge, current CDT Code, and tooth number. Claims for UPMC *for You* and Health Partners members must be received within one hundred eighty (180) days. Claims for UPMC *for Life*, UPMC *for Life* Specialty Plan, UPMC *for Kids*, the FEHB Discount Dental Program and *KidzPartners* must be received within three hundred sixty five (365) days from the date of service. Claims may be submitted in one of the following three formats:

- Through EDI (arrangements must be made with the Avesis IT Department prior to submission)
- On our website at: [www.avesis.com](http://www.avesis.com)
- On paper submit ADA claim form to:

Avesis Third Party Administrators, Inc.  
Attn: Dental Claims  
P.O. Box 7777  
Phoenix, Arizona 85011-7777

## Electronic Claims Submission via Clearinghouses

You may submit claims using Emdeon or EHG, clearinghouses that can convert paper claims into a HIPAA Compliant Electronic Data Interchange (EDI) format. The Avesis payor identification number is 86098. If you have any questions regarding Emdeon, please contact them directly at (877) 469-3263. If you have any questions regarding EHG, please contact them directly at (800) 576-6412.

## Electronic Attachments

You may submit images, charting, and notes directly to Avesis at no charge on our website at [www.avesis.com](http://www.avesis.com). Avesis also accepts electronic attachments via FastAttach™, a National Electronic Attachment, LLC (NEA) company, for Prior Authorizations requests requiring these documents. This program allows transmissions via secure internet lines. For more information contact FastAttach™ at: [www.fast.nea.com](http://www.fast.nea.com) or NEA at: (800) 782-5150.

Avesis providers using the Avesis website for claim submission or other electronic filings are eligible to receive payments from Avesis via Electronic Funds Transfer.

## Electronic Funds Transfer Agreement

ACCOUNT REGISTRATION INFORMATION	
Name	Tax ID Number
Address	
City, State, Zip Code	
BANK INFORMATION	
Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____
Address	
City, State, Zip Code	
Routing #	Account #

I, \_\_\_\_\_, as the authorized party, allow Avesis to deposit funds into my Bank Account using Electronic Funds Transfer. **A voided check is faxed along with this agreement to 800-663-7441 to facilitate this process.** All claims filed are in accordance with the terms of the executed Avesis Agreement and the Avesis Provider Manual. All funds shall be deposited into my bank account at the banking institution shown above. The bank shall provide to Avesis my most current address upon request.

I understand that:

1. The origination of electronic credits to my account must comply with the provisions of United States law.
2. Avesis and the Bank will share with each other limited account and contract information as necessary to affect these credits.
3. By signing this document, I agree to accept the terms of the Electronic Funds Transfer.

\_\_\_\_\_  
 Printed Name of Account Holder

\_\_\_\_\_  
 Signature of Account Holder

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Joint Account Holder

\_\_\_\_\_  
 Signature of Joint Account Holder

\_\_\_\_\_  
 Date

Telephone Number: \_\_\_\_\_

P.O. Box 782 | Owings Mills, Maryland 21117 | Phone 800-952-6674 | Fax 800-663-7441



## **Claim Follow –Up**

The provider has a right to correct information submitted by another party or to correct his/her own information submitted incorrectly. Changes must be made in writing and directed to the Avesis Claims Manager within ninety (90) days from the date of the remittance advice.

When calling or writing to Avesis to follow up on a claim(s) please have the following information available:

1. Patient's Name
2. Date of Service
3. Patient's Date of Birth
4. Member's Name
5. Member's ID Number
6. Member's Group Number
7. CDT Codes
8. Claim Number, if the claim has been paid

## **To Resubmit Claims**

Resubmitted claims must be submitted within ninety (90) days of the initial submission and include the original claim number. If submitting them on an ADA claim form, please write Re-Submission at the top of the form to ensure proper handling of the claim in the Processing Department.

## **Summary of Claim**

A summarization of the claim payment will be included with your claim check. A summarization of previously submitted claims for underpayments and/or overpayments may also be included. Summarizations of claim payments are available after submission of a claim on Avesis' website. In addition, providers may view remittance advices within one business day of payment on the website at [www.avesis.com](http://www.avesis.com).

## Payment

Avesis complies with all applicable prompt payment laws regarding the processing and payment of clean claims. Check runs are routinely done on a weekly basis.

A “CLEAN” claim contains the following correct and true information:

1. Member’s Name
2. Member’s Date of Birth
3. Member’s Identification Number
4. Acceptable CDT Code
5. Approval Number, if applicable
6. Provider information
7. Provider’s signature

Missing or incorrect information will cause delays in your payment or the claim may be returned to you unpaid. Applicable Member co-payments will be deducted from billed amounts.

If payment is not received in a timely manner, it may be due to:

1. Avesis not having received the claim
2. Eligibility verification
3. Claim was returned to you for missing information

Do not wait more than thirty (30) calendar days after claim submission before notifying Avesis of a claim that has not been adjudicated.

**Note: Members cannot be balance billed for any charges or penalties incurred as a result of late or incorrect submissions.**

**Claims being investigated for fraud or abuse or pending medical necessity review are not Clean Claims.**

## Coordination of Benefits

### Primary vs. Secondary Insurance

Avesis, on behalf of UPMCHP and Health Partners, is the payor of last resort for UPMC *for You*, UPMC *for Kids*, Health Partners and KidzPartners Members. All claims must be filed with commercial insurance companies or third party administrators prior to filing claims with Avesis for reimbursement for services rendered to UPMC *for You*, UPMC *for Kids*, Health Partners or KidzPartners Members.

If Avesis is not the primary payer you must bill the primary payer first. If the claim is initially filed with Avesis, the claim will be denied. If the primary payor pays less than the agreed upon fee, you may bill Avesis for the balance. You must enclose the Remittance Advice from the primary payor. Avesis must receive the claim within ninety (90) calendar days of the date of the primary payer's Remittance Advice. Remaining charges will be reimbursed up to the maximum allowed amount had Avesis paid as the primary payer. However, for UPMC *for You* and Health Partners, Avesis agrees to pay all Clean Claims for EPSDT services to children. Avesis recognizes that cost avoidance of these Claims is prohibited.

Since the Avesis UPMCHP and Health Partners programs are individual programs, each Member has a unique Member identification number.

## Member Inquiries, Complaints, Grievances and Appeals (For Medicare Advantage Program Only)

Upon enrollment, UPMCHP informs the Members of their right to file complaints, grievances, or appeals. With written consent from the Member or the Member's legal representative if the Member is a minor, the Provider may file a grievance or complaint on behalf of the Member and/or serve as the Member's advocate. Therefore, the Provider must be aware of the Member complaint, grievance, and appeal processes, including the timeframes for filing. Complaint and Grievance procedures must comply with Pennsylvania Act 68.

### DEFINITIONS

An ***inquiry*** is a request for administrative service or information, or an expression of an opinion regarding services received or benefits available from the Health Plan.

A ***complaint*** is an issue that a provider or Member presents to the Health Plan or Avesis, either verbally or in writing, that is subject to resolution within 30 days. A complaint involves dissatisfaction regarding a provider, benefits, exclusions, operations or management. Complaints include issues of contract exclusions and non-covered benefit disputes.

The Department of Public Welfare defines a complaint as: A dispute or objection regarding a Provider which has not been resolved by the PH-MCO and has been filed with the PH-MCO or with the Department of Health or the Insurance Department of the Commonwealth, including but not limited to:

- i. a denial because the requested service/item is not a covered benefit; or
- ii. a failure to meet the required timeframes for providing a service/item; or
- iii. a failure of Avesis or the Health Plan to decide a Complaint or Grievance within the specified timeframes; or
- iv. a denial of payment by Avesis after a service has been delivered because the service/item was provided without authorization by a Provider not enrolled in the Pennsylvania Medical Assistance Program; or
- v. A denial of payment by Avesis after a service has been delivered because the service/item provided is not a covered service/item for the Member.

A ***grievance*** is a Member's request for reconsideration of a decision regarding the medical necessity and appropriateness of services. A grievance must be resolved within the 30-day resolution period.

The Department of Public Welfare defines a grievance as: A request to have a PH-MCO or utilization review entity reconsider a decision solely concerning the Medical Necessity and appropriateness of a health care service. A Grievance may be filed regarding a PH-MCO decision to 1) deny, in whole or in part, payment for a service/item; 2) deny or issue a limited authorization of a requested service/item, including the type or level of service/item; 3) reduce, suspend, or terminate a previously authorized service/item; 4) deny the requested service/item but approve an alternative service/item.

An ***Appeal*** is any of the procedures that deal with the review of adverse organization determinations on health care services a member believes he/she is entitled to receive, including delay in providing, arranging for, or approving the health care services (such that a delay would adversely affect the health of the member), or on any amounts the member must pay for a service. These procedures include appeal by the Health Plan and if necessary, an independent review organization, hearings before Administrative Law Judges (ALJs), review by the Medicare Appeals Council (MAC), or judicial review.

## Provider Appeal Process for Denial of Claim(s)

Avesis confirms that you have the right to appeal a claim that has been denied in whole or in part.

### Procedure Levels

**Administrative Appeals** – Appeals involving adverse determinations for reasons other than medical necessity (e.g. timeliness of filing, no prior authorization, etc.)

1. You need to submit a written request for the claim to be reviewed including the justification for the service to be reimbursed.
2. The Claims Manager will review the appeal within sixty (60) calendar days of receipt. If based upon the information provided it is determined that the claim should be paid, the initial determination will be reversed and the claim will be paid within thirty (30) business days.
3. If the Claims Manager determines that the claim should not be reimbursed, the Provider will be notified of decision and advised that administrative appeals are only reviewed one time.

**Medically Necessary Appeals** – Appeals involving adverse determinations finding that there was no medically necessary reason to pay the claim.

#### Level One:

1. Provider sends a written notice of appeal to Avesis within thirty (30) business days of receipt of the adverse determination. The appeal should include documentation in support of the appeal not previously provided.
2. The Pennsylvania Dental Director will review the appeal and, if necessary, speak directly with the Provider. If the Pennsylvania Dental Director made the initial determination, the appeal will be reviewed by a member of the Avesis Dental Advisory Board.
3. Within thirty (30) business days of receipt of the appeal a decision will be made to either support or reversal the initial determination. If the adverse determination decision is upheld, the Provider will be notified in writing within ten (10) business days of the decision being made. If the decision is to reverse the initial determination, the claim will be processed and paid within thirty (30) business days.

**Level Two:**

1. If the adverse determination is upheld at Level One, the Provider may file for a Level Two appeal, following the procedures outlined for Level One.
2. The Level Two appeal will be reviewed by another member of the Dental Advisory Board who was not involved in either the initial or Level One determination.
3. Upon review, a Committee consisting of the Chief Dental Officer, Pennsylvania Dental Director, Medical Director and members of the Dental Advisory Board will meet to make a final determination.
4. If the adverse determination decision is upheld, the Provider will be notified in writing within ten (10) business days. The notification will include information regarding the requesting of a fair hearing or an external independent review. If the determination is reversed, the claim will be processed and paid within thirty (30) calendar days of the determination.

## Provider Complaints

Avesis has designated personnel for the program who shall be available to receive phone calls, emails or in-person questions from providers regarding their complaints. Providers are permitted to consolidate their complaints or appeals of multiple claims involving the same or similar payment or coverage issues, regardless of the number of individual patients or payment claims included in the bundled complaint or appeal.

In the event of a complaint by a Provider, all of the specifics surrounding the complaint are to be thoroughly investigated and documented. Investigation and resolution of the complaint shall be made using applicable statutory, regulatory and contractual provisions.

Information regarding the ways that providers can appeal adverse determinations shall be included with the EOP sent to the provider.

## Standards of Care for Dental Offices

The Avesis Pennsylvania Dental Program has established standards that our provider offices are expected to fulfill. The following are the summaries of those standards:

### **Dental Professional Standard of Care**

Each dentist and dental specialist within our network is expected to practice within the standard of care for dentists within their state. You are required to practice within the scope of dental practice as established by the State board of dentistry. You are expected to be aware of any applicable State and Federal laws that impact your position as an employer, a business owner and a healthcare professional.

### **Parameters of Care**

You should be aware of the ADA parameters of care that can be found on the Internet at: <http://www.ada.org/Members/prac/tools/parameters/index.asp>. While only guidelines, Avesis will look to these parameters as indicative of the appropriate care for the situations described. For the actual treatment that occurs, you are expected to use all relevant training, knowledge and expertise to provide the best care for the Member.

### **Standards for Member Records**

Each Member shall have an individual record and an individual file kept at the dental office. The record shall include a current health history and listing of any prescription or non-prescription drugs taken; the Member's primary care physician's name and phone number; a summary of all services provided by the dental office; all radiographs taken during the Member's previous dental visits; a copy of all authorizations or referrals for the Member; and copies or notations regarding any drugs prescribed for the Member. See page 53 for a complete listing of requirements for a Member Record. The records shall be carefully maintained at the dental office and available for review by Avesis staff during any facility review. If computerized, the records shall be non-changeable and properly backed-up for protection in accordance with any applicable Health Insurance



Portability and Accountability Act (HIPAA) requirements. The provider shall confirm that all records conform to the applicable State Board of Dental Examiners.

### **Standards for Infection Control**

The dental office shall follow all appropriate State and Federal guidelines including any from OSHA and the CDC that impact clinical dental practice. The office shall perform appropriate sterilization procedures on all instruments and dental handpieces. Furthermore, appropriate disinfection procedures for all surfaces in the treatment areas shall be performed following each patient visit. Masks and gloves shall be worn for all Member treatment. Protective eyewear shall be available for all dental staff. Members shall be protected from all chemical and biological hazards at all times.

### **Standards for Radiation Protection**

All staff required to use radiograph technology must be trained on the proper use of this technology prior to its use. The dental office shall have only radiograph machines that have been checked by the appropriate State authorities and were confirmed to be within the standards set down by statute or regulation. Members shall be given proper shielding for all radiographs and the processing shall be done according to manufacturer's specifications. For digital radiographs, the computer system shall have the appropriate storage and back-up protection as described in the ADA parameters of care. Radiation badges to monitor the levels of radiation in the dental office shall also be worn by all personnel on a voluntary basis.

### **Standard for Member Contacts**

Your office shall maintain accurate contact information for each Member and shall have appropriate contact numbers for parent(s) or legal guardian, if the Member is under the age of majority. Members shall be offered appointments within the period of time dictated by the State administration. Emergency coverage shall be in keeping with the requirements established in your Avesis Provider Agreement, by the State administration and as described within this Provider Manual. No charges shall be permitted for late or broken appointments as required by the Avesis UPMCHP Medical Assistance, Medicare Advantage and FEHB Dental program and the Health Partners and KidzPartners Dental Programs.

### **Standard for Member Appointments**

Each new Member must have thorough medical and dental health histories completed before any treatment begins. Each new Member must have a complete clinical examination and oral cancer screening. Each Member must have appropriate radiographs for diagnosis and treatment based upon their age and dentition. Each Member must have a written treatment plan in the Member record that clearly explains all necessary treatment(s).

### **Standard for Treatment Planning**

All treatment plans must be recorded and presented to the Member and parent, if the Member is a minor. The Member must be given the opportunity to accept or reject the treatment recommendations and the Member's response must be recorded in the Member's record.

### **Standard for Services not covered under Avesis Pennsylvania Dental Programs**

Your office should be aware of those dental services that are not covered under the Avesis Pennsylvania Dental programs. If the Member is willing to have you provide any non-covered services and is willing and able to pay directly for those services, you must complete the Avesis Non-Covered Services Disclosure Form included herein and maintain such form in the Member's record.

### **Standards for Submitting Claims**

Whenever possible, claims should be submitted to Avesis for all dental services within ten (10) business days of the Member's appointment. Claims shall be submitted promptly following the Member's appointment and with all of the necessary materials included for Avesis' review.

### **EPSDT Program**

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medical Assistance's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation and includes periodic screening, vision, dental, and hearing services. In addition, Section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at Section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the Commonwealth's Medical Assistance plan to the rest of the Medical Assistance population. The EPSDT program consists of two mutually supportive, operational components: (1) assuring the availability and accessibility of required health care resources; and (2) helping Medical Assistance recipients and their parents or guardians effectively use these resources. These components enable Medical Assistance agencies to manage a comprehensive child health program of prevention and treatment, to seek out eligibles and inform them of the benefits of prevention and the health services and assistance available and to help them and their families use health resources, including their own talents and knowledge, effectively and efficiently. It also enables them to assess the child's health needs through initial and periodic examinations and evaluations, and also to assure that the health problems found are diagnosed and treated early, before they become more complex and their treatment more costly. If a Provider is unable to conduct the necessary EPSDT screens for Members under age 21, the Provider is responsible for making a referral to another Participating Provider to ensure the Member has the necessary EPSDT screens performed. All relevant medical information, including the results of the EPSDT screens, are to be incorporated into the Member's primary medical record.

### **Reminder, Follow-up and Outreach Call Policy and Procedures**

CMS comprehensive and preventive child health program for individuals under the age of twenty one (21) is called Early and Periodic Screening, Diagnostic, and Treatment Service (EPSDT). The explanation of this program can be found at [www.cms.hhs.gov/Medicaid/epsdt](http://www.cms.hhs.gov/Medicaid/epsdt). Based upon the requirements of the EPSDT program, each Avesis provider office is required to maintain and document the following Member recall policy and procedures for all UPMC *for You*, UPMC *for Kids*, Health Partners and KidzPartners Members:

- For Members of record (under age 21) Providers must attempt to make contact at least two (2) times per year
- For Adult Members of record (over age 21) Providers must attempt to make contact at least one (1) time per year

The recall policy must be written and implemented upon the commencement of the Avesis Dental program. The office procedures may be determined by each dental office, but must include a written process of notification for UPMCHP and Health Partners Dental Members including:

- Recall month for routine preventive care
- Date of a missed appointment(s)
- Date for follow up appointments

**Note:** Follow up appointments must be scheduled within thirty (30) calendar days following the initial appointment and incrementally thereafter. Avesis may audit this system during any office audit.

A log must be kept notating when a “Reminder Notice” was sent to the Member or a telephone attempt was made to the Member prior to the appointment.

Documentation of contact attempts and results must be submitted to Avesis on a quarterly basis, if requested.

#### **FOLLOW-UP PROCEDURE**

The dentist or specialist shall conduct affirmative outreach whenever a Member misses an appointment. This outreach should be documented in the medical record. Such an effort shall be deemed to be reasonable if it includes three (3) attempts to contact the Member. Such attempts may include, but are not limited to: written attempts, telephone calls and home visits. At least one (1) such attempt must be a follow-up telephone call.

## Periodicity Schedule

### RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE

Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs  
(Adapted from the American Academy of Pediatric Dentistry)

Periodicity Recommendations					
Age	Infancy 6-12 Months	Late infancy 12-24 Months	Preschool 2-6 Years	School Aged 6-12 Years	Adolescence 12-21 Years
<b>Clinical Oral Examination:</b> **First examination at the eruption of the first tooth and no later than 12 months and every 6 months thereafter.	X	X	X	X	X
<b>Prophylaxis/Topical Fluoride Treatment:</b> Especially for children at high risk for caries and periodontal disease.	X	X	X	X	X
<b>Radiographic Assessment:</b> As per Food and Drug Administration/American Dental Association Guidelines on Prescribing Dental Radiographs.	X	X	X	X	X
<b>Assessment for Pit and Fissure Sealants</b>	X	X	X First permanent molars as soon as possible after eruption	X Premolars, first and second permanent molars as soon as possible after eruption	X Second permanent molars and premolars as soon as possible after eruption
<b>Treatment of Dental Disease/Caries Risk Assessment</b>	X	X	X	X	X

\*\*Anticipatory Guidance

Appropriate discussion and counseling should be an integral part of each visit for care. Topics for counseling when appropriate should cover Oral Hygiene counseling (1), Injury, Prevention Counseling (2), Dietary counseling (3), Counseling for non-nutritive habits (4), Fluoride Supplementation (5,6), Assessment of oral growth and development (7), Counseling for speech/language development, Assessment and treatment of developing malocclusion, Counseling for intraoral/perioral piercing, Substance abuse counseling, Assessment and/or removal of third molars and Referral for regular periodic dental care/transition to adult dental care.

1. Initially, responsibility of parent; as child develops jointly with parents, and then by age 12 responsibility of the child only.
2. Initially play objects, pacifiers, car seats; then when learning to walk; sports, routine playing and intraoral/perioral piercing.
3. At every appointment discuss role of refined carbohydrates; frequency of snacking.
4. At first discuss need for additional sucking; digits vs. pacifiers; then the need to wean from habit before eruption of a permanent incisor.
5. As per American Academy of Pediatrics/American Dental Association guidelines and the water source.
6. Up to at least 16 years.
7. By clinical examination.

## **Member Records**

You must maintain and may be required to disclose Member records as required by State law. The records:

- Are to be maintained in a current, comprehensive and organized manner
- Are to be legible
- Must include the patient's identification number on all pages
- Must include current health history
- Must include complete medical history
- Must include current medications
- Must include hematological disorders
- Must include cardiovascular disorders
- Must include respiratory disorders
- Must include endocrine disorders
- Must include communicable diseases
- Must include neurological disorders
- Must include initial examination data
- Must include radiographs
- Must include oral hygiene status
- Must include pediatric Dentist and occlusal status
- Must have all entries signed or initialed by the Provider
- Must have all entries dated
- Must include a tobacco, alcohol and substance abuse history for ages fourteen (14) and older
- Must include medication allergies and sensitivities, or reference "No Known Allergies" (NKA) to medications prominently on the record
- Must include a physical assessment, including Member's current complaint, if any (problem directed) that has been documented and reviewed
- Must include a diagnosis that is reasonably based on the history and/or examination
- Must include a treatment plan that is consistent with the diagnosis
- Must include documentation of any prescriptions including quantities and dosages
- Must include progress notes
- Must include a date for return or follow up visit
- Must include documentation that problems from previous visits were addressed
- Signed HIPAA Confidentiality Statement

- Original handwritten personal signature, initials, or electronic signature of practitioner performing the service
- Must be written in Standard English

The following significant conditions must be prominently noted in the chart:

- A health problem that requires pre-medication prior to treatment
- Current medications being taken that may contraindicate the use of other medications
- Current medications being taken that may contraindicate dental treatment
- Infectious diseases that may endanger others

### **Review:**

An Avesis representative may visit your office to review the medical records of UPMCHP and/or Health Partners Members. The Member's record must:

1. Contain a signed consent to permit Avesis to access medical records upon request.
2. Be retained by you for all covered services rendered for the greater of ten (10) years for adults and thirteen (13) years for minors or as required by your State law.

### **Access:**

You are required to comply with Avesis' rules for reasonable access to medical records during the Agreement term and upon termination allowing:

1. The following parties access to the Member's medical records: Avesis representatives or their delegates, the Member's subsequent physician(s), or any authorized third party including employees or agents of the Department of Public Welfare, CMS, the Department of Insurance or Sponsor.
2. For a maintenance period of ten (10) years from the last Date of Service for adult patients and at least thirteen (13) years from date of last service for minors.

**Copies:**

Avesis has the right to request copies of the Member's complete record.

When medical records are required by Avesis due to a claims appeal initiated by you, then you may not charge a fee for the medical records.

When medical records are required by Avesis due to a claims appeal initiated by a Member, then you may not charge a fee for the medical records.

It is the responsibility of the General/Pediatric Dentist to provide a copy of diagnostic quality radiographs to any Successor Dental Provider without charge. If radiographs cannot be obtained from the General/Pediatric Dentist, the Successor Dental Provider shall contact Avesis to advise.

## **Credentialing and Routine Periodic Office Review**

Avesis is required to confirm the professional qualifications of the dentists and specialists who treat our patients. That process began with the initial application completed and submitted by you and continues on a regular basis. Routine periodic office reviews may be conducted on a triennial basis.

### **Credentialing Process**

The credentialing process began with the gathering of documentation from you. Requirements for credentialing included the specific background information necessary to perform a comprehensive review of your credentials in accordance with applicable provisions of the National Committee for Quality Assurance (NCQA) including your education, licensure and other qualifications. Avesis contracts with a NCQA certified credentialing verification organization (CVO) to complete the primary source verification of each provider's credentials. The details of the credentialing process are focused upon ten (10) specific elements within the NCQA and Avesis process. Those elements are as follows:

- License to Practice – State dental license
- Hospital privileges, if applicable
- DEA/CDS Registration, if applicable
- Board Certification / Residency Completion / Medical School, if applicable
- Professional Liability Insurance Coverage Limits
- Professional Liability Claims History including previous lawsuits, if any
- Application Processing – Professional questions and Attestation
- NPDB – National Practitioner Data Base information
- Medicare Advantage/Medical Assistance sanctions
- Sanctions Against Licensure – State license limitations
- Prior work history

After completion of the credentials confirmation process, your completed application was reviewed by the Avesis Credentialing Committee. The Credentialing Committee confirms the successful completion of the information gathering, reviewed any specific information obtained and approved you for participation into the network. If issues were found during the credentialing process, you were given an opportunity to further explain the circumstances.

This credentialing process for each dentist practicing in your office will be repeated every thirty six (36) months. Any new dentists joining the practice must be credentialed by Avesis prior to treating any UPMCHP and/or Health Partners Members. Failure to participate in recredentialing or continuous credentialing activities may result in the suspension of claims payments to your office and/or termination from the program.



Once fully credentialed, participating providers agree to bill Avesis for **only** those services rendered by them personally, or under their direct supervision by salaried employees such as licensed hygienists, or assistants duly certified pursuant to State law. Direct supervision includes, at a minimum, periodic review of the patient's records and immediate availability of the provider to confer with the salaried employee performing the service regarding a Member's condition. This does not mean the enrolled provider must be present in the same room; however, the enrolled provider must be present at the site of these services, e.g., office suite, hospital, clinic, etc. at the time they are performed.

**Note:** Under no circumstances may a provider bill for services rendered by another individual practitioner who is enrolled or eligible to enroll as a provider of services in the Avesis dental program or who is not duly licensed in the state wherein services are being rendered. In a group practice, each provider must enroll separately and bill for services he/she provided under his/her own provider number. For purposes of this policy, a group practice is defined as a partnership, a corporation, or an assemblage of providers in a space-sharing arrangement in which the physicians each maintain offices and the majority of their treatment facilities in a contiguous space. Services performed by non-enrolled providers in a group practice are not covered, unless as a locum tenens, as defined in the Provider Agreement.

Indiscriminate billing under one provider's name or provider number without regard to the specific circumstances of rendition of the services is specifically prohibited and will be grounds for recoupment of funds for services billed under a provider other than the provider rendering service, or claim denial.

The common practice of one provider covering for another will not be construed as a violation of this Section when the covering provider is on call and provides emergency or unscheduled services for a period of time not to exceed sixty (60) continuous days during a twelve month period.

Participating providers agree to notify Avesis in writing should any changes(s) in participation status occur such as: new address and/or telephone number, additional practice/ office location(s) or change in payee. Each change in participation status must be reported to the Avesis Credentialing Department as soon as possible.

## **Re-Credentialing**

Avesis will initiate the re-credentialing process approximately thirty (30) months of your initial credentialing date and every third year on that date. Our process is to send a re-credentialing information request sixty (60) to ninety (90) days prior to your credentialing date. That information should be completed and returned to Avesis promptly in order for us to work with our CVO to perform primary source verification on the data.

Our Credentialing Committee will review the completed re-credentialing information. If there are any significant issues prior to that review, they will be reviewed by the Chief Dental Officer, Members of the Credentialing Committee and the Pennsylvania Dental Director.

The credentialing and re-credentialing process is necessary in order to confirm that the dentists participating with Avesis are properly licensed and have no sanctions or license limitations that would impact their ability to treat our Members.

### **IMPORTANT**

#### **Re-Credentialing**

**It is the sole responsibility of Avesis providers to submit required materials to the Avesis Credentialing or Provider Relations Department upon renewal of such documents to ensure continued participation on the Avesis Provider Network.**

## Quarterly Statistical Provider Review

At the end of each quarter, Avesis will compile and review total services rendered by all dental providers in the Avesis UPMCHP and Health Partners Dental Programs. The objective of the utilization review process is intended to provide Avesis and/or the Health Plan feedback regarding the demand for dental services and appropriateness of care. Each code will be analyzed against the number of total Health Plan Dental Members being treated. The result will be an average frequency of services per 100 recipients treated in the Avesis Pennsylvania Dental Program. Providers' per Member cost will be calculated for the quarter. An average statewide per Member cost income will be the result. The following items formulate the basis of the utilization review:

1. **Average Service Comparison** – Avesis will prepare a summary of the statistical results by ADA code for each provider compared with the state average. Avesis will perform this analysis only if the provider has treated a sufficient number of Health Plan Dental Members in that quarter. Providers that qualify must fall within a reasonable range of the state average. Those providers falling outside of the range will be reviewed for over or under-treatment patterns.
2. **Relative Service Comparison** – Certain dental services are typically performed with or after other services. Avesis will review a series of related dental services for appropriate care. Examples of such services would be:
  - A root canal on a tooth, D3310 or D3320, followed by the placement of a stainless steel crown, D2930
  - A fluoride treatment for a child being performed at the same appointment as their prophylaxis. These related services would be compared to the averages and to other similarly utilized providers to detect any over or under utilization.
3. **Total Quarterly Per Member Cost** – Avesis shall calculate the per Member cost for all network providers using the services rendered during each quarter. The results shall be compared to all other providers and to previous quarters. Providers may request a summary of their per Member cost compared to the state average.
4. **Accurate Claim Submission** – This will be accomplished
  - During the quarterly statistical review Avesis will look for any services that would be impossible due to a tooth being previously extracted or a service done on a tooth that would not require that service (i.e. placing an amalgam on a tooth that already had a stainless steel crown).
  - Compliance with Avesis process

Avesis' goal in the utilization review process is to ensure provider satisfaction along with quality care for recipients.

## Quarterly Wait Time Review

In lieu of requiring Providers to submit a report of average wait times on a quarterly basis, Avesis will perform random and anonymous surveys of Provider practices to inquire whether scheduling wait times as well as office wait times are excessive. Providers found to have excessive wait times will be required to implement a corrective action plan.

1. If a Member complains to UPMCHP, Health Partners, CMS or the Commonwealth that wait times in your office were excessive, Avesis is required to contact your office to advise you that there was a complaint filed against your office. Once you are notified, Avesis will work with you to formulate a written corrective action plan and follow up to ensure that the action has been implemented.
2. If a Member complains to UPMCHP, Health Partners, CMS, or the Commonwealth that it was difficult to make an appointment for routine care, Avesis is required to contact your office to advise you that there was a complaint filed against your office. Once you are notified, Avesis will work with you to formulate a written and follow up to ensure that the action has been implemented.

It is important to note that Providers who do not implement a corrective action plan upon request may be subject to termination from the network.

## Avesis Dental Committees

Avesis welcomes involvement from the dentists who participate in the Avesis Pennsylvania Dental programs. To provide opportunities for feedback from the local dental communities, Avesis has established a series of committees with specific functions in our processes.

There are currently four active committees that are staffed with volunteer dentists.

### Committee Structure for Avesis Dental Programs

#### **CREDENTIALING COMMITTEE**

**Members:** Chief Dental Officer, Director of Quality Assurance, Director of Provider Services, Director of Government Services, Members of the Dental Advisory Board and others.

**Responsibilities:** Credentialing of new network Providers; review of credentials upon re-credentialing every thirty-six months and review of any appeals from dentists who have been sanctioned. Meetings held: every other week. The Credentialing Committee also reviews disciplinary information received during the continuous credentialing process done on a monthly basis.

**Critical focus:** Confirming the acceptability of new dentists before entry into the network and continuing the process upon re-credentialing.

#### **QUALITY ASSURANCE COMMITTEE**

**Members:** Director of Quality Assurance, Chief Operating Officer, Director of Operations, Chief Information Officer, Vice President Operations, Director Government Services, Chief Eye Care Officer, Pennsylvania Dental Director, Customer Service Manager, Claims Department Manager, QA Coordinator, Senior Operations Specialist, Director Client Relations and Project Manager.

**Responsibilities:** Review of efforts by Avesis toward continuous quality improvement, establishing standard for quality review of the program and input toward Avesis' planning for future planned improvements.

**Meetings held:** Quarterly

**Critical focus:** Reviewing the statistical summary of the dental program and determining the primary areas within the administration of the Avesis' program to focus on for improvement.

## **COMPLAINT RESOLUTION / PEER REVIEW COMMITTEE**

**Members:** Chief Dental Officer, Advisory Board and up to (3) dentists from the Avesis provider network.

**Responsibilities:** Review of complaints from network Providers; review of clinical complaints regarding network Providers; and decisions concerning the appropriate settlement of clinical disputes between Providers and patients.

**Meetings held:** Quarterly

**Critical focus:** Reviewing the complaints received from network Members and dental network Providers. Determine the validity of the complaints and the appropriate response to the party bringing the complaint.

## **DENTAL DIRECTOR ROLE**

The Pennsylvania Dental Director is an employee or contractor with Avesis who is your local contact as a dental professional. We intend to have the Pennsylvania Dental Director represent you, as an Avesis dental provider, in Avesis' role as administrator of the UPMCHP and Health Partners' Dental programs in your Commonwealth.

The Pennsylvania Dental Director will represent Avesis at meetings of the local Dental Association and its component societies and at meetings with our MCO. The State Dental Director will be available for discussion and consultation concerning issues of importance to our Avesis dental network Providers. If you wish to speak the Pennsylvania Dental Director, please call Provider Services at: (888) 209-1243.

All of Avesis' dental program committees include the Chief Dental Officer as either an active Member or as an attendee.

## **Quality Assurance and Utilization Management Programs**

In order to ensure that the highest quality services are consistently provided to our Members and that providers continue to perform only those services that are necessary for the welfare of the Members, Avesis maintains two programs designed to achieve these goals.

### **QUALITY ASSURANCE PROGRAM**

The Quality Assurance Program is reviewed and updated annually by the Quality Assurance Committee. The Committee is comprised of senior staff of Avesis as well as clinical staff including the Chief Dental Officer and State Dental Director. Members of the Dental Advisory Board are also permitted the opportunity to participate.

The goal of the Quality Assurance Program is to ensure the quality of the services rendered to members. This is achieved through various programs including the credentialing and recredentialing of our providers; on-site visits to offices both random and in situations where complaints are received; annual review of policies and procedures; annual review of clinical criteria and protocols; on-going monitoring of the satisfaction of our members and providers; and development of quality initiative programs and plans to constantly increase and improve the quality of our services.

### **UTILIZATION REVIEW PROGRAM**

The Utilization Review Program is reviewed annually by the Utilization Review Committee, a sub-committee of the Quality Assurance Committee. The Utilization Review Program sets the standards and benchmarks for reviewing the utilization patterns of our providers. Under the auspices of the Utilization Review Committee, claims submission patterns, prior authorization requests, medical records, and utilization patterns are reported and reviewed, at a minimum, on a monthly basis. When possible aberrant billing practices are detected or if other potentially negative processes are uncovered, Avesis administrative personnel or a clinical representative will speak or meet with the Provider to address the problem and help develop a program to resolve the issue.

As a Participating Provider you are welcome to review and contribute to either of these programs. For a complete copy of the Quality Assurance Program or Utilization Review Program, please contact Avesis Provider Services at the number in the front of this Provider Manual.

## Fraud, Waste and Abuse

The Centers for Medicare & Medicaid Services (CMS) defines fraud as: “an intentional representation that an individual knows to be false or does not believe to be true and makes, knowing that the representation could result in some unauthorized benefit to himself or some other person.”

Committed to preventing, detecting and reporting possible fraud, waste and abuse, Avesis, its staff and providers adhere to the Avesis Anti-Fraud Program. All Avesis personnel receive annual training with regard to the detecting of fraud, waste and abuse and staff involved with claims processing and payment and utilization review receive more in-depth training.

All of our providers are also expected to be alert to possible fraud, waste and abuse and report any suspicious activity to Avesis. Avesis will then work with UPMCHP or Health Partners, their fraud units and the applicable State / Federal Fraud, Waste and Abuse authorities.

Providers should also be aware of the anti-kickback statute (42 U.S.C. Sec. 1320a-7b) and the physician self-referral law (42 U.S.C. Sec. 1395nn). Violations of these rules could result in claims not being paid, monetary penalties, exclusion from participating in Medical Assistance and Medicare Advantage programs or imprisonment.

As a Provider treating Medical Assistance and/or Medicare Advantage members, you must also be aware of the Office of the Inspector General (OIG) website. The OIG's List of Excluded Individuals and Entities provides information on individuals and entities excluded from participating in the Medicare Advantage, Medical Assistance or other Federal health care programs.

Prior to your being approved for participation in the Avesis network for these programs, a check of the OIG List was conducted to be certain that your name does not appear. Avesis also checks the OIG List annually and at time of hire for all of its personnel. As a Participating Provider, you are also required to ensure that no staff providing services to Medical Assistance or Medicare Advantage members appears on the list. The website for the OIG list is: <http://exclusions.oig.hhs.gov/>.

**The Department of Public Welfare** has established a Medical Assistance Provider Compliance Hotline to report suspected fraud and abuse committed by any person or entity providing services to Medical Assistance recipients.

The hotline number is 1-866-DPW-TIPS (866-379-8477) and operates Monday through Friday from 8:30 AM to 3:30 PM. Callers may remain anonymous and may call after hours and leave a voice mail if they prefer.

Providers may also call the **Office of Inspector General Welfare Fraud Tip Line** at 1-800-932-0582 to report suspected fraud and abuse committed by a Medical Assistance recipient. Members may knowingly make false statements or representations to become eligible for Medical Assistance or fail to provide all required information such as other insurance coverage. Members who commit fraud may be prosecuted under state criminal laws and federal fraud and abuse laws.



Suspected fraud and abuse may also be reported via the website at: [www.dpw.state.pa.us](http://www.dpw.state.pa.us) or e-mailed to [omaptips@state.pa.us](mailto:omaptips@state.pa.us).

Information reported via the website or e-mail also may be done anonymously. The website contains additional information on reporting fraud and abuse.

**Reporting Fraud and Abuse to the Centers for Medicare and Medicaid Services**

The Centers for Medicare and Medicaid Services has established a hotline to report suspected fraud and abuse committed by any person or entity providing services to Medicare Advantage beneficiaries.

The hotline number is 1-800-HHS-TIPS (800-447-8477), and it is available Monday through Friday from 8:30 AM to 3:30 PM. Callers may remain anonymous and may call after hours and leave a voice mail if they prefer.

**Recipient Restriction Program**

DPW's Recipient Restriction/Centralized Lock-In Program restricts those recipients who have been determined to be abusing and/or misusing Medical Assistance services, or who may be defrauding the Medical Assistance Program. The restriction process involves an evaluation of the degree of abuse, a determination as to whether or not the recipient should be restricted, notification of the restriction, and evaluation of subsequent medical assistance services. DPW may not pay for a service rendered by any provider other than the one to whom the recipient is restricted, unless the services are furnished in response to an emergency or a Medical Assistance Recipient Referral Form (MA 45) is completed and submitted with the claim. The MA 45 must be obtained from the practitioner to whom the recipient is restricted.

A recipient placed in this program can be locked-in to any number of providers at one time. Restrictions are removed after a period of five years if improvement in use of services is demonstrated.

If a recipient is restricted to a provider within your provider type, the EVS will notify you if the recipient is locked into you or another provider. The EVS will also indicate all type(s) of provider(s) to which the recipient is restricted.

**Note:** Valid emergency services are excluded from the lock-in process.

## 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.

Avesis is committed to ensuring that network Providers, as well as its policies and infrastructure, are attuned to meeting the diverse needs of all Members, especially those who face these challenges. Cultural competency is a key component of Avesis' continuous quality improvement efforts.

To be culturally competent, you 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.

## **Foreign Language Translation Services/Special Needs Assistance**

Communication with Avesis – There is a Spanish language queue set up in Customer Service that Members can access as they call into Customer Service. Avesis employs customer service representatives who speak Spanish. In addition, Avesis uses Language Line for interpreter services as needed to communicate with Members who have limited English proficiency. Avesis pays all costs for the Language Line interpreting services.

Special Services for Persons with Hearing Impairments – Members who are hearing impaired may require devices or services to aid them in communicating effectively with their providers. Customer Service Representatives ask Members who are hearing impaired if they would like a certified interpreter—such as a computer assisted real-time reporter, oral interpreter, cued speech interpreter, or sign-language interpreter—to be present during a visit to the provider. Customer Service maintains a list of phone numbers and locations of interpreter services, by county. If the use of an interpreter is not requested by the Member, Customer Service will offer the Member the chance to specify what other type of auxiliary aid or service they prefer.

Also, Provider Services and Provider Relations staff will educate Providers on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for the patient
- Reduce echoes to enhance sound quality
- Add lighting to enhance visibility
- Install flashing lights that work in conjunction with auditory safety alarms
- Clearly identify all buildings, floors, offices and room numbers
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office

Should the Member require an interpreter on-site during or following the examination, please contact the appropriate UPMC Health Plan or HP Special Needs Unit to make the necessary arrangements.

Functional Illiteracy – Often hidden from view is the fact that certain Members who speak English as their native language cannot read at levels that permits them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such Members identify themselves to staff or to network providers. Nevertheless, we are committed to making best efforts to help these individuals so that they can get the most out of their health care plan.

We begin by encouraging our staff and providers' office staffs to look for telltale signs of literacy problems. These personnel then attempt, with sensitivity and discretion, to help the Member with the immediate need, such as completing a form. We will also try to guide the Member to appropriate community resources that can help the Member improve his or her literacy skills.

Website adaptations – Avesis' website has been updated to improve the content and interactive capabilities available to Members and prospective Members.

## **Agreement and Amendments**

Please place any amendments you receive from Avesis in this section.

## **Covered Benefits and Fees**

Covered benefits and fee schedules for the following products follow:

- UPMC *for You – Children*
- UPMC *for You – Adult Full Benefit*
- UPMC *for You – Adult Partial Benefit*
- UPMC *for Kids*
- UPMC *for Life*
- UPMC *for Life Specialty*
- UPMC *FEHBP*
- Health Partners
- KidzPartners

**(schedules will be placed on the following pages)**

Avesis Health Partners  
Covered Benefits and Fee Schedule

**Dental services listed in this Covered Benefits are to be performed by a dentist licensed in the state where services are being performed. All necessary radiographs should be taken by the General Dentist/Pediatric Dentist prior to submitting documentation to Avesis for Prior Authorization. The dentist shall perform routine Preventive and Restorative services in the general dental/pediatric dental setting unless an approved change of location is granted by Avesis.**

ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>Guidelines</b>	<b>These rules comprise the foundation for the Avesis Health Partners Dental Program.</b>							
GENERAL	·Dental Services are defined as any diagnostic, preventive or corrective procedures administered by or under the direct supervision of a Pennsylvania licensed dentist							
CLAIMS	·All claims must provide proper codes based upon the current edition of the ADA CDT Code							
CLAIMS	·Claims must be submitted within one hundred eighty (180) days.							
CLAIMS	·Providers must mount and label the radiographs with the Member's name, ID number, Provider's name, ID number and tooth number(s). Radiographs will be returned to the Provider submitting them.							
CLAIMS	·Emergency claims for services requiring prior authorization or retrospective review must be submitted within thirty(30) days and include:							
CLAIMS	a) ADA Dental Claim Form							
CLAIMS	b) Letter explaining why services rendered were deemed emergency in nature							
CLAIMS	c) Appropriate Radiographs							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·When submitting radiographs for the Pre-Treatment/Prior Authorization process, Providers must mount and label the radiographs with the Member's name, ID number, Provider's name, ID number and tooth number (s).							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·When the Provider is unable to complete the approved treatment by the expiration date, a new Pre-Treatment/Prior Authorization listing the remaining services should be completed and submitted to Avesis Dental Director with a copy of the expired approval. The Provider may submit claims for those services already rendered under the original Pre-Treatment/Prior Authorization approval.							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·Pre-Treatment/Prior Authorization approvals will expire within one hundred eighty(180) days.							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·Certain services require prior approval from Avesis. See the Authorization Required column below.							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·A Provider should not begin treatment until after the Pre-Treatment/Prior Authorization approval is received.							
PRE-TREATMENT/ PRIOR AUTHORIZATION	·Specific services that require Pre-Treatment/Prior Authorization approval are indicated throughout this document							
POST TREATMENT	·Specific services that require Post Treatment review are indicated throughout this document							
POST TREATMENT	·Avesis will pay claims in the normal cycle and review documentation retrospectively. If disputes occur, Avesis reserves the right to make adjustments.							

Avesis Health Partners  
Covered Benefits and Fee Schedule

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>Guidelines</b>		<b>These rules comprise the foundation for the Avesis Health Partners Dental Program.</b>						
RADIOGRAPHS		· Full-Mouth or Panoramic radiographs are limited to one (1) every five years.						
RADIOGRAPHS		· Full-Mouth series includes eight (8) frames for Members under twelve (12) years of age and 14 frames for Members twelve (12) years of age and older.						
RADIOGRAPHS		· If a Member has a panoramic film done in any month of a given year, the member is not eligible to receive this service again until the beginning of year five there after						
RADIOGRAPHS		· Radiographs are reimbursable up to the maximum amount of \$69 per year per patient per dentist or dental group						
RADIOGRAPHS		· A panoramic radiograph may be used in lieu of the full-mouth series, but as a diagnostic tool is not sufficient to allow the appropriate quality review of treatment plans						
RADIOGRAPHS		· If a panoramic can not be used with the treatment plan for denture approval the Provider may submit one (1) of the following:						
RADIOGRAPHS		a) four (4) periapicals						
RADIOGRAPHS		b) four (4) bitewings						
RADIOGRAPHS		c) two (2) occlusals						
RADIOGRAPHS		d) full mouth series						
RADIOGRAPHS		e) a snapshot of the Member's mouth						
RADIOGRAPHS		· Providers must mount and label the films with the Member's name, ID number, Provider's name, ID number and tooth number(s). Radiographs will be returned to the Provider submitting them.						
<b>DIAGNOSTIC</b>		<b>These Diagnostic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. The maximum amount paid for radiographs annually will be limited to \$69 per patient per dentist or dental group. Should radiographs reimbursed be discovered to not be of diagnostic quality, properly mounted, dated and identified with the Member's name, Avesis will recoup the funds previously paid.</b>						
EXAM	D0120	Periodic Oral Evaluation	0-20	21+	Intentionally left blank	No	One per 6 months per dentist or dental group. Only one exam (D0120 or D0150) every 6 months per patient per dentist or dental group.	None
EXAM	D0150	Comprehensive Oral Evaluation - New or Established Patient	0-20	21+	Intentionally left blank	No	One comprehensive exam per patient per dentist or dental group per lifetime.	None
RADIOGRAPH	D0210	Full Mouth Series	0-20	21+	Intentionally left blank	No	One per 60 months per patient per dentist or dental group.	None



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Covered Benefits and Fee Schedule

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>DIAGNOSTIC</b> These Diagnostic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.								
DIAGNOSTIC	D0220	Periapical, One Film	0-20	21+	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0230	Periapical, Each Additional Film	0-20	21+	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0240	Intraoral - Occlusal Film, One Film	0-20	21+	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0250	Extraoral - First film	0-20	21+	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0260	Extraoral - Each additional film	0-20	21+	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0270	Bitewing, One Film	0-20	21+	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0272	Bitewing, Two Films	0-20	21+	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0273	Bitewing, Three Films	0-20	21+	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0274	Bitewing, Four Films	0-20	21+	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0330	Panoramic Option	0-20	21+	Intentionally left blank	No	One per 60 months per patient per dentist or dental group.	None
DIAGNOSTIC	D0340	Cephalometric Film	0-20	21+	Intentionally left blank	Post Review	Cleft palate cases only. May not be reimbursed in conjunction with orthodontic treatment.	Narrative with claim

Avesis Health Partners  
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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>PREVENTIVE</b>	<b>These Preventive procedures comprise the Covered Benefits under the Avesis Health Partner's Dental Program. Space maintainers are covered only when indicated due to the premature loss of a posterior primary tooth.</b>							
PREVENTIVE	D1110	Prophylaxis - Adult	12-20	21+	Intentionally left blank	No	Limited to one (1) service per six months of either D1110 or D1120.	None
PREVENTIVE	D1120	Prophylaxis - Child	0-11	Not covered	Intentionally left blank	No	Limited to one (1) service per six months of either D1110 or D1120.	None
PREVENTIVE	D1203	Topical Application of Fluoride - prophylaxis not included	0-16	Not covered	Intentionally left blank	No	Limited to one (1) service per six months.	None
PREVENTIVE	D1206	Topical Application of Fluoride varnish - prophylaxis not included	0-16	Not covered	Intentionally left blank	No	Limited to four (4) services per twelve (12) months.	None
PREVENTIVE	D1351	Topical Application of Sealants, Per Tooth	0-20	Not covered	Only for teeth numbers 2-5, 12-15, 18-21, 28-31	No	1) Reimbursement for sealants is once per lifetime. 2) Sealed teeth must be free of proximal caries. Sealants are allowed on occlusal surfaces for those teeth that have buccal restorations. 3) Sealant material must be ADA approved.	None
PREVENTIVE	D1510	Space Maintainer - Fixed Unilateral	0-20	Not covered	Intentionally left blank	No	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) One (1) per quadrant.	Missing tooth numbers and arch/quadrants must be indicated on the claim.
PREVENTIVE	D1515	Space Maintainer - Fixed Bilateral	0-20	Not covered	Intentionally left blank	No	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) One (1) per arch.	Missing tooth numbers and arch/quadrants must be indicated on the claim.
PREVENTIVE	D1550	Re-cement Space Maintainer	0-20	Not covered	Intentionally left blank	No	Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left.	None
PREVENTIVE	D1555	Removal of Fixed Space Maintainer	0-20	21+	Intentionally left blank	No	Not allowed by dentist of dental group that placed the space maintainer.	None

Avesis Health Partners  
Covered Benefits and Fee Schedule

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>RESTORATIVE</b>	<b>These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.</b>							
RESTORATIVE	D2140	Amalgam-one surface primary and permanent	0-20	21+	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2150	Amalgam-two surface primary and permanent	0-20	21+	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2160	Amalgam-three surface primary and permanent	0-20	21+	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2161	Amalgam-four or more surfaces primary and permanent	0-20	21+	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2330	Composite -One Surface Anterior	0-20	21+	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2331	Composite -Two Surfaces Anterior	0-20	21+	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2332	Resin based composite-Three Surfaces Anterior	0-20	21+	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2335	Resin based composite-Four or more Surfaces Anterior	0-20	21+	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2390	Resin based composite crown - Anterior	0-20	Not covered	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) Not reimbursable with construction of permanent crown for teeth 6-11, 22-27.	None

Avesis Health Partners  
Covered Benefits and Fee Schedule

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>RESTORATIVE</b> These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code. Adult Members 21 years of age and older are eligible for 2 crowns of any type per arch and a total of 4 crowns per calendar year.								
RESTORATIVE	D2391	Resin based composite-One Surface Posterior Permanent	0-20	21+	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2392	Resin based composite -Two Surface Posterior Permanent	0-20	21+	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2393	Resin based composite -Three Surface Posterior Permanent	0-20	21+	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2394	Resin based composite - Four or more Surfaces Posterior Permanent	0-20	21+	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2710	Crown - resin based composite (indirect)	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 36months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2721	Crown - resin based with predominately base metal	0 - 20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.

Avesis Health Partners  
Covered Benefits and Fee Schedule

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>RESTORATIVE</b> These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code. Crowns are limited to one per tooth per lifetime. Adult Members 21 years of age and older are eligible for 2 crowns of any type per arch and a total of 4 crowns per calendar year.								
RESTORATIVE	D2740	Crown - porcelain/ceramic substrate	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2750	Crown - porcelain fused to high noble metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2751	Crown - porcelain fused to predominantly base metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2752	Crown - porcelain fused to noble metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2790	Crown - full cast predominantly high noble metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
RESTORATIVE	D2791	Crown - full cast predominantly base metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2791	Crown - full cast noble metal	0-20	For 21 + please see benefit limitation above	1 - 32	Yes	1) Limited to one per 60 months. 2) Limited to one crown per tooth per time limitation regardless of code. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2910	Recement inlay, onlay, or partial coverage restoration	0-20	21+	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2915	Recement cast or prefabricated post and core	0-20	21+	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2920	Re-cement Crowns	0-20	21+	1 - 32, A - T	No	Intentionally left blank	None

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>RESTORATIVE</b>	<b>These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.</b>							
RESTORATIVE	D2930	Prefabricated stainless steel crown- primary tooth	0-20	Not covered	Primary Teeth only (A - T)	No	Intentionally left blank	None
RESTORATIVE	D2931	Prefabricated stainless steel crown- permanent tooth	0-20	Not covered	Permanent Teeth only (1 - 32)	No	Intentionally left blank	None
RESTORATIVE	D2932	Prefabricated resin crown	0-20	Not covered	Only Anterior teeth 6 - 11, 22 - 27, c-h, m-r	No	Intentionally left blank	None
RESTORATIVE	D2933	Prefabricated stainless steel crown with resin window	0-20	Not covered	Only Anterior teeth 6 - 11, 22 - 27, c-h, m-r	No	Intentionally left blank	None
RESTORATIVE	D2934	Prefabricated aesthetic coated stainless steel crown- primary tooth	0-20	Not covered	Primary Teeth only (A - T)	No	Intentionally left blank	None

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
RESTORATIVE	D2952	Cast post and core in addition to crown	0-20	21+	1 - 32	Post Review	Intentionally left blank	Radiograph showing endodontic fill with claim.
RESTORATIVE	D2954	Pre-fabricated post and core	0-20	21+	1 - 32	Post Review	Intentionally left blank	Radiograph showing endodontic fill with claim.
RESTORATIVE	D2960	Labial veneer (laminated) - chair	0-18	Not covered	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2970	Temporary crown (fractured tooth)	0-18	Not covered	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2980	Crown repair - by report	0-20	21+	1 - 32	No	Intentionally left blank	None
<b>ENDODONTICS</b>	<b>These Endodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>ENDODONTICS</b>	<b>Standards for review of Endodontics: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative completeness of endodontic fill. Filling material not accepted by the Federal Food and Drug Administration (FDA) is not covered.</b>							
<b>ENDODONTICS</b>	<b>Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling &amp; obturation of canals, intra-operative and fill radiographs.</b>							
<b>ENDODONTICS</b>	<b>In cases where a root canal filling does not meet Avesis' general criteria treatment standards, Avesis can require the procedure to be redone at no additional cost. Any reimbursements already made for an inadequate service may be recouped after review by the Avesis State Dental Director. Reimbursement includes local anesthesia.</b>							
<b>ENDODONTICS</b>	<b>A pulpotomy or palliative treatment is not to be billed in conjunction with root canal treatment on the same date.</b>							
<b>ENDODONTICS</b>	<b>Root canals are not covered in the following situations: intentional (elective) endodontics, third molar (unless it is an abutment tooth), teeth with advanced periodontal disease, teeth with subosseous and/or furcation carious involvement, teeth which cannot be restored with conventional methods (i.e. amalgam, composite or crowns), or teeth which have received prior endodontics treatment.</b>							
ENDODONTICS	D3220	Therapeutic Pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament, Primary and Permanent Teeth	0-20	21+	1 - 32, A - T	No	1) Final treatment - This is not the first stage of Root Canal Therapy. 2) This is a proper treatment for primary and permanent teeth.	None
ENDODONTICS	D3230	Pupal therapy - (resorbable filling) - anterior, primary tooth (excluding final restoration)	0-20	21+	Anterior teeth only (c - h, m - r)	Intentionally left blank	Not eligible for payment if Root canal was started on the same date.	None
ENDODONTICS	D3240	Pupal therapy - (resorbable filling) - posterior, primary tooth (excluding final restoration)	0-20	21+	a, b, l, j, k, l, s, t	Intentionally left blank	Not eligible for payment if Root canal was started on the same date.	None
ENDODONTICS	D3310	Root canal - anterior (excluding final restoration) permanent	0-20	21+	Only for teeth 6-11 and 22-27	Post Review	1) Once per tooth per lifetime except for exception cases of appropriate medical necessity. 2) The date the RCT is completed should be the date of service. 3) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.



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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
ENDODONTICS	D3320	Root canal - bicuspid (excluding final restoration) Permanent	0-20	21+	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	Post Review	1) Once per tooth per lifetime except for exception cases of appropriate medical necessity. 2) The date the RCT is completed should be the date of service. 3) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3330	Root canal - molar (excluding final restoration) Permanent	0-20	21+	Only for teeth 1 - 3, 14 - 19, 30 - 32	Post Review	1) The date the RCT is completed should be the date of service. 2) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
<b>ENDODONTICS</b>	<b>These Endodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>ENDODONTICS</b>	<b>Standards for review of Endodontics: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative completeness of endodontic fill. Filling material not accepted by the Federal Food and Drug Administration (FDA) is not covered.</b>							
<b>ENDODONTICS</b>	<b>Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling &amp; obturation of canals, intra-operative and fill radiographs.</b>							
<b>ENDODONTICS</b>	<b>In cases where a root canal filling does not meet Avesis' general criteria treatment standards, Avesis can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after review by the Avesis State Dental Director. Reimbursement includes local anesthesia.</b>							
<b>ENDODONTICS</b>	<b>A pulpotomy or palliative treatment is not to be billed in conjunction with root canal treatment on the same date.</b>							
<b>ENDODONTICS</b>	<b>Root canals are not covered in the following situations: intentional (elective) endodontics, third molar (unless it is an abutment tooth), teeth with advanced periodontal disease, teeth with</b>							
ENDODONTICS	D3410	Apicoectomy/periradicular surgery – anterior	0-20	21+	Only for teeth 6-11, 22-27	Yes	1) Once per lifetime 2) Does not include placement of retrograde filling material. 3) Use of this code should be supported by pathology.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	0-20	21+	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	1) Once per lifetime 2) Does not include placement of retrograde filling material. 3) Use of this code should be supported by pathology.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
ENDODONTICS	D3425	Apicoectomy/periradicular surgery – molar (first root)	0-20	21+	Only for teeth 1 - 3, 14 - 19, 30 - 32	Yes	1) Once per lifetime 2) Does not include placement of retrograde filling material. 3) Use of this code should be supported by pathology.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3426	Apicoectomy/periradicular surgery – each additional root	0-20	21+	Only for teeth 1 - 5, 12 - 21, 28 - 32	Yes	1) Once per lifetime 2) Does not include placement of retrograde filling material. 3) Use of this code should be supported by pathology.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
<b>PERIODONTICS</b>	<b>These Periodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>PERIODONTICS</b>	<b>Standards for review of Periodontics: A) Pre-operative - long term prognosis of teeth. Loss of tooth structure, loss of periodontal support. B) Post-operative - removal of existing calculus, improvement of bony contours.</b>							
<b>PERIODONTICS</b>	<b>Claims for periodontal services must be prior authorized.</b>							
PERIODONTICS	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth present in the quadrant or bounded teeth spaces per quadrant	0-20	21+	Intentionally left blank	Yes	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) Evidence of subgingival calculus on radiographs. 3) Evidence of significant disease must be readily visible on radiograph along with evidence of bone loss and clinical probings of 4mm or greater in each quadrant. 4) Probings not older that six (6) months. 5) Limited to one (1) Periodontal Service per quadrant per 24 months.	1) Comprehensive periodontal evaluation documentation. 2) Narrative documenting necessity. 3) Pre-treatment radiographs

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
PERIODONTICS	D4341	Periodontal Scaling and Root Planing - four or more contiguous teeth present in the quadrant or bounded teeth spaces per quadrant	0-20	21+	Intentionally left blank	Yes	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) Evidence of subgingival calculus on radiographs. 3) Evidence of significant disease must be readily visible on radiograph along with evidence of bone loss and clinical probings of 4mm or greater in each quadrant. 4) Two (2) quadrants on the same date of service. 5) Limited to one (1) Periodontal Service per quadrant per 24 months.	1) Periodontal charting. 2) Narrative documenting necessity. 3) Pre-Treatment radiographs. 4) List number of quadrants required on Pre-Treatment/ Prior Approval estimate.
PERIODONTICS	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0-20	21+	Intentionally left blank	Post Review	One per 12 months	1) Pre-treatment radiographs demonstrating evidence of gross calculus buildup. 2) Narrative documenting necessity.

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
PERIODONTICS	D4910	Periodontal maintenance	0-20	21+	Intentionally left blank	Yes	1) Any combination of D1120, D1110, and D4910 up to four per 12 months. 2) Covered following active treatment (D4210, D4341 only)	1) Narrative documenting previous periodontal treatment dates 2) Continuous documentation of significant hard and soft tissue changes.
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>							
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>							
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>							
<b>PROSTHODONTICS</b>	<b>Complete dentures are limited to one denture per arch per time limitation regardless of code.</b>							
PROSTHODONTICS	D5110	Complete Denture Maxillary	0-20	21+	Intentionally left blank	Yes	1) One per 60 months. 2) Either D5110 or D5130 3) Stolen, lost, or broken dentures are not justification for replacement. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5120	Complete Denture Mandibular	0-20	21+	All Teeth	Yes	1) One per 60 months. 2) Either D5120 or D5140 3) Complete dentures are limited to 1 per denture arch per time limitation regardless of procedure code. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
PROSTHODONTICS	D5130	Immediate Denture Maxillary	0-20	21+	All Teeth	Yes	1) One per lifetime 2) Either D5110 or D5130 3) Complete dentures are limited to 1 per denture arch per time limitation regardless of procedure code. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5140	Immediate Denture Mandibular	0-20	21+	All Teeth	Yes	1) One per lifetime 2) Either D5120 or D5140 3) Complete dentures are limited to 1 per denture arch per time limitation regardless of procedure code. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
PROSTHODONTICS	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>							
PROSTHODONTICS	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>							
PROSTHODONTICS	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>							
PROSTHODONTICS	<b>Partial dentures are limited to one denture per arch per time limitation regardless of code.</b>							
PROSTHODONTICS	D5211	Maxillary Partial-Resin Base including any conventional clasps, rests, and teeth	0 - 20	21+	One tooth partials are not covered unless replacing tooth number 6, 7, 8, 9, 10, 11, 22	Yes	1) One per 60 months. 2) Either D5120 or D5140	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
PROSTHODONTICS	D5212	Mandibular Partial-Resin Base including any conventional clasps, rests, and teeth	0-20	21+	One tooth partials are not covered unless replacing tooth number 22, 23, 24, 25, 26, 27	Yes	1) One per 60 months. 2) Either D5212 or D5214	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiography series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5213	Maxillary partial denture - case metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0 - 20	21+	One tooth partials are not covered unless replacing tooth number 6, 7, 8, 9, 10, 11, 22	Yes	1) One per 60 months. 2) Either D5211 or D5213	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiography series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5214	Mandibular Partial Denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0 - 20	21+	One tooth partials are not covered unless replacing tooth number 22, 23, 24, 25, 26, 27	Yes	1) One per 60 months. 2) Either D5212 or D5214	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiography series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal</b>							
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three or more teeth on the dentures that are anatomically correct (natural size, shape and color) to be</b>							
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>							
PROSTHODONTICS	D5410	Adjustment - Complete Denture Maxillary (Upper)	0-20	21+	Intentionally left blank	No	1) Not covered within six months of placement by same dentist or dental group. A maximum of two (2) adjustments per calendar year are reimbursable. 2) Approval is required for additional adjustments.	For Member's where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5411	Adjustment - Complete Denture Mandibular (Lower)	0-20	21+	Intentionally left blank	No	Not covered within six months of placement by same dentist or dental group.	For Members where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5421	Adjustment - Partial Denture Upper	0-20	21+	Intentionally left blank	No	Not covered within six months of placement by same dentist or dental group.	For Members where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5422	Adjustment - Partial Denture Lower	0-20	21+	Intentionally left blank	No	Not covered within six months of placement by same dentist or dental group.	None
PROSTHODONTICS	D5510	Repair broken complete denture base	0-20	21+	Upper Arch (01, UA) or Lower Arch (02, LA)	No	Not covered within six months of placement by same dentist or dental group.	None
PROSTHODONTICS	D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	21+	1 - 32	No	Maximum of three (3) teeth	None

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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal</b>							
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be</b>							
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>							
PROSTHODONTICS	D5610	Repair resin denture base	0-20	21+	Upper Arch (01, UA) or Lower Arch (02, LA)	No	None	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5620	Repair cast framework	0-20	21+	Upper Arch (01, UA) or Lower Arch (02, LA)	No	None	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5630	Repair or replace broken clasp	0-20	21+	Intentionally left blank	No	None	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5640	Replace broken teeth per tooth	0-20	21+	1 - 32	No	Maximum of three (3) teeth	None
PROSTHODONTICS	D5650	Add tooth to existing partial denture	0-20	21+	1 - 32	No	None	None
PROSTHODONTICS	D5660	Adding clasp to existing partial denture	0-20	21+	Intentionally left blank	No	None	None



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ADA Category	CODE	PROCEDURE	Health Partners Children	Health Partners Adults	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
PROSTHODONTICS	D5730	Reline complete maxillary denture (chairside)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5731	Reline complete mandibular denture (chairside)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5740	Reline maxillary partial denture (chairside)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5741	Reline mandibular complete denture (chairside)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5750	Reline complete maxillary denture (laboratory)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.

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PROSTHODONTICS	D5751	Reline complete mandibular denture (laboratory)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5760	Reline maxillary partial denture (laboratory)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5761	Reline mandibular partial denture (laboratory)	0-20	21+	Intentionally left blank	No	1) One per 24 months for ages 21 and over. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5899	Unspecified removable prosthodontic procedure, by report	0-5	Not covered	Upper Arch (01, UA)	Post Review	Removal partial denture replacing maxillary anterior primary teeth only.	1) Narrative 2) Indication of missing tooth number on claim
PROSTHODONTICS	D6211	Pontic - predominantly base metal	0-18	Not covered	Intentionally left blank	Yes	None	Pre-Treatment Radiographs of adjacent and opposing teeth.
PROSTHODONTICS	D6241	Pontic - porcelain fused to predominately base metal	0-18	Not covered	Intentionally left blank	Yes	None	Pre-Treatment Radiographs of adjacent and opposing teeth.
PROSTHODONTICS	D6751	Crown - porcelain fused to predominantely base metal	0-18	Not covered	Intentionally left blank	Yes	None	Pre-Treatment Radiographs of adjacent and opposing teeth.
PROSTHODONTICS	D6791	Crown - full cast predominately base metal	0-18	Not covered	Intentionally left blank	Yes	None	Pre-Treatment Radiographs of adjacent and opposing teeth.
PROSTHODONTICS	D6930	Recement fixed partial denture	0-20	21+	Intentionally left blank	No	None	None
PROSTHODONTICS	D6980	Fixed partial denture repair, by report	0-20	21+	Intentionally left blank	No	None	None
PROSTHODONTICS	D6985	Pediatric partial denture, fixed	0-5	Not covered	Intentionally left blank	Yes	Intentionally left blank	Narrative identifying missing teeth and outlining medical necessity.

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ORAL SURGERY	<b>These Oral Surgery procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
ORAL SURGERY	<b>Standards for review of Oral Surgery: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative complete removal of tooth and</b>							
ORAL SURGERY	<b>Reimbursement for oral surgery procedures includes local anesthesia, suturing and routine post - operative care.</b>							
ORAL SURGERY	<b>When extracting permanent <u>supernumerary</u> teeth, must use tooth numbers 51 through 82 which begin with the area of the upper right 3rd molar.</b>							
ORAL SURGERY	<b>When extracting primary <u>supernumerary</u> teeth, the teeth are to be identified by placing the letter "S" following the adjacent primary tooth.</b>							
ORAL SURGERY	<b>Extractions for asymptomatic impacted teeth is not a covered benefit. Extractions for asymptomatic non-impacted teeth are not covered services unless removal constitutes the most cost</b>							
ORAL SURGERY	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	21+	1 - 32, 51 - 82, A - T, AS - TS	No	Intentionally left blank	None
ORAL SURGERY	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth including cutting gingiva and bone and/or tooth and closure	0-20	21+	1 - 32, 51 - 82, A - T, AS - TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	None
ORAL SURGERY	D7220	Removal of impacted tooth - soft tissue	0-20	21+	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	1) Pre-Treatment radiographs 2) Narrative
ORAL SURGERY	D7230	Removal of impacted tooth - partially bony - crown of tooth is completely covered by bone	0-20	21+	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	1) Pre-Treatment radiographs 2) Narrative
ORAL SURGERY	D7240	Removal of impacted tooth - completely bony - crown of tooth is completely covered by bone	0-20	21+	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	1) Pre-Treatment radiographs 2) Narrative
ORAL SURGERY	D7250	Surgical removal of residual tooth roots (cutting procedure)	0-20	21+	1 - 32, 51 - 82, A - T, AS - TS	Yes	1) Not reimbursable to dentist or dental group that removed the tooth. 2) Removal of asymptomatic tooth not covered.	1) Pre-Treatment radiographs 2) Narrative
ORAL SURGERY	D7260	Oroantral fistula closure	0-20	21+	Intentionally left blank	Post Review	May be considered a benefit under the medical program.	1) Pre-Treatment radiographs. 2) Narrative
ORAL SURGERY	D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth	0-20	21+	1 - 32	Post Review	1) May be considered a benefit under the medical program. 2) Includes splinting and/or stabilization.	1) Post Treatment radiographs. 2) Narrative
ORAL SURGERY	D7280	Surgical access of an unerupted tooth	0-20	21+	1 - 32	Yes	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	1) Pre-Treatment radiographs. 2) Narrative
ORAL SURGERY	D7283	Placement of device to facilitate eruption of impacted tooth	0-20	21+	Intentionally left blank	No	None	None
ORAL SURGERY	D7288	Brush biopsy - transepithelial sample collection	0-20	21+	Intentionally left blank	No	None	None

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ORAL SURGERY	D7310	Alveoloplasty in conjunction with extractions - per quadrant	0-20	21+	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Post Review	1) Once per lifetime per quadrant 2) Minimum of three (3) extractions in the affected quadrant.	Narrative
ORAL SURGERY	D7320	Alveoloplasty "not" in conjunction with extractions - per quadrant	0-20	21+	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Post Review	1) Once per lifetime per quadrant 2) No extractions performed in the edentulous area.	Narrative
ORAL SURGERY	D7450	Removal of benign odontogenic cyst or tumor up to 1.25 cm.	0-20	21+	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7451	Removal of benign odontogenic cyst or tumor 1.25 cm. or greater	0-20	21+	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7460	Removal of benign non-odontogenic cyst or tumor up to 1.25 cm.	0-20	21+	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7461	Removal of benign non-odontogenic cyst or tumor 1.25 cm. or larger	0-20	21+	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7471	Removal of exostosis-lateral maxilla or mandibular	0-20	21+	Upper Arch (01, UA) or Lower Arch (02, LA)	No	Once per lifetime	None

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ORAL SURGERY	D7472	Removal of torus palatinus	0-20	21+	Upper Arch (01, UA)	Yes	None	None
ORAL SURGERY	D7473	Removal of torus mandibularis	0-20	21+	Lower Arch (02, LA)	Yes	None	None
ORAL SURGERY	D7485	Surgical reduction of osseous tuberosity	0-20	21+	Intentionally left blank	Yes	None	None
ORAL SURGERY	D7510	Incision and drainage of abscess intraoral - soft tissue	0-20	21+	Intentionally left blank	Post Review	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7511	Incision and drainage of abscess intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20	21+	Intentionally left blank	Post Review	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7520	Incision and drainage of abscess extraoral - soft tissue	0-20	21+	Intentionally left blank	Post Review	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7521	Incision and drainage of abscess extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20	21+	Intentionally left blank	Post Review	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7871	Non - arthroscopic lysis and lavage	0-20	21+	Intentionally left blank	Post Review	None	Narrative
ORAL SURGERY	D7960	Frenulectomy -frenectomy or frenotomy (separate procedure)	0-20	21+	Intentionally left blank	No	None	1) Pre-Treatment radiographs. 2) Narrative
ORAL SURGERY	D7970	Excision of hyperplastic tissue per arch	0-20	21+	Intentionally left blank	Post Review	None	Narrative
ORAL SURGERY	D7999	Unspecified oral surgery procedure, by report	0-20	21+	Intentionally left blank	Post Review	Assistant Surgeon only	1) Narrative of treatment rendered 2) Narrative of medical necessity of assistant surgeon
<b>CLEFT PALATE</b>	<b>Orthodontic services covered under the cleft palate program must not be done solely for cosmetic purposes, but must be done in conjunction with craniofacial reconstruction and/or the correction of a severe handicapping malocclusion. Orthodontic services will not be limited to eight quarters of treatment and/or permanent dentition only for Cleft Palate Treatment. After the initial evaluation has been completed by the Cleft Palate Clinic, please forward a copy to Avesis via fax at 800.653.5544. This must be updated on a yearly basis as long as the recipient is covered by the Cleft Palate Program.</b>							
CLEFT PALATE	D0160	Detailed and extensive oral evaluation – problem focused, by report	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	Complete initial examination at Diagnostic Clinic only (cleft palate) involving all licensed staff (limit 1 per patient) (This procedure code can only be billed by one member of the Cleft Palate Treatment Team and is inclusive of all providers).	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Radiographs

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CLEFT PALATE	D0170	Re-evaluation – limited, problem focused (established patient; not post operative visit	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	None	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Radiographs

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<b>ORTHODONTICS</b> These Orthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Orthodontic services will not be limited to eight quarters of treatment and/or permanent dentition only for Cleft Palate Treatment.								
Orthodontics	D8660	Pre-Orthodontic visit	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Post Review	Used to pay for records only on denied cases.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
Orthodontics	D8670	Periodic orthodontic treatment visit (as part of contract)	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	Maximum of twenty-three (23) visits reimbursed	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
Orthodontics	D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	0-20	Not covered	Intentionally left blank	Yes	Once per lifetime	1) Narrative 2) Radiographs
Orthodontics	D8080	Comprehensive orthodontic treatment of adolescent dentition	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	1) Treatment must begin prior to Member's twenty-first birthday. 2) Termination of treatment for uncooperative behavior is up to the Provider. 3) Member must have severe functionally handicapping malocclusions.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
Orthodontics	D8210	Removable appliance therapy	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	1) Treatment must begin prior to Member's twenty-first birthday. 2) Termination of treatment for uncooperative behavior is up to the Provider. 3) Member must have severe functionally handicapping malocclusions.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
Orthodontics	D8220	Fixed appliance therapy	0-20	Not covered	Medically Necessary - not allowed for cosmetic reasons	Yes	1) Treatment must begin prior to Member's twenty-first birthday. 2) Termination of treatment for uncooperative behavior is up to the Provider. 3) Member must have severe functionally handicapping malocclusions.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs

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<b>Adjunctive Services</b>	<b>These Adjunctive Service procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
<b>Adjunctive Services</b>	<b>Local anesthesia is considered part of the treatment procedure and no additional payment will be made for it.</b>							
<b>Adjunctive Services</b>	<b>Use of IV sedation, general anesthesia, analgesia and non-intravenous conscious sedation can be authorized prior to treatment or reviewed retrospectively. Medical necessity must be</b>							
<b>Adjunctive Services</b>	<b>For procedure codes D9220, D9230, D9241 and D9248, the person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do</b>							
Unclassified Treatment	D9110	Palliative (emergency) treatment of dental pain, minor procedure	0-20	21+	Intentionally left blank	No	Not allowed with any other services other than radiographs and/or behavior management	None
Anesthesia/Analgesia	D9220	Deep Sedation/ General Anesthesia - first 30 minutes	0-20	21+	Intentionally left blank	Yes	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9221	Deep Sedation/ General Anesthesia - each additional 15 minutes	0-20	21+	Intentionally left blank	Yes	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9230	Nitrous Oxide	0-20	Not covered	Intentionally left blank	No	Intentionally left blank	1) Narrative detailing medical necessity should be maintained in the Member record 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.



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Anesthesia/Analgesia	D9241	Intravenous Sedation - first 30 minutes	0-20	21+	Intentionally left blank	Post Review	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9242	Intravenous Sedation - each additional 15 minutes	0-18	Not covered	Intentionally left blank	Post Review	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9248	Non-Intravenous Conscious Sedation	0-20	21+	Intentionally left blank	No	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity should be maintained in the patient record. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Management of Difficult Children	D9920	Behavior Management by report per unit	0-20	21+	Intentionally left blank	Post Review	1) Four (4) per twelve (12) months. 2) Only one D9220, D9230, D9241, D9248, or D9920 on same date of service. 3) Provider must maintain narrative of medical necessity in Member record.	Narrative
Adjunctive Services	D9930	Treatment of complications (post-surgical) – unusual circumstances	0-20	21+	Intentionally left blank	Yes	1) Four (4) per twelve (12) months. 2) Only one D9220, D9230, D9241, D9248, or D9920 on same date of service. 3) Provider must maintain narrative of medical necessity in Member record.	Narrative
Adjunctive Services	S9075	Tobacco Cessation Treatment (15 minute session)	0-20	21+	Intentionally left blank	No	70 per calendar year	None
Adjunctive Services	S0215	mileage – additional allowance for home, skilled nursing facility and ICF facilities	0-20	21+	Intentionally left blank	No	1) Four (4) per twelve (12) months. 2) Only one D9220, D9230, D9241, D9248, or D9920 on same date of service. 3) Provider must maintain narrative of medical necessity in Member record.	None

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ADA Category	CODE	PROCEDURE	Health Partners Children	TEETH COVERED	AUTH REQUIRED	BENEFIT LIMITATIONS	ATTACHMENTS REQUIRED
<b>Guidelines</b>		<b>These rules comprise the foundation for the Avesis Health Partners Dental Program.</b>					
GENERAL		Dental Services are defined as any diagnostic, preventive or corrective procedures administered by or under the direct supervision of a Pennsylvania licensed dentist .					
CLAIMS		All claims must provide proper codes based upon the current edition of the ADA CDT Code					
CLAIMS		Claims must be submitted within one hundred eighty (180) days.					
CLAIMS		Providers must mount and label the radiographs with the Member's name, ID number, Provider's name, ID number and tooth number(s). Radiographs will be returned to the Provider submitting them.					
CLAIMS		Emergency claims must be submitted within thirty (30) days and include:					
CLAIMS		a) ADA Dental Claim Form					
CLAIMS		b) Letter explaining why services rendered were deemed emergency in nature					
CLAIMS		c) Appropriate Radiographs					
PRE-TREATMENT/ PRIOR AUTHORIZATION		When submitting radiographs for the Pre-Treatment/Prior Authorization process, Providers must mount and label the radiographs with the Member's name, ID number, Provider's name, ID number and tooth number (s).					
PRE-TREATMENT/ PRIOR AUTHORIZATION		When the Provider is unable to complete the approved treatment by the expiration date , a new Pre-Treatment/Prior Authorization listing the remaining services should be completed and submitted to Avesis Dental Director with a copy of the expired approval . The Provider may submit claims for those services already rendered under the original Pre -Treatment/Prior Authorization approval.					
PRE-TREATMENT/ PRIOR AUTHORIZATION		Pre-Treatment/Prior Authorization approvals will expire within one hundred eighty (180) days.					
PRE-TREATMENT/ PRIOR AUTHORIZATION		Certain services require prior approval from Avesis . See the Authorization Required column below.					
PRE-TREATMENT/ PRIOR AUTHORIZATION		A Provider should not begin treatment until after the Pre -Treatment/Prior Authorization approval is received.					
PRE-TREATMENT/ PRIOR AUTHORIZATION		Specific services that require Pre-Treatment/Prior Authorization approval are indicated throughout this document.					
POST TREATMENT		Specific services that require Post Treatment review are indicated throughout this document .					
POST TREATMENT		Avesis will pay claims in the normal cycle and review documentation retrospectively . If disputes occur, Avesis reserves the right to make adjustments .					
<b>Guidelines</b>		<b>These rules comprise the foundation for the Avesis Health Partners Dental Program.</b>					
RADIOGRAPHS		Full-Mouth or Panoramic radiographs are limited to one (1) every five years.					
RADIOGRAPHS		Full-Mouth series includes eight (8) frames for children under twelve (12) and 14 frames for children twelve (12) and older.					
RADIOGRAPHS		If a Member has a panoramic film done in any month of a given year , the member is not eligible to receive this service again until the beginning of year five there after .					
RADIOGRAPHS		Radiographs are reimbursable up to the maximum amount of \$69 per year per patient per dentist or dental group.					
RADIOGRAPHS		A panoramic radiograph may be used in lieu of the full -mouth series, but as a diagnostic tool is not sufficient to allow the appropriate quality review of treatment plans .					
RADIOGRAPHS		If a panoramic can not be used with the treatment plan for denture approval , the Provider may submit one (1) of the following:					
RADIOGRAPHS		a) four (4) periapicals					
RADIOGRAPHS		b) four (4) bitewings					
RADIOGRAPHS		c) two (2) occlusals					
RADIOGRAPHS		d) full mouth series					
RADIOGRAPHS		e) a snapshot of the Member's mouth					
RADIOGRAPHS		Providers must mount and label the films with the Member's name, ID number, Provider's name, ID number and tooth number(s). Radiographs will be returned to the Provider submitting them.					

<b>DIAGNOSTIC</b>							
<b>These Diagnostic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. The maximum amount paid for radiographs annually will be limited to \$69 per patient per dentist or dental group. Should radiographs reimbursed be discovered to not be of diagnostic quality, properly mounted, dated and identified with the Member's name, Avesis will recoup the funds previously paid.</b>							
EXAM	D0120	Periodic Oral Evaluation	0-20	Intentionally left blank	No	One per 6 months per dentist or dental group. Only one exam (D0120 or D0150) every 6 months per patient per dentist or dental group.	None
EXAM	D0150	Comprehensive Oral Evaluation - New or Established Patient	0-20	Intentionally left blank	No	One comprehensive exam per patient per dentist or dental group per lifetime.	None
RADIOGRAPH	D0210	Full Mouth Series	0-20	Intentionally left blank	No	One per 60 months per patient per dentist or dental group. Either a D0210 or D0330.	None
<b>DIAGNOSTIC</b>							
<b>These Diagnostic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>							
DIAGNOSTIC	D0220	Periapical, One Film	0-20	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0230	Periapical, Each Additional Film	0-20	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0240	Intraoral - Occlusal Film, One Film	0-20	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0250	Extraoral - First film	0-20	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0260	Extraoral - Each additional film	0-20	Intentionally left blank	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0270	Bitewing, One Film	0-20	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0272	Bitewing, Two Films	0-20	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0273	Bitewing, Three Films	0-20	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0274	Bitewing, Four Films	0-20	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0277	Vertical bitewings - 7 to 8 films	0-20	Posterior Teeth	No	See fee limitations for all radiographs.	None
DIAGNOSTIC	D0330	Panoramic Option	0-20	Intentionally left blank	No	One per 60 months per patient per dentist or dental group. Either a D0210 or D0330.	None
DIAGNOSTIC	D0340	Cephalometric Film	0-20	Intentionally left blank	Post Review	Cleft palate cases only. May not be reimbursed in conjunction with orthodontic treatment.	Narrative with claim

PREVENTIVE							
These Preventive procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Space maintainers are covered only when indicated due to the premature loss of a posterior primary tooth.							
PREVENTIVE	D1110	Prophylaxis - Adult	12-20	Intentionally left blank	No	1) Limited to one (1) service per six months of either D1110 or D1120. 2) All Permanent dentition.	None
PREVENTIVE	D1120	Prophylaxis - Child	0-11	Intentionally left blank	No	1) Limited to one (1) service per six months of either D1110 or D1120. 2) Primary or transitional dentition.	None
PREVENTIVE	D1203	Topical Application of Fluoride - prophylaxis not included	0-16	Intentionally left blank	No	1) Limited to one (1) service per six months.	None
PREVENTIVE	D1206	Topical Application of Fluoride varnish - prophylaxis not included	0-16	Intentionally left blank	No	1) Limited to four (4) service per twelve (12) months.	None
PREVENTIVE	D1351	Topical Application of Sealants, Per Tooth	0-20	Only for teeth numbers 2-5, 12-15, 18-21, 28-31	No	1) Reimbursement for sealants is once per lifetime. 2) Sealed teeth must be free of proximal caries. Sealants are allowed on occlusal surfaces for those teeth that have buccal restorations. 3) Sealant material must be ADA approved.	None
PREVENTIVE	D1510	Space Maintainer - Fixed Unilateral	0-20	Intentionally left blank	No	Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left.	Missing tooth numbers and arch/quadrants must be indicated on the claim.
PREVENTIVE	D1515	Space Maintainer - Fixed Bilateral	0-20	Intentionally left blank	No	Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left.	Missing tooth numbers and arch/quadrants must be indicated on the claim.
PREVENTIVE	D1550	Re-cement Space Maintainer	0-20	Intentionally left blank	No	Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left.	None
PREVENTIVE	D1555	Removal of Fixed Space Maintainer	0-20	Intentionally left blank	No	Not allowed by dentist of dental group that placed the space maintainer.	None

<b>RESTORATIVE</b>		<b>These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.</b>					
RESTORATIVE	D2140	Amalgam-one surface primary and permanent	0-20	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2150	Amalgam-two surface primary and permanent	0-20	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2160	Amalgam-three surface primary and permanent	0-20	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2161	Amalgam-four or more surfaces primary and permanent	0-20	1-32 and A-T	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2330	Composite -One Surface Anterior	0-20	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2331	Composite -Two Surfaces Anterior	0-20	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2332	Resin based composite-Three Surfaces Anterior	0-20	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2335	Resin based composite-Four or more Surfaces Anterior	0-20	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2390	Resin based composite crown - Anterior	0-20	Only for teeth c-h and m-r or teeth 6-11 and 22-27	No	1) Not reimbursable with construction of permanent crown for teeth 6-11, 22-27.	None

RESTORATIVE		These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.					
RESTORATIVE	D2391	Resin based composite-One Surface Posterior Permanent	0-20	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2392	Resin based composite -Two Surface Posterior Permanent	0-20	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2393	Resin based composite -Three Surface Posterior Permanent	0-20	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2394	Resin based composite - Four or more Surfaces Posterior Permanent	0-20	Only for teeth a,b,i,j,k,l,s,t,1-5, 12-21, 28-32	No	1) All surfaces must be identified. 2) Includes etchant.	None
RESTORATIVE	D2710	Crown - resin based composite (indirect)	0-20	1 - 32	Yes	1) Limited to one per 36 months. 2) Either D2710, D2721, D2740, D2751, or D2791. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2721	Crown - resin based with predominately base metal	0 - 20	1 - 32	Yes	1) Limited to one per 60 months. 2) Either D2710, D2721, D2740, D2751, or D2791. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.

RESTORATIVE		These Restorative procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.					
RESTORATIVE	D2740	Crown - porcelain/ceramic substrate	0-20	1 - 32	Yes	1) Limited to one per 60 months. 2) Either D2710, D2721, D2740, D2751, or D2791. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2751	Crown - porcelain fused to predominantly base metal	0-20	1 - 32	Yes	1) Limited to one per 60 months. 2) Either D2710, D2721, D2740, D2751, or D2791. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2791	Crown - full cast predominantly base metal	0-20	1 - 32	Yes	1) Limited to one per 60 months. 2) Either D2710, D2721, D2740, D2751, or D2791. 3) Limited to fully developed permanent teeth and primary teeth with no permanent successors.	Pre-Treatment Radiographs of adjacent and opposing teeth.
RESTORATIVE	D2910	Recement inlay, onlay, or partial coverage restoration	0-20	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2915	Recement cast or prefabricated post and core	0-20	1 - 32	No	Intentionally left blank	None
RESTORATIVE	D2920	Re-cement Crowns	0-20	1 - 32, A - T	No	Intentionally left blank	None

RESTORATIVE							
These Restorative procedures comprise the Covered Benefits under the Avesis for You Children's Dental Program. Reimbursement for restorations includes local anesthetic, tooth preparation, all adhesives, acid etching, copalite, liners, bases, and curing. Payment is made for restorative surfaces based on the number of surfaces restored, not on the number of restorations per surface, or per tooth per day. All surfaces restored per day must be identified and billed under the most comprehensive code.							
RESTORATIVE	D2930	Prefabricated stainless steel crown- primary tooth	0-20	Primary Teeth only (A - T)	No	1) No reimbursement for primary teeth with early loss. 2) Only one (1) D2930 per tooth. 3) Only one (1) crown of any type per tooth per calendar year.	None
RESTORATIVE	D2931	Prefabricated stainless steel crown- permanent tooth	0-20	Permanent Teeth only (1 - 32)	No	1) No reimbursement for primary teeth with early loss. 2) Only one (1) D2930 per tooth. 3) Only one (1) crown of any type per tooth per calendar year. 4) Not compensated with construction of permanent crown for teeth 1 - 32	None
RESTORATIVE	D2932	Prefabricated resin crown	0-20	Only Anterior teeth 6 - 11, 22 - 27, c-h, m-r	No	1) No reimbursement for primary teeth with early loss. 2) Only one (1) D2930 per tooth. 3) Only one (1) crown of any type per tooth per calendar year. 4) Not compensated with construction of permanent crown for teeth 1 - 32	None
RESTORATIVE	D2933	Prefabricated stainless steel crown with resin window	0-20	Only Anterior teeth 6 - 11, 22 - 27, c-h, m-r	No	1) No reimbursement for primary teeth with early loss. 2) Only one (1) D2930 per tooth. 3) Only one (1) crown of any type per tooth per calendar year. 4) Not compensated with construction of permanent crown for teeth 1 - 32	None
RESTORATIVE	D2934	Prefabricated aesthetic coated stainless steel crown- primary tooth	0-20	Primary Teeth only (A - T)	No	1) No reimbursement for primary teeth with early loss. 2) Only one (1) D2934 per tooth. 3) Only one (1) crown of any type per tooth.	None
RESTORATIVE	D2952	Cast post and core in addition to crown	0-20	1 - 32	Post Review	Only one (1) D2952 per tooth.	Radiograph showing endodontic fill with claim.
RESTORATIVE	D2954	Pre-fabricated post and core	0-20	1 - 32	Post Review	Only one (1) D2954 per tooth.	Radiograph showing endodontic fill with claim.
RESTORATIVE	D2980	Crown repair - by report	0-20	1 - 32	No	Intentionally left blank	None



<b>ENDODONTICS</b>	<b>These Endodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>ENDODONTICS</b>	<b>Standards for review of Endodontics: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative completeness of endodontic fill. Filling material not accepted by the Federal Food and Drug Administration (FDA) is not covered.</b>						
<b>ENDODONTICS</b>	<b>Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling &amp; obturation of canals, intra-operative and fill radiographs.</b>						
<b>ENDODONTICS</b>	<b>In cases where a root canal filling does not meet Avesis' general criteria treatment standards, Avesis can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after review by the Avesis State Dental Director. Reimbursement includes local anesthesia.</b>						
<b>ENDODONTICS</b>	<b>A pulpotomy or palliative treatment is not to be billed in conjunction with root canal treatment on the same date.</b>						
ENDODONTICS	D3220	Therapeutic Pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament, Primary and Permanent Teeth	0-20	1 - 32, A - T	No	1) Final treatment - This is not the first stage of Root Canal Therapy. 2) This is a proper treatment for primary and permanent teeth.	None
ENDODONTICS	D3230	Pupal therapy - (resorbable filling) - anterior, primary tooth (excluding final restoration)	0-20	Anterior teeth only (c - h, m - r)	Intentionally left blank	Not eligible for payment if Root canal was started on the same date.	None
ENDODONTICS	D3240	Pupal therapy - (resorbable filling) - posterior, primary tooth (excluding final restoration)	0-20	a, b, l, j, k, l, s, t	Intentionally left blank	Not eligible for payment if Root canal was started on the same date.	None
ENDODONTICS	D3310	Root canal - anterior (excluding final restoration) permanent	0-20	Only for teeth 6-11 and 22-27	No	1) Once per tooth per lifetime except for exception cases of appropriate medical necessity. 2) The date the RCT is completed should be the date of service. 3) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.	1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.

ENDODONTICS	D3320	Root canal - bicuspid (excluding final restoration) Permanent	0-20	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	No	<p>1) Once per tooth per lifetime except for exception cases of appropriate medical necessity.</p> <p>2) The date the RCT is completed should be the date of service.</p> <p>3) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.</p>	<p>1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved.</p> <p>2) Complete treatment plan.</p>
ENDODONTICS	D3330	Root canal - molar (excluding final restoration) Permanent	0-20	Only for teeth 1 - 3, 14 - 19, 30 - 32	No	<p>1) The date the RCT is completed should be the date of service.</p> <p>2) Reimbursement for a root canal includes opening and drainage, treatment planning, clinical procedures, follow-up care, radiographs during treatment, and post operative radiographs.</p>	<p>1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved.</p> <p>2) Complete treatment plan.</p>

ENDODONTICS	These Endodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.					
ENDODONTICS	Standards for review of Endodontics: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative completeness of endodontic fill. Filling material not accepted by the Federal Food and Drug Administration (FDA) is not covered.					
ENDODONTICS	Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling & obturation of canals, intra-operative and fill radiographs.					
ENDODONTICS	In cases where a root canal filling does not meet Avesis' general criteria treatment standards, Avesis can require the procedure to be redone at no additional cost. Any reimbursement already made for an inadequate service may be recouped after review by the Avesis State Dental Director. Reimbursement includes local anesthesia.					
ENDODONTICS	A pulpotomy or palliative treatment is not to be billed in conjunction with root canal treatment on the same date.					
ENDODONTICS	D3410	Apicoectomy/periradicular surgery – anterior	0-20	Only for teeth 6-11, 22-27	Yes	1) Once per lifetime Does not include placement of retrograde filling material. 3) This code should only be used in the presence of swelling or infection in an emergency situation. 4) Not allowed for molars. 2) 1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	0-20	Only for teeth 4, 5, 12, 13, 20, 21, 28, 29	Yes	1) Once per lifetime Does not include placement of retrograde filling material. 3) This code should only be used in the presence of swelling or infection in an emergency situation. 4) Not allowed for molars. 2) 1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3425	Apicoectomy/periradicular surgery – molar (first root)	0-20	Only for teeth 1 - 3, 14 - 19, 30 - 32	Yes	1) Once per lifetime Does not include placement of retrograde filling material. 3) This code should only be used in the presence of swelling or infection in an emergency situation. 4) Not allowed for molars. 2) 1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.
ENDODONTICS	D3426	Apicoectomy/periradicular surgery – each additional root	0-20	Only for teeth 1 - 5, 12 - 21, 28 - 32	Yes	1) Once per lifetime Does not include placement of retrograde filling material. 3) This code should only be used in the presence of swelling or infection in an emergency situation. 4) Not allowed for molars. 2) 1) Pre and Post-Treatment radiographs showing endodontic fill of tooth (teeth) involved. 2) Complete treatment plan.

PERIODONTICS							
These Periodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.							
PERIODONTICS							
Standards for review of Periodontics: A) Pre-operative - long term prognosis of teeth. Loss of tooth structure, loss of periodontal support. B) Post-operative - removal of existing calculus, improvement of bony contours.							
PERIODONTICS							
Claims for periodontal services must be prior authorized							
PERIODONTICS	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth present in the quadrant or bounded teeth spaces per quadrant	0-20	Intentionally left blank	Yes	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) Evidence of subgingival calculus on radiographs. 3) Evidence of significant disease must be readily visible on radiograph along with evidence of bone loss and clinical probings of 4mm or greater in each quadrant. 4) Probings not older that six (6) months. 5) Limited to one (1) Periodontal Service per quadrant per 24 months.	1) Comprehensive periodontal evaluation documentation. 2) Narrative documenting necessity. 3) Pre-treatment radiographs
PERIODONTICS	D4341	Periodontal Scaling and Root Planing - four or more contiguous teeth present in the quadrant or bounded teeth spaces per quadrant	0-20	Intentionally left blank	Yes	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) Evidence of subgingival calculus on radiographs. 3) Evidence of significant disease must be readily visible on radiograph along with evidence of bone loss and clinical probings of 4mm or greater in each quadrant. 4) Two (2) quadrants on the same date of service. 5) Limited to one (1) Periodontal Service per quadrant per 24 months.	1) Periodontal charting. 2) Narrative documenting necessity. 3) Pre-Treatment radiographs. 4) List number of quadrants required on Pre-Treatment/ Prior Approval estimate.

PERIODONTICS	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	0-20	Intentionally left blank	Yes	One per 12 months	1) Pre-treatment radiographs demonstrating evidence of gross calculus buildup. 2) Narrative documenting necessity.
PERIODONTICS	D4910	Periodontal maintenance	0-20	Intentionally left blank	Yes	1) Any combination of D1120, D1110, and D4910 up to four per 12 months. 2) Covered following active treatment (D4210, D4341 only)	1) Narrative documenting previous periodontal treatment dates 2) Continuous documentation of significant hard and soft tissue changes.
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>						
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>						
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>						
PROSTHODONTICS	D5110	Complete Denture Maxillary	0-20	Intentionally left blank	Yes	1) One per 60 months. 2) Either D5110 or D5130 3) Stolen, lost, or broken dentures are not justification for replacement. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5120	Complete Denture Mandibular	0-20	All Teeth	Yes	1) One per 60 months. 2) Either D5120 or D5140 3) Stolen, lost, or broken dentures are not justification for replacement. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
PROSTHODONTICS	D5130	Immediate Denture Maxillary	0-20	All Teeth	Yes	1) One per lifetime 2) Either D5110 or D5130 3) Stolen, lost, or broken dentures are not justification for replacement. 4) The date the impression is taken is the date of service. 5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiograph series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals

PROSTHODONTICS	D5140	Immediate Denture Mandibular	0-20	All Teeth	Yes	<ol style="list-style-type: none"> <li>1) One per lifetime</li> <li>2) Either D5120 or D5140</li> <li>3) Stolen, lost, or broken dentures are not justification for replacement.</li> <li>4) The date the impression is taken is the date of service.</li> <li>5) The Provider must make all necessary corrections and adjustments for a period of six (6) months after seating the denture.</li> </ol>	<p>Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit:</p> <ol style="list-style-type: none"> <li>1) Full Mouth radiograph series</li> <li>2) Photographs of the Member's mouth</li> <li>3) Four (4) Bitewings</li> <li>4) Four (4) periapicals or</li> <li>5) Two (2) occlusals</li> </ol>
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>						
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>						
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>						
PROSTHODONTICS	D5211	Maxillary Partial-Resin Base including any conventional clasps, rests, and teeth	0 - 20	One tooth partials are not covered unless replacing tooth number 6, 7, 8, 9, 10, 11, 22	Yes	<ol style="list-style-type: none"> <li>1) One per 60 months.</li> <li>2) Either D5120 or D5140</li> </ol>	<p>Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit:</p> <ol style="list-style-type: none"> <li>1) Full Mouth radiograph series</li> <li>2) Photographs of the Member's mouth</li> <li>3) Four (4) Bitewings</li> <li>4) Four (4) periapicals or</li> <li>5) Two (2) occlusals</li> </ol>
PROSTHODONTICS	D5212	Mandibular Partial-Resin Base including any conventional clasps, rests, and teeth	0-20	One tooth partials are not covered unless replacing tooth number 22, 23, 24, 25, 26, 27	Yes	<ol style="list-style-type: none"> <li>1) One per 60 months.</li> <li>2) Either D5212 or D5214</li> </ol>	<p>Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit:</p> <ol style="list-style-type: none"> <li>1) Full Mouth radiography series</li> <li>2) Photographs of the Member's mouth</li> <li>3) Four (4) Bitewings</li> <li>4) Four (4) periapicals or</li> <li>5) Two (2) occlusals</li> </ol>
PROSTHODONTICS	D5213	Maxillary partial denture - case metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0 - 20	One tooth partials are not covered unless replacing tooth number 6, 7, 8, 9, 10, 11, 22	Yes	<ol style="list-style-type: none"> <li>1) One per 60 months.</li> <li>2) Either D5211 or D5213</li> </ol>	<p>Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit:</p> <ol style="list-style-type: none"> <li>1) Full Mouth radiography series</li> <li>2) Photographs of the Member's mouth</li> <li>3) Four (4) Bitewings</li> <li>4) Four (4) periapicals or</li> <li>5) Two (2) occlusals</li> </ol>

PROSTHODONTICS	D5214	Mandibular Partial Denture -cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0 - 20	One tooth partials are not covered unless replacing tooth number 22, 23, 24, 25, 26, 27	Yes	1) One per 60 months. 2) Either D5212 or D5214	Panoramic Radiograph series. If this cannot be submitted, A Dentist may submit: 1) Full Mouth radiography series 2) Photographs of the Member's mouth 3) Four (4) Bitewings 4) Four (4) periapicals or 5) Two (2) occlusals
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>						
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>						
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>						
PROSTHODONTICS	D5410	Adjustment - Complete Denture Maxillary (Upper)	0-20	Intentionally left blank	No. Unless more than two (2) total adjustments per calendar year are required.	1) Not covered within six months of placement by same dentist or dental group. A maximum of two (2) adjustments per calendar year are reimbursable. 2) Approval is required for additional adjustments.	For Member's where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5411	Adjustment - Complete Denture Mandibular (Lower)	0-20	Intentionally left blank	No. Unless more than two (2) total adjustments per calendar year are required.	1) Not covered within six months of placement by same dentist or dental group. A maximum of two (2) adjustments per calendar year are reimbursable. 2) Approval is required for additional adjustments.	For Members where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5421	Adjustment - Partial Denture Upper	0-20	Intentionally left blank	No. Unless more than two (2) total adjustments per calendar year are required.	1) Not covered within six months of placement by same dentist or dental group. A maximum of two (2) adjustments per calendar year are reimbursable. 2) Approval is required for additional adjustments.	For Members where more than two adjustments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5422	Adjustment - Partial Denture Lower	0-20	Intentionally left blank	No. Unless more than two (2) total adjustments per calendar year are required.	1) Not covered within six months of placement by same dentist or dental group. A maximum of two (2) adjustments per calendar year are reimbursable. 2) Approval is required for additional adjustments.	For Members where more than two adjustments per year are deemed necessary, must submit narrative regarding need.

PROSTHODONTICS	D5510	Repair broken complete denture base	0-20	Upper Arch (01, UA) or Lower Arch (02, LA)	No	1) A maximum of two (2) treatments per calendar year may be performed. 2) Any additional treatments must have Pre-Treatment/Prior Approval.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5520	Replace missing or broken teeth - complete denture (each tooth)	0-20	1 - 32	No	Maximum of three (3) teeth	None
<b>PROSTHODONTICS</b>	<b>These Prosthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>PROSTHODONTICS</b>	<b>Standards for review of Prosthodontics: Pre-operative - radiographic review -- number of teeth lost - need for increased ability to masticate. Loss of bony structure, loss of periodontal support in remaining teeth. Provision for dentures for cosmetic purposes is not a covered service.</b>						
<b>PROSTHODONTICS</b>	<b>A partial denture that replaces only posterior permanent teeth must include three of more teeth on the dentures that are anatomically correct (natural size, shape and color) to be compensable (excluding third molars).</b>						
<b>PROSTHODONTICS</b>	<b>A preformed denture with teeth already mounted forming a denture module is not a covered service.</b>						
PROSTHODONTICS	D5610	Repair resin denture base	0-20	Upper Arch (01, UA) or Lower Arch (02, LA)	No	1) A maximum of two (2) treatments per calendar year may be performed. 2) Any additional treatments must have Pre-Treatment/Prior Approval.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5620	Repair cast framework	0-20	Upper Arch (01, UA) or Lower Arch (02, LA)	No	1) A maximum of two (2) treatments per calendar year may be performed. 2) Any additional treatments must have Pre-Treatment/Prior Approval.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5630	Repair or replace broken clasp	0-20	Intentionally left blank	No	1) A maximum of two (2) treatments per calendar year may be performed. 2) Any additional treatments must have Pre-Treatment/Prior Approval.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5640	Replace broken teeth per tooth	0-20	1 - 32	No	Maximum of three (3) teeth	None
PROSTHODONTICS	D5650	Add tooth to existing partial denture	0-20	1 - 32	No	None	None
PROSTHODONTICS	D5660	Adding clasp to existing partial denture	0-20	Intentionally left blank	No	None	None
PROSTHODONTICS	D5730	Reline complete maxillary denture (chairside)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5731	Reline complete mandibular denture (chairside)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.



PROSTHODONTICS	D5740	Reline maxillary partial denture (chairside)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5741	Reline mandibular complete denture (chairside)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5750	Reline complete maxillary denture (laboratory)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5751	Reline complete mandibular denture (laboratory)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5760	Reline maxillary partial denture (laboratory)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5761	Reline mandibular partial denture (laboratory)	0-20	Intentionally left blank	No	1) One per 24 months. 2) Not covered within six months of placement by same dentist or dental group. 3) A maximum of two (2) adjustments per calendar year are reimbursable.	For Members where more than two treatments per year are deemed necessary, must submit narrative regarding need.
PROSTHODONTICS	D5899	Unspecified removable prosthodontic procedure, by report	0-20	Upper Arch (01, UA)	Post Review	Removal partial denture replacing maxillary anterior primary teeth only.	1) Narrative 2) Indication of missing tooth number on claim
PROSTHODONTICS	D6930	Recement fixed partial denture	0-20	Intentionally left blank	No	None	None
PROSTHODONTICS	D6980	Fixed partial denture repair, by report	0-20	Intentionally left blank	No	None	None
PROSTHODONTICS	D6985	Pediatric partial denture, fixed	0-20	Upper Arch (01, UA)	Yes	Fixed partial denture replacing maxillary anterior primary teeth only.	1) Narrative 2) Indication of missing tooth number on claim
<b>ORAL SURGERY</b>	<b>These Oral Surgery procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						

<b>ORAL SURGERY</b>	<b>Standards for review of Oral Surgery: A) Pre-operative long term prognosis of tooth. Loss of tooth structure, loss of periodontal support. B) Post-operative complete removal of tooth and roots.</b>						
<b>ORAL SURGERY</b>	<b>Reimbursement for oral surgery procedures includes local anesthesia, suturing and routine post - operative care.</b>						
<b>ORAL SURGERY</b>	<b>When extracting permanent <u>supernumerary</u> teeth, must use tooth numbers 51 through 82 which begin with the area of the upper right 3rd molar.</b>						
<b>ORAL SURGERY</b>	<b>When extracting primary <u>supernumerary</u> teeth, the teeth are to be identified by placing the letter "S" following the adjacent primary tooth.</b>						
<b>ORAL SURGERY</b>	<b>Extractions for asymptomatic impacted teeth is not a covered benefit. Extractions for asymptomatic non-impacted teeth are not covered services unless removal constitutes the most cost - effective dental procedure for the provision of dentures.</b>						
ORAL SURGERY	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0-20	1 - 32, 51 - 82, A - T, AS - TS	No	Intentionally left blank	None
ORAL SURGERY	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth including cutting gingiva and bone and/or tooth and closure	0-20	1 - 32, 51 - 82, A - T, AS - TS	No	Includes cutting of gingiva and bone, removal of tooth structure and closure.	None
ORAL SURGERY	D7220	Removal of impacted tooth - soft tissue	0-20	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	Pre-Treatment radiographs of adjacent and opposing teeth.
ORAL SURGERY	D7230	Removal of impacted tooth - partially bony - crown of tooth is completely covered by bone	0-20	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	Pre-Treatment radiographs of adjacent and opposing teeth.
ORAL SURGERY	D7240	Removal of impacted tooth - completely bony - crown of tooth is completely covered by bone	0-20	1 - 32, 51 - 82	Yes	Removal of asymptomatic teeth not covered.	Pre-Treatment radiographs of adjacent and opposing teeth.
ORAL SURGERY	D7250	Surgical removal of residual tooth roots (cutting procedure)	0-20	1 - 32, 51 - 82, A - T, AS - TS	Yes	1) Not reimbursable to dentist or dental group that removed the tooth. 2) Removal of asymptomatic tooth not covered.	Pre-Treatment radiographs.
ORAL SURGERY	D7260	Oroantral fistula closure	0-20	Intentionally left blank	Post Review	May be considered a benefit under the medical program.	1) Pre-Treatment radiographs. 2) Narrative
ORAL SURGERY	D7270	Tooth re-implantation and/or stabilization of accidentally avulsed or displaced tooth	0-20	1 - 32	Post Review	1) May be considered a benefit under the medical program. Includes splinting and/or stabilization. 2)	1) Post Treatment radiographs. 2) Narrative
ORAL SURGERY	D7280	Surgical access of an unerupted tooth	0-20	1 - 32	Yes	Will not be payable unless the orthodontic treatment has been authorized as a covered benefit.	1) Pre-Treatment radiographs. 2) Narrative
ORAL SURGERY	D7283	Placement of device to facilitate eruption of impacted tooth	0-20	Intentionally left blank	No	None	None
ORAL SURGERY	D7288	Brush biopsy - transepithelial sample collection	0-20	Intentionally left blank	No	None	None
ORAL SURGERY	D7310	Alveoloplasty in conjunction with extractions - per quadrant	0-20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Post Review	1) Once per lifetime 2) Minimum of three (3) extractions in the affected quadrant.	Pre-Treatment radiographs.
ORAL SURGERY	D7320	Alveoloplasty " <b>not</b> " in conjunction with extractions - per quadrant	0-20	Per quadrant - 10 (UR), 20 (UL), 30 (LL), 40 (LR)	Post Review	1) Once per lifetime 2) No extractions performed in the edentulous area.	1) Pre-Treatment radiographs. 2) Narrative

ORAL SURGERY	D7450	Removal of benign odontogenic cyst or tumor up to 1.25 cm.	0-20	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7451	Removal of benign odontogenic cyst or tumor 1.25 cm. or greater	0-20	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7460	Removal of benign non-odontogenic cyst or tumor up to 1.25 cm.	0-20	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7461	Removal of benign non-odontogenic cyst or tumor 1.25 cm. or larger	0-20	Intentionally left blank	Post Review	1) Appropriate code must be put in the tooth number field on the claim form UR - upper right LR - lower right UL - upper left LL - lower left. 2) May be considered a benefit under the Medical Program.	1) Pre-Treatment radiograph. 2) Pathology Report.
ORAL SURGERY	D7471	Removal of exostosis-lateral maxilla or mandibular	0-20	Upper Arch (01, UA) or Lower Arch (02, LA)	No	Once per lifetime	None
ORAL SURGERY	D7472	Removal of torus palatinus	0-20	Upper Arch (01, UA)	No	None	None
ORAL SURGERY	D7473	Removal of torus mandibularis	0-20	Lower Arch (02, LA)	No	None	None
ORAL SURGERY	D7485	Surgical reduction of osseous tuberosity	0-20	Intentionally left blank	No	None	None
ORAL SURGERY	D7510	Incision and drainage of abscess intraoral - soft tissue	0-20	Intentionally left blank	No	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7511	Incision and drainage of abscess intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20	Intentionally left blank	No	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7520	Incision and drainage of abscess extraoral - soft tissue	0-20	Intentionally left blank	No	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7521	Incision and drainage of abscess extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0-20	Intentionally left blank	No	May be considered a benefit under the Medical program.	Narrative
ORAL SURGERY	D7871	Non - arthroscopic lysis and lavage	0-20	Intentionally left blank	Post Review	None	Narrative
ORAL SURGERY	D7960	Frenulectomy -frenectomy or frenotomy (separate procedure)	0-20	Intentionally left blank	No	None	1) Pre-Treatment radiographs. 2) Narrative

ORAL SURGERY	D7970	Excision of hyperplastic tissue per arch	0-20	Intentionally left blank	Post Review	Limited to removal of tissue over a previous edentulous denture bearing area to improve prognosis of a proposed denture.	Narrative
ORAL SURGERY	D7999	Unspecified oral surgery procedure, by report	0-20	Intentionally left blank	Post Review	Assistant Surgeon only	1) Narrative of treatment rendered 2) Narrative of medical necessity of assistant surgeon 3) Name and license number of assistant surgeon
<b>ORTHODONTICS</b>	<b>These Orthodontic procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
Orthodontics	D8660	Pre-Orthodontic visit	0-20	Medically Necessary - not allowed for cosmetic reasons	Post Review	Used to pay for records only on denied cases.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
Orthodontics	D8670	Periodic orthodontic treatment visit (as part of contract)	0-20	Medically Necessary - not allowed for cosmetic reasons	Yes	Maximum of twenty-three (23) visits reimbursed	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs

Orthodontics	D8680	Orthodontic retention (removal of appliances, construction and placement of retainers)	0-20	Intentionally left blank	Yes	Once per lifetime	1) Narrative 2) Radiographs
Orthodontics	D8080	Comprehensive orthodontic treatment of adolescent dentition	0-20	Medically Necessary - not allowed for cosmetic reasons	Yes	1) Treatment must begin prior to Member's twenty-first birthday. 2) Termination of treatment for uncooperative behavior is up to the Provider. 3) Member must have severe functionally handicapping malocclusions.	1) Complete narrative describing Member's condition, compliance with and need for treatment, estimated treatment period 2) Study models 3) Radiographs
<b>Adjunctive Services</b>	<b>These Adjunctive Service procedures comprise the Covered Benefits under the Avesis Health Partners Dental Program.</b>						
<b>Adjunctive Services</b>	<b>Local anesthesia is considered part of the treatment procedure and no additional payment will be made for it.</b>						
<b>Adjunctive Services</b>	<b>Use of IV sedation, general anesthesia, analgesia and non-intravenous conscious sedation can be authorized prior to treatment or reviewed retrospectively. Medical necessity must be demonstrated as these services are not routinely used for the apprehensive dental patient.</b>						
<b>Adjunctive Services</b>	<b>For procedure codes D9220, D9230, D9241 and D9248, the person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.</b>						
Unclassified Treatment	D9110	Palliative (emergency) treatment of dental pain, minor procedure	0-20	Intentionally left blank	No	Not allowed with any other services other than radiographs and/or behavior management	None
Anesthesia/Analgesia	D9220	Deep Sedation/ General Anesthesia - first 30 minutes	0-20	Intentionally left blank	Post Review	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.

Anesthesia/Analgesia	D9221	Deep Sedation/ General Anesthesia - each additional 15 minutes	0-20	Intentionally left blank	Post Review	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9230	Nitrous Oxide	0-20	Intentionally left blank	No		1) Narrative detailing medical necessity should be maintained in the Member record 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9241	Intravenous Sedation - first 30 minutes	0-20	Intentionally left blank	Post Review	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity and dental treatment done or to be done. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Anesthesia/Analgesia	D9248	Non-Intravenous Conscious Sedation	0-20	Intentionally left blank	No	Only one D9220, D9230, D9241, D9248, or D9920 on same date of service.	1) Narrative detailing medical necessity should be maintained in the patient record. 2) The person responsible for the administration must have a current valid permit from the Pennsylvania State Board of Dentistry to do so.
Management of Difficult Children	D9920	Behavior Management by report per unit	0-20	Intentionally left blank	No	1) Four (4) per twelve (12) months. 2) Only one D9220, D9230, D9241, D9248, or D9920 on same date of service. 3) Provider must maintain narrative of medical necessity in Member record.	None

## Clinical Criteria

Documentation requests for information regarding treatment using are evaluated using codes as defined in the American Dental Association's Code Manuals. Determinations are reached using generally accepted dental standards for authorization, such as radiographs, periodontal charting, treatment plans, or descriptive narratives. In some instances, the State legislature or other State or Federal agency will define the requirements for dental procedures and medical necessity.

These criteria and policies are designed as *guidelines* for dental service authorization and payment decisions and *are not intended to be all-inclusive or absolute*. Additional narrative information is appreciated when there may be a special situation. We recognize that "local community standards of care" may vary from region to region and will continue our goal of incorporating generally accepted criteria that will be consistent with both the concept of local community standards and the current ADA concept of national community standards.

These are generalized criteria. Services described may not be covered in each particular dental program. In addition, there may be additional program specific criteria regarding authorization for specific services. Therefore it is essential you review the Benefits Covered Section before providing any treatment.

## Criteria for Dental Extractions

- The prophylactic removal of asymptomatic teeth (i.e. third molars) or other teeth exhibiting no overt clinical pathology (for orthodontics) may be covered, subject to consultant review.
- Symptoms should be present for approval of all third molar extractions. Those symptoms may include, cysts, resorption of adjacent teeth, angulation causing inability for tooth to erupt and other clinical symptoms. Normal eruption pain is not considered a pathological symptom that would require an extraction.
- The removal of primary teeth whose exfoliation is imminent does not meet criteria.
- Alveoloplasty (code 07310) in conjunction with three or more extractions in the same quadrant will be covered subject to consultant review.

## Criteria for Cast Crowns

- In general, criteria for crowns will be met only for permanent teeth or primary teeth where no permanent successor is present needing multi-surface restorations where other restorative materials have a poor prognosis.
- Permanent molar teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction should involve four or more surfaces and two or more cusps.
- Permanent bicuspid teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction should involve three or more surfaces and at least one cusp.
- Permanent anterior teeth must have pathologic destruction to the tooth by caries or trauma, and that destruction must involve four or more surfaces and at least 50% of the incisal edge.

A request for a crown following endodontic therapy must meet the following criteria:

- Request should include a dated post-endodontic radiograph.
- The endodontic treatment of the tooth should show a fill sufficiently close to the radiological apex to ensure that an apical seal is achieved, unless there is a curvature or calcification of the canal that limits the ability to fill the canal to the apex.
- The endodontic fill must be properly condensed or obturated.
- Endodontic filling material must not extend excessively beyond the apex.
- The crown must be opposed by a tooth or denture in the opposite arch or be an abutment for a partial denture.
- The tooth should demonstrate no probings greater than 5mm.
- The patient must be free from active and advanced periodontal disease.

Authorizations for Crowns will **not** meet criteria if:

- A lesser means of restoration is possible.
- Tooth has subosseous and/or furcation caries.



## **Criteria for Endodontics**

- Tooth must be damaged as a result of trauma or carious exposure.
- Fill must be properly condensed/obtured. Filling material does not extend excessively beyond the apex.

Authorizations for Endodontic therapy will **not** meet criteria if:

- The endodontic treatment is for aesthetic reasons
- Gross periapical or periodontal pathosis is demonstrated radiographically.
- Caries is demonstrated radiographically to be present below the crestal bone or into the furcation, deeming the tooth non-restorable.
- The generally poor oral condition does not justify root canal therapy
- Endodontic therapy is for third molars, unless they are an abutment for a partial denture.
- The tooth has advanced periodontal disease and/or pocket depths greater than 5mm.
- Endodontic therapy is in anticipation of placement of an overdenture.
- A endodontic filling material not accepted by the Federal Food and Drug Administration is used.

## **Criteria for Removable Prosthodontics (Full and Partial Dentures)**

- Prosthetic services must be intended to restore oral form and function due to premature loss of permanent teeth that would result in significant occlusal dysfunction.
- Requests for partial dentures will only be considered for recipients with good oral health and hygiene, good periodontal health (AAP Type I or II), and a favorable prognosis where continuous deterioration is not expected.
- Abutments should be adequately restored and not have advanced periodontal disease.
- Pre-existing removable prosthesis (includes partial and full dentures), must be at least 5 years old and unserviceable to qualify for replacement.

Authorizations for a removable prosthesis will **not** meet criteria if:

- There is a pre-existing prosthesis which is not at least 5 years old and unserviceable.
- Good oral health and hygiene, good periodontal health, and a favorable prognosis are not present.
- There are untreated caries on or active periodontal disease around the abutment teeth.
- Less than 50% bone support is visible radiographically in abutment teeth.
- The recipient cannot accommodate and properly maintain the prosthesis (i.e. Gag reflex, potential for swallowing the prosthesis, severely handicapped).
- The recipient has a history or an inability to wear a prosthesis due to psychological or physiological reasons.

## **Criteria for Periodontal Treatment**

### **Gingivectomy or gingivoplasty:**

Criteria for approval of gingivectomy or gingivoplasty includes evidence of one or more of the following:

- Comprehensive periodontal evaluation (i.e. description of periodontal tissues, pocket depth chart, tooth mobility, mucogingival relationships).
- Documentation of severe gingival hyperplasia restricting the ability to perform effective daily oral hygiene procedures (i.e. photos).

### **Periodontal scaling and root planning:**

Criteria for approval of periodontal scaling and root planning includes evidence of one or more of the following:

- Radiographically demonstrated evidence of bone loss
- 3-5mm pocket depths on at least 4 or more teeth in each quadrant with perio charting no more than a year old
- Medication related gingival hyperplasia
- Persistent inflammation characterized by generalized bleeding points on at least ½ of the remaining dentition per quadrant.

### **Full mouth debridement:**

Criteria for approval of full mouth debridement includes evidence of one or more of the following:

- Pre-operative radiographs demonstrating evidence of gross calculus buildup (radiographically visible calculus involving at least 75% of the remaining dentition)
- Documentation that treatment was rendered under GA, IV, or radiographs were not possible due to a patient's medical status (description of medical condition).

### **Periodontal maintenance procedures:**

Criteria for approval of periodontal maintenance includes evidence of one or more of the following:

- Documentation of previous periodontal treatment dates
- Continuous documentation of significant hard and soft tissue changes

## Orthodontic Coverage Criteria for Medical Assistance Members

Members age 20 and under may qualify for orthodontic care under the program. Members must have a severe, dysfunctional, handicapping malocclusion.

Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspids are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

Minor tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other nonreversible damage, appliances for minor tooth guidance (codes D8010 through D8030) will be approved when they are the only treatment necessary. If treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

All orthodontic services require prior authorization by one of Avesis' Dental Consultants. The Member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

The Salzman Evaluation Criteria Index Form is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 25 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination. Members who do not score 25 points on the Salzman Evaluation Criteria Index Form but demonstrate a severe handicapping malocclusion may also be approved for coverage of orthodontics based on medical necessity.

Diagnostic study models (trimmed) with wax bites or OrthoCad electronic equivalent, and treatment plan must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from Avesis indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the Member or face possible termination of their Provider agreement. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that Avesis will not cover the orthodontic treatment. However, an authorization will be issued for the payment of the pre-orthodontic visit (code D8660), which includes treatment plan, radiographs, and/or photos, records and diagnostic models, for full treatment cases only (D8080), at the Provider's contracted rate. This payment will be automatically generated for any case denied for full treatment.

### **Cleft Palate Services:**

Orthodontic care under the program will be evaluated based on medical necessity. All orthodontic services require prior authorization by one of Avesis' Dental Consultants.

## **General Billing Information for Orthodontics for Medical Assistance Members:**

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Member's mouth. The Member must be eligible on this date of service.

If a Member becomes ineligible during treatment and before full payment is made, it is the Member's responsibility to pay the balance for any remaining treatment. The Provider should notify the Member of this requirement prior to beginning treatment.

To guarantee proper and prompt payment of orthodontic cases, please follow the steps below:

Electronically file, fax or mail a copy of the completed ADA form with the date of service (banding date) filled in. Our fax number is 866.653.5544.

### **Orthodontic Payment Information**

- Initial payments for orthodontics (code D8080) includes pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, debanding, 1 set of retainers, and 12 months of retainer adjustments (If retainer fees are not separate).
- Once Avesis receives the banding date, the initial payment for code D8080 will be set to pay out. Providers must submit claims for periodic treatment visits (Code D8670). The member must be eligible on the date of the visit.
- The maximum case payment for orthodontic treatment will be 1 initial payment (D8080) and 23 periodic orthodontic treatment visits (D8670). Additional periodic orthodontic treatment visits beyond 23 will be the Provider's financial responsibility and not the Member's. Members may not be billed for broken, repaired, or replacement of brackets or wires.
- The Member must be eligible with their Health Plan in order for payments to be made. Whenever the Member becomes ineligible, the Member is responsible for payment during that time period.
- Payment of records for cases that are denied will be made automatically. There is no need to submit for the records payment (Code D8660).
- Payment of records/exams (Code D8660) will NOT be paid prior to the case being reviewed by the consultant. Please do not submit separate claims for these procedures.

\*\*\*Please notify Avesis should the Member discontinue treatment for any reason\*\*\*

## Orthodontic Coverage Criteria for CHIP Members

Members age 18 and under may qualify for orthodontic care under the program. Members must have a severe, dysfunctional, handicapping malocclusion. Since a case must be dysfunctional to be accepted for treatment, Members whose molars and bicuspids are in good occlusion seldom qualify. Crowding alone is not usually dysfunctional in spite of the aesthetic considerations.

Minor tooth guidance, if a covered benefit, will be authorized on a selective basis to help prevent the future necessity for full-banded treatment. All appliance adjustments are incidental and included in the allowance for the tooth guidance appliance. With the exception of situations involving gingival stripping or other nonreversible damage, appliances for minor tooth guidance (codes D8010 through D8030) will be approved when they are the only treatment necessary. If treatment is not definitive, the movement will only be covered as part of a comprehensive orthodontic treatment plan.

All orthodontic services require prior authorization by one of Avesis' Dental Consultants. The Member should present with a fully erupted set of permanent teeth. At least 1/2 to 3/4 of the clinical crown should be exposed, unless the tooth is impacted or congenitally missing.

The Salzmann Evaluation Criteria Index Form is used as the basis for determining whether a Member qualifies for orthodontic treatment. A member must score a minimum of 25 points to qualify for coverage – points are not awarded for esthetics, therefore additional points for handicapping esthetics will not be considered as part of the determination. Members who do not score 25 points on the Salzmann Evaluation Criteria Index Form but demonstrate a severe handicapping malocclusion may also be approved for coverage of orthodontics based on medical necessity.

Diagnostic study models (trimmed) with wax bites or OrthoCad electronic equivalent, and treatment plan must be submitted with the request for prior authorization of services. Treatment should not begin prior to receiving notification from Avesis indicating coverage or non-coverage for the proposed treatment plan. Dentists who begin treatment before receiving an approved or denied prior authorization are financially obligated to complete treatment at no charge to the Member or face possible termination of their Provider agreement. Providers cannot bill prior to services being performed.

If the case is denied, the prior authorization will be returned to the Provider indicating that Avesis will not cover the orthodontic treatment. However, an authorization will be issued for the payment of the pre-orthodontic visit (code D8660), which includes treatment plan, radiographs, and/or photos, records and diagnostic models, for full treatment cases only (D8080), at the Provider's contracted rate. This payment will be automatically generated for any case denied for full treatment.

### **Cleft Palate Services:**

Orthodontic care under the program will be evaluated based on medical necessity. All orthodontic services require prior authorization by one of Avesis' Dental Consultants.

## **General Billing Information for Orthodontics for CHIP Members:**

The start and billing date of orthodontic services is defined as the date when the bands, brackets, or appliances are placed in the Member's mouth. The Member must be eligible on this date of service.

To guarantee proper and prompt payment of orthodontic cases, please electronically file, fax or mail a copy of the completed ADA form with the date of service (banding date) filled in. Our fax number is (866) 653-5544.

### **Orthodontic Payment Information**

- Payment for orthodontics (code D8080) includes pre-orthodontic visit, radiographs, treatment plan, records, diagnostic models, initial banding, 24 months of orthodontic adjustments, debanding, 1 set of retainers, and 12 months of retainer adjustments (If retainer fees are not separate).
- Once Avesis receives the banding date, a single case payment for code D8080 will be set to pay out.
- The Member must be eligible with their Health Plan on the date they are banded in order for payment to be made. If the Member is ineligible on the banding date, the Member is responsible for payment.
- Payment of records for cases that are denied will be made automatically. There is no need to submit for the records payment (Code D8660).
- Payment of records/exams (Code D8660) will NOT be paid prior to the case being reviewed by the consultant. Please do not submit separate claims for these procedures.

\*\*\*Please notify Avesis should the Member discontinue treatment for any reason\*\*\*

## **Continuation of Orthodontic Treatment:**

Avesis requires the following information for possible payment of continuation of care cases:

- The original banding date
- A detailed paid-to-date history showing dollar amounts for initial banding and periodic orthodontic treatment fees.
- A copy of Member's prior approval including the total approved case fee, banding fee, and periodic orthodontic treatment fees.

If the Member started treatment under commercial insurance or fee for service, we must receive the ORIGINAL diagnostic models (or OrthoCad), or radiographs (optional), banding date, and a detailed payment history.

It is the Provider's and Member's responsibility to get the required information. Cases cannot be set-up for possible payment without complete information.



First Review \_\_\_\_\_  
Second Review \_\_\_\_\_

Models \_\_\_\_\_  
Orthocad \_\_\_\_\_  
Ceph Films \_\_\_\_\_  
X-Rays \_\_\_\_\_  
Photos \_\_\_\_\_  
Narrative \_\_\_\_\_

**ORTHODONTIC CRITERIA INDEX FORM - COMPREHENSIVE D8080**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ABBREVIATIONS	CRITERIA	YES	NO
DO	Deep impinging overbite that shows palatal impingement of the majority of lower incisors.		
AO	True anterior open bite. (Not including one or two teeth slightly out of occlusion or where the incisors have not fully erupted).		
AP	Demonstrates a large anterior -posterior discrepancy. (Class II and Class III malocclusions that are virtually a full tooth Class II or Class III)		
AX	Anterior crossbite. (Involves more than two teeth in crossbite or in cases where gingival stripping from the crossbite is demonstrated).		
PX	Posterior transverse discrepancies. (Involves several posterior teeth in crossbite, one of which must be a molar).		
PO	Significant posterior open bites. (Not involving partially erupted teeth or one or two teeth slightly out of occlusion).		
IMP	Impacted Incisors or canines that will not erupt into the arches without orthodontic or surgical intervention. (Does not include cases where incisors or canines are going to erupt ectopically).		
CR	Crowding of 7 - 8 mm in either the maxillary or mandibular arch.		
OJ	Overjet in excess of 9 mm.		
CDD	Dentition exhibits a profound impact from a congenital or developmental disorder.		
FAS	Significant facial asymmetry requiring a combination orthodontic and orthognathic surgery for correction.		

Approved

**When all are answered "NO", please refer to the Salzmann**

First Review \_\_\_\_\_  
Second Review \_\_\_\_\_

Models \_\_\_\_\_  
Orthocad \_\_\_\_\_  
Ceph Films \_\_\_\_\_  
X-Rays \_\_\_\_\_  
Photos \_\_\_\_\_  
Narrative \_\_\_\_\_

**MALOCCLUSION SEVERITY ASSESSMENT  
BY J. A. SALZMANN, DS, FAPHA**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

ID# \_\_\_\_\_ Health Plan \_\_\_\_\_

**Intra – Arch Deviation**

Score Affected Teeth Only		Missing	Crowded	Rotated	Spacing Open	Spacing Closed	No.	Point Value	Score
Maxilla	Ant							X2	
	Post							X1	
Mandible	Ant							X1	
	Post							X1	
<b>Total Score</b>									

Ant = anterior teeth (4 incisors); Post = posterior teeth (include canine, premolars and first molar); No. = number of teeth affected

**A. Intra – Arch Deviation**

**1. Anterior Segment**

Score Maxillary Teeth Affected Only Except Overbite*	Overjet	Overbite	Crossbite	Openbite	No.	Point Value	Score
							X2
<b>Total Score</b>							

\*Score maxillary or mandibular incisors.  
No. = number of teeth affected

**2. Posterior Segment**

Score Teeth Affected Only	Related Mandibular to Maxillary Teeth				Score Affected Maxillary Teeth Only				No.	Point Value	Score
	Distal		Mesial		Crossbite		Open Bite				
	Right	Left	Right	Left	Right	Left	Right	Left			
<b>Canine</b>											
<b>1<sup>st</sup> Premolar</b>											
<b>2<sup>nd</sup> Premolar</b>											
<b>1<sup>st</sup> Molar</b>											
<b>No. = number</b>										<b>Total Score</b>	
										<b>Grand Total</b>	

**Malocclusion Severity Assessment  
By J.A. Salzman, DDS, F.A.P.H.A.**

**SUMMARY OF INSTRUCTIONS**

Score: 2 points for each maxillary anterior tooth affected.

1 point for each mandibular incisor and all posterior teeth affected.

1. Missing teeth. Count the teeth; remaining roots of teeth are scored as a missing tooth.
2. Crowding. Score the points when there is not sufficient space to align a tooth without moving other teeth in the same arch.
3. Rotation. Score the points when one or both proximal surfaces are seen in anterior teeth, or all or part of the buccal or lingual surface in posterior teeth are turned to a proximal surface of an adjacent tooth. The space needed for tooth alignment is sufficient in rotated teeth for their proper alignment.
4. Spacing. Score teeth, not spacing. Score the points when:
  - a. Open spacing. One or both interproximal tooth surfaces and adjacent papillae are visible in an anterior tooth; both interproximal surfaces and papillae are visible in a posterior tooth.
  - b. Closed spacing. Space is not sufficient to permit eruption of a tooth that is partially erupted.
5. Overjet. Score the points when the mandibular incisors occlude on or over the maxillary mucosa in back of the maxillary incisors, and the mandibular incisor crowns show labial axial inclination.
6. Overbite. Score the points when the maxillary incisors occlude on or opposite labial gingival mucosa of the mandibular incisor teeth.
7. Cross-bite. Score the points when the maxillary incisors occlude lingual to mandibular incisors, and the posterior teeth occlude entirely out of occlusal contact.
8. Open-bite. Score the points when the teeth occlude above the opposing incisal edges and above the opposing occlusal surfaces of posterior teeth.
9. Mesiodistal deviations. Relate mandibular to opposing maxillary teeth by full cusp for molars; buccal cusps of premolars and canines occlude mesial or distal to accepted normal interdental area of maxillary premolars.

**Instruction for using the "Handicapping Malocclusion Assessment Record"**

**Introduction**

This assessment record (not an examination) is intended to disclose whether a handicapping malocclusion is present and to assess its severity according to the criteria and weights (point values) assigned to them. The weights are based on tested clinical orthodontic values from the standpoint of the effect of the malocclusion on dental health,

function, and esthetics. The assessment is not directed to ascertain the presence of occlusal deviations ordinarily included in epidemiological surveys of malocclusion. Etiology, diagnosis, planning, complexity of treatment, and prognosis are not factors in this assessment. Assessments can be made from casts or directly in the mouth. An additional assessment record form is provided for direct mouth assessment of mandibular function, facial asymmetry, and lower lip position.

### **A. INTRA-ARCH DEVIATIONS**

The casts are placed, teeth upward, in direct view. When the assessment is made directly in the mouth, a mouth mirror is used. The number of teeth affected is entered as indicated in the "Handicapping Malocclusion Assessment Record." The scoring can be entered later.

1. Anterior segment: A value of 2 points is scored for each tooth affected in the maxilla and 1 point in the mandible.
  - a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.
  - b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment without moving other teeth in the arch. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.
  - c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch but there is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded or spaced.
  - d. Spacing
    - 1) Open spacing refers to tooth separation that exposes to view the interdental papilla on the alveolar crest. Score the number of papillae visible (not teeth).
    - 2) Closed spacing refers to partial space closure that will not permit a tooth to complete its eruption without moving other teeth in the same arch. Score the number of teeth affected.
2. Posterior segment: A value of 1 point is scored of each tooth affected.
  - a. Missing teeth are assessed by actual count. A tooth with only the roots remaining is scored as missing.
  - b. Crowded refers to tooth irregularities that interrupt the continuity of the dental arch when the space is insufficient for alignment. Crowded teeth may or may not also be rotated. A tooth scored as crowded is not scored also as rotated.

- c. Rotated refers to tooth irregularities that interrupt the continuity of the dental arch and all or part of the lingual or buccal surface faces some part or all of the adjacent proximal tooth surfaces. There is sufficient space for alignment. A tooth scored as rotated is not scored also as crowded.
- d. Spacing
  - 1) Open spacing refers to interproximal tooth separation that exposes to view the mesial and distal papillae of a tooth. Score the number of teeth affected (Not the spaces).
  - 2) Closed spacing refers to partial space closure that will not permit a tooth to erupt without moving other teeth in the same arch. Score the number of teeth affected.

## **B. INTER-ARCH DEVIATIONS**

When casts are assessed for interarch deviations, they first are approximated in terminal occlusion. Each side assessed is held in direct view. When the assessment is made in the mouth, terminal occlusion is obtained by bending the head backward as far as possible while the mouth is held wide open. The tongue is bent upward and backward on the palate and the teeth are quickly brought to terminal occlusion before the head is again brought downward. A mouth mirror is used to obtain a more direct view in the mouth.

- 1. Anterior segment: A value of 2 points is scored for each affected maxillary tooth only.
  - a. Overjet refers to labial axial inclination of the maxillary incisors in relation to the mandibular incisor, permitting the latter to occlude on or over the palatal mucosa. If the maxillary incisors are not in labial axial inclination, the condition is scored as overbite only.
  - b. Overbite refers to the occlusion of the maxillary incisors on or over the labial gingival mucosa of the mandibular incisors, while the mandibular incisors themselves occlude on or over the palatal mucosa in back of the maxillary incisors. When the maxillary incisors are in labial axial inclination, the deviation is scored also as overjet.
  - c. Cross-bite refers to maxillary incisors that occlude lingual to their opponents in the opposing jaw, when the teeth are in terminal occlusion.
  - d. Open-bite refers to vertical interarch dental separation between the upper and lower incisors when the posterior teeth are in terminal occlusion. Open-bite is scored in addition to overjet if the maxillary incisor teeth are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion. Edge-to-edge occlusion is not assessed as open-bite.

- 2.** Posterior segment: A value of 1 point is scored for each affected tooth.
- a.** Cross-bite refers to teeth in the buccal segment that are positioned lingually or buccally out of entire occlusal contact with the teeth in the opposing jaw when the dental arches are in terminal occlusion.
  - b.** Open-bite refers to the vertical interdental separation between the upper and lower segments when the anterior teeth are in terminal occlusion. Cusp-to-cusp occlusion is not assessed as open-bite.

Anteroposterior deviation refers to the occlusion forward or rearward of the accepted normal of the mandibular canine, first and second premolars, and first molar in relation to the opposing maxillary teeth. The deviation is scored when it extends a full cusp or more in the molar and the premolars and canine occlude in the interproximal area mesial or distal to the accepted normal position.

**ORTHODONTIC CONTINUATION OF CARE FORM**

Member ID Number: \_\_\_\_\_

Member Name (Last/First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Previous Vendor that issued original approval:  
\_\_\_\_\_

Banding Date: \_\_\_\_\_

Case Rate Approved By Previous Vendor: \_\_\_\_\_

Amount Paid for Dates of Service That Occurred Prior to Avesis: \_\_\_\_\_

Amount Owed for Dates of Service That Occurred Prior to Avesis: \_\_\_\_\_

Balance Expected for Future Dates of Service: \_\_\_\_\_

Number of Adjustments Remaining: \_\_\_\_\_

Additional information required: \_\_\_\_\_

- Completed ADA claim form listing services to be rendered.
- If the member is transferring from an existing Medical Assistance program: A copy of the original orthodontic approval.
- If the member is private payer transferring from a commercial insurance program, please enclose the original diagnostic models (or OrthoCad equivalent). Radiographs are optional.

**Mail to:**

Avesis  
2300 Lake Park Drive, Ste. 400  
Smyrna, GA 30080  
Attn: Utilization Management

**ADDENDUM  
GUIDELINES AND PROCEDURES FOR  
MEMBER COMPLAINTS, APPEALS AND GRIEVANCES**

**Complaints, Grievances and Appeals**

Avesis is not delegated to resolve Member Complaints, Grievances or Appeals. If a Member wants to file a Complaint, Grievance or Appeal, the Member should contact the Member Services number listed on their Member ID Card. If a Member contacts the Avesis Member Services department, Avesis will transfer the call to the appropriate Health Plan Member Services department for assistance. While Avesis is not delegated this responsibility, Avesis will cooperate and assist Health Plan in resolving member concerns. All Complaint, Grievance and Appeal procedures comply with Federal and State regulations and meet appropriate accreditation standards.

Members receive instructions on how to file a Complaint, Grievance or Appeal in their Plan documents. Members may contact the Member Services number on their Health Plan ID Card for assistance on filing a Complaint, Grievance or Appeal.

Member or Providers may access the Complaint, Grievance or Appeal procedures on the applicable Health Plan website as noted herein.

**DPW Fair Hearing Appeal**

A member may ask for a DPW Fair Hearing Appeal. A member requests this appeal by sending a letter to DPW within 30 days from the date of the notice by Health Plan regarding the denial, decrease in services, or approval of a different service.

If services the member is currently receiving are being denied, reduced, or approved for a different service, the member may want to continue the services during the appeal. To do so, the member must file the appeal to DPW within 10 days from the date of the notice from the Health Plan. The DPW Fair Hearing Appeal should be sent to:

Pennsylvania Department of Public Welfare  
Office of Medical Assistance Programs  
HealthChoices Program  
P.O. Box 2675  
Harrisburg, PA 17105-2675

**DPW Expedited Fair Hearing**

If a provider believes the usual timeframes for deciding a complaint or grievance will harm his or her health, the provider or the member can call the Department of Public Welfare at (800) 798-2339 and ask for an expedited fair hearing. Providers need to send a fax to (717) 772-6328 explaining why the member's health will be jeopardized by the typical timeframe.



**ADDENDUM  
ADDITIONAL GUIDELINES AND INFORMATION**

**Guidelines Regarding Advance Directives**

An advance directive is generally a written statement that an individual composes in advance of serious illness regarding medical decisions affecting him or her. The two most common forms of advance directives are a living will and a health care durable power of attorney.

All adults have the right to create advance directives. In the event that an individual is unable to communicate the kind of treatment he or she wants or does not want, this directive informs the provider, in advance, about that treatment.

**A Living Will**

A living will takes effect while the individual is still living. It is a written document concerning the kind of medical care a person wants or does not want if he or she is unable to make his or her own decisions about care.

**A Health Care Durable Power of Attorney**

A health care durable power of attorney is a signed, witnessed written statement by an individual naming another person as an agent to make medical decisions if he or she is unable to do so. A health care durable power of attorney can include instructions about any treatment the individual desires to undergo or avoid.

Neither document becomes effective until the individual is unable to make decisions for himself or herself. The individual can change or revoke either document at any time. Otherwise, the documents remain effective throughout the person's life.

**Closer Look at Advance Directives**

If a provider is unable to honor an advance directive, the individual may transfer to the care of a provider willing to carry out his or her wishes, as appropriate to the member's benefit plan.

**What Is the Legislative Basis for Advance Directives?**

The requirements for advance directives are outlined in the Omnibus Budget Reconciliation Act of 1990, which went into effect on December 1, 1991. If a member decides to execute a living will or a health care durable power of attorney, the member is encouraged to notify his or her PCP of its existence, provide a copy of the document to be included in personal medical records, and discuss this decision with the PCP.

**Closer Look at the Legislation**

Hospitals and other health care providers that participate in the Medicare Advantage and Medical Assistance programs must provide members with written information about their right to make their own health care decisions, including the right to accept or refuse medical treatment and the right to execute advance directives.

For more information about advance directives, contact:

The Pennsylvania Medical Society  
Division of Communication and Public Affairs  
77 East Park Drive  
Harrisburg, PA 17105-8820  
(717) 558-7750

### **Health Plan Case Management Services**

Case management is available to all Health Plan members who require a multidisciplinary approach to their care. Registered nurses and social workers assist members with needs spanning various aspects of social services and the medical community.

Certain diseases and situations prompt a case manager to telephone a member seeking permission to be involved in the member's care. Once permission is granted by the member, the case manager contacts the member's provider.

Some of these diseases and/or situations are:

- Asthma
- Cerebrovascular accident
- Complex trauma/spinal cord injury/brain injury/end - stage disease
- Chronic heart disease
- Cystic fibrosis
- Diabetes
- Frequent visits to the emergency room
- Hemophilia
- HIV/AIDS
- Neonatal pediatric cases with complex needs
- Sickle cell disease
- Three or more admissions in six months
- Transplant

Closer Look at List of Diseases and Situations Diseases and/or situation that may prompt Case Management services may not be limited to those documented above. If a provider believes a member would benefit from case management, the provider should call Medical Management at the applicable number as provided herein.

### **Special Needs Coordination**

The Health Plan's Special Needs Department can assist providers in locating language interpreters, and those who can provide American Sign Language. Providers may contact the Health Plan's Special Needs Department at the number provided herein. Avesis will work in coordination with the Special Needs Unit at the Health Plan to ensure that the dental needs of every member are met. Avesis has an open network of dental providers and members have access to services with any contracted dental provider without the need for referral. If you have a member that requires help in securing dental treatment please direct them to call Special Needs Member Services at the Health Plan. Additionally, if you have a member that requires foreign language interpretation services, you can contact the appropriate Member Service number as set forth in this Manual. The Avesis representative will conference in a Voiance interpreter for any language that the member speaks and understands.

### **Medical Assistance Clinical Sentinel Hotline**

The Clinical Sentinel Hotline (CSH) was set up by the Medical Director for the Office of Medical Assistance Programs at the Department of Public Welfare (DPW). The CSH was developed to ensure that the HealthChoices managed care organizations (MCOs) and behavioral health plans honor the Member's right to have requests for

medically necessary care and services responded to in a timely manner. The CSH helps all Medical Assistance recipients who are enrolled in the HealthChoices Program.

The CSH is answered by nurses who work for DPW. If a Member or a medical Provider has requested medical care or services and the MCO or behavioral health UPMC Health Plan has not responded in time to meet the Member or Provider's needs, the Member or Provider is to call the CSH. The CSH will make sure that the MCO or behavioral health plan administrator responds to the request soon enough to meet the Member or Provider's needs. Members or Providers can also call the CSH if the MCO or behavioral health plan administrator has denied medically necessary care or services and won't accept a request to file a grievance.

The CSH operates Monday through Friday between 9:00 AM and 5:00 PM EST. Members or Providers can call the CSH at (800) 426-2090.

The CSH cannot provide or approve urgent or emergency medical care. Members or Providers who believe they have an urgent emergency medical situation should seek the care they need through their PCP or local hospital.