

WellCare of Kentucky Dental

Family Choices
Under 21 only!

Global Choices
Under and Over 21!

Routine Dental Benefits



Family Choices Under 21 Only!



Emergency Visits: NO LIMITATIONS!

2 Cleanings

2 Exams (Comprehensive)

Periodic Oral eval – not a covered benefit!

Limited to 14 PA x-rays

Limited to 4 Bitewing x-rays

1 Panoramic per 24 month period; member under 5 requires prior-auth!

If member has FMX (full mouth) x-ray done, x-rays w/ not be covered for the benefit period

Family Choices Under 21 Only Cont...



Any combination of 2 space
maintainers

Limited to 1 restorative service per
tooth **per 6 month period**; unless
prior authorized

Family Choices
Under 21 Only Cont...



Restorative Services
cont...

Stainless steel crowns are subject to
post review!

Family Choices Under 21 Only Cont... Endodontics



Complete root canal therapy includes pulpectomy, all appointments necessary to complete treatment, temporary fillings, filling & obturation of canals, intra-operative and fill radiographs.

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.**

Family Choices Under 21 Only Cont...



Limited to 1 periodontal scaling and root planning per quadrant

Limited to 1 reline per member

Extractions are a covered benefit, **there is NO
PRIOR AUTH/ATTACHMENTS
REQUIRED!; check BRAIN**

Family Choices
Under 21 Only Cont...



Extractions Cont...

Impactions require
Prior Auth!

Family Choices Under 21 Only Cont...



Braces

Lifetime max is \$3,200 per case

D8080: 2/3 of the life time benefit will be paid on the banding date

6 months later, we pay one more payment of \$1070.00 to the provider and member is at lifetime max and we are done paying for ortho for that member.

Adjunctive Services (Anesthesia)
Check BRAIN!

Global Choices Under 21



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2 Exams (Comprehensive)

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Global Choices Under 21 cont...



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Family Choices
Under 21 Only Cont...



Restorative Services
cont...

Stainless steel crowns are subject to
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Global Choices Under 21 cont...



Endodontics

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Global Choices Under 21 cont...



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Family Choices
Under 21 Only Cont...



Extractions Cont...

Impactions require
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Global Choices Under 21 cont...



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Adjunctive Services (Anesthesia)
Check BRAIN!

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

Federally mandated for all Medicaid programs for children under the age of 21

In KY these services include what would normally be considered as non-covered or exceeding other plan benefit limitations

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

SPECIFIC providers will be set up in AcceleHealth with an affiliation for EPSDT

If a member is in need of service the **provider is required to obtain Prior Authorization** for these services by sending in an authorization request to UM for Vision or submitting a PTE for Dental

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

Dental PTEs

During approval process, UM will mark EPSDT box to
YES

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

Exception

The only exception is for the University of Kentucky dental providers

Their EPSDT claims will workflow for claims processors to automatically mark the box to yes and pay the claim with no PTE required!

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

AcceleHealth

Section 3 - General Claim Information					Section 4 - Payment & Insurance					Section 5 - Documentation / Routing					Section 6 - Treatment Information				
*Claim Nbr	Claim Type	Adj Reason	*Total Fee			COB	Prime	Paid	Referral	Action	837 Ben Code		Spec	Prog	Code				
2011108T0122900	Modification		831.00			No	NA	No	No	Accept					ZP	ZI			
Section 5 - Documentation / Routing										*Rcv Date: 10/21/2011									
XRay's	Narr			Manual Override															
No	Yes	deny, over 180 day filing de			...	Route:		No		AO									
Section 6 - Treatment Information																			
Line	*Svc Date	*Proc	Quad	T#	Surf	*Fee	Acc	*Days/Uts	Man	Int	Policy	Diag	Reprice	Pr App	Pr All	Pr Net	EPSDT:		
							No	1								No	No	Yes	
															EPSDT Screening?				
Line	Svc Date	Proc	Quad	T#	Surf	*Days/Uts	Sub Fee	App Fee	All Fee	Paid	Man Int	Prime	% Paid	Policies					
1	04/05/2011	D0220				1	16.00	0.00	0.00	0.00	0.00	NA	100	otmf otmf					
Write Off Amt Over Max \$8.00																			
2	04/05/2011	D0230				1	15.00	0.00	0.00	0.00	0.00	NA	100	otmf 02PA					
Write Off Amt Over Max \$8.00																			

Global Choices Under 21 cont...



Early Periodic Screening, Diagnosis & Treatment (EPSDT)

If a provider wants to enroll in the EPSDT program, they have to do it with Commonwealth. Commonwealth gives Avesis a file of current EPSDT Providers.

Global Choices Over 21



1 Dental Visit per month

1 Exam (Comprehensive)

Periodic Oral eval – not a covered benefit!

1 Cleaning

Limited to 14 PA x-rays

Limited to 4 Bitewing x-rays

1 Panoramic per 24 month period

If member has FMX x-ray done, x-rays w/ not be covered for the benefit period

Global Choices Over 21 cont...



Emergency Visits

Allowed once per month!

Claim should be billed with code Do140 and include narrative and any other supporting documents

We will pay for the 'service' and any necessary x-rays

If the member requires treatment to ease pain such as an EXT, RCT or a restoration we will pay only for the restorative service or extraction and deny the Do140 as inclusive (incidental to primary procedure).

Global Choices Over 21 cont...



Limited to 1 restorative service per tooth; unless prior authorized

Endodontics: No root canal benefits; check BRAIN for other benefits.

Global Choices Over 21 cont...



Limited to 1 periodontal scaling and root planning per quadrant

Extractions are a covered benefit, **there is NO PRIOR AUTH/ATTACHMENTS REQUIRED!;** check BRAIN

Family Choices
Under 21 Only Cont...



Extractions Cont...

Impactions require
Prior Auth!

Global Choices
Over 21 cont...



Braces

No benefits!

Adjunctive Services (Anesthesia)
Check BRAIN!



Prior Authorizations



Accepted by mail and portal only!

Handled by Carolyn Wright and Tracy Mash

Time frames as long as all information required has
been submitted is 2 business days

Claims



Providers must have a Medicaid ID number to file claims. We will not pay claims that are submitted without a Medicaid ID number.

Providers have 365 days from DOS to submit claim

Emergency Claims: Providers have 30 days from DOS to submit claim with letter explaining why services rendered were deemed emergency in nature

CAGs



Warm transfer member complaints.

WellCare of Kentucky - TBD

We handle provider appeals.

Continuation of Care



TBD