



DENTAL NEWSLETTER

Second Quarter 2019

Claim submission match process.

When submitting a claim, we use a 3-point match process to determine if a claim should be processed in network. These 3 items must be a match to our internal records to ensure we are adjudicating claims accurately. The goal of 3-point matching is to highlight any discrepancies in 3 important elements of a claim. If the information provided on the claim form is not an exact match of all 3 items listed below, a new provider record will be created and paid out of network.

The 3-point match must include exact matches of the following data:

- Rendering Provider Name.
- Tax ID.
- Treatment/Billing Address.

Common reasons for claim mismatches include:

- Use of nicknames.
 - In-Network dental provider records will match the name as shown on the license.
- P.O. Boxes for treatment address.
 - Treating locations should never be a P.O. Box.
- Tax ID mismatch.
 - The Tax ID that is submitted with the claim should be an exact match with the IRS database.
 - Incorrect data will cause discrepancies when filing taxes for the office.



Dental fun facts!

- 78 percent of Americans have had at least one cavity by age 17.
- Like fingerprints, everyone's -tongue print is different.
- Every year, kids in North America spend close to half a million dollars on chewing gum.
- People who drink 3 or more glasses of soda each day have 62 percent more tooth decay, fillings and tooth loss than others.
- There are 10-12 teaspoons of sugar in a single can of soda.

Simplify the credentialing process with ADA® Credentialing Service, powered by CAQH ProView®.

American Dental Association (ADA) and CAQH ProView team up to simplify the credentialing process for dentists.

The ADA credentialing service, powered by CAQH ProView, is making it easier to submit and maintain your professional information in one central place for credentialing and other business needs. Your information will be accessible to you and the participating organizations you choose. And it's FREE to dentists.

- All U.S. practicing dentists, ADA members and non-members, visit [ADA.org/godigital](https://ada.org/godigital) to log in.
- Once there, update your ADA account, or go directly to the credentialing login page.
- Complete your CAQH ProView professional profile, submit your supporting documents electronically and attest to their accuracy.
- Choose UnitedHealthcare/Dental Benefit Providers to access your information.
- Come back to one place to stay current: update any information in your profile that has changed or expired, and then attest.

Go digital! Spend less time with paper and more time with your patients.

Less paperwork. One solution. Countless hours saved.

Ready to get started?

Go to [ADA.org/godigital](https://ada.org/godigital) to start now.

If you are new to CAQH ProView, when you start the application process, you will notice that several data fields are pre-populated with information we already have in our membership database — this will save you time!

Having trouble logging in or have other questions? Contact the ADA Member Service Center at **1-800-621-8099**, Monday – Friday: 8:30 a.m. to 5 p.m. (CT) or via email at mssc@ada.org.

Dentists already using CAQH ProView.

Dentists already using **CAQH ProView** can continue using the system with no interruption in service. Remember the following items to ensure timely credentialing:

1. Make the selection to add **UnitedHealthcare/Dental Benefit Providers**, authorizing access to your information.
2. Ensure all of your information, along with ID(s) and address/phone is current.
3. Confirm that you have updated all your documents required for credentialing (malpractice insurance, license, CDS and DEA).



Have questions about CAQH ProView? Contact the CAQH ProView Help Desk at 1-888-599-1771, Monday – Thursday: 7 a.m. – 9 p.m. (ET) and Friday: 7 a.m. – 7 p.m. (ET). Or contact UnitedHealthcare Provider Services toll-free at 1-800-822-5353.



PROVIEW.



Important information for our UHC Dental Medicare providers!

UnitedHealthcare appreciates the excellent service given to our Medicare Dental membership by our participating dental providers. We are committed to making it easy to work with UHC Dental Medicare Plans.

Quick tips.

You can find provider information on the BACK of the patient's universal medical ID card. This includes the website address, phone number to call to verify eligibility and benefits or to get answers to other questions.

Access the correct provider Web portal. For UnitedHealthcare Medicare plans, go to UHCdental.com. For UnitedHealthcare Dual Complete (DSNP) plans, go to UHCProviders.com.

Check out the 2019 Provider Quick Reference Guide (QRG) Online eBook at UHCdental.com. It contains detailed answers to many questions about UHC Dental Medicare Plans, including information about covered codes and prior authorizations.

All UHC Dental Medicare plans pay on your PPO FEE SCHEDULES (except for California DHMO Plans and select markets in Arizona, Florida and Pennsylvania). Some Member ID cards are required to include HMO wording for reasons related to the Medical Plan.



What is recredentialing?

To remain a participating provider, all providers must go through periodic recredentialing approval (**typically every 3 years unless otherwise mandated by the state in which you practice**). Depending on the state, DBP will review all current information relative to your license, sanctions, malpractice insurance coverage, etc. This is a separate requisite than when you begin employment at a new office. Please be observant of the specific mailings and the requested documents, which include return dates. If you have any questions or concerns, contact Provider Services at **1-800-822-5353**.

Medicare Advantage and Dual Special Needs Plan (DSNP)

Spotlight on network advancement.

The UHC Dental Network Advancement Team is hard at work to ensure coverage for Medicare Advantage and DSNP members for our existing business and Jan. 1, 2020 expansion counties.

Your practice may be contacted by one of our team members to gauge your participation interest and provide education on our Medicare Advantage and DSNP plans.

In preparation for the Annual Enrollment Period (AEP), October to December annually, if you are a Medicare PAR provider you may be contacted by a local representative to share additional information on our products and services.

If you are contacted, please note that any reference to the term, "HMO" for the UHC Dental Medicare Advantage or DSNP plans only refers to "In-Network Only" coverage not "HMO Dental" benefits.

As always, thank you for your partnership and patient service excellence!



OptumHealth Allies/UnitedHealth Allies discount program.

As part of the UnitedHealthcare/Dental Benefit Providers, Inc. network, you may be providing service to some of the approximately 10 million members of the OptumHealth Allies/UnitedHealth Allies discount program, if you opted to participate in the discount program. The discount program is known by different names depending on the population served, but one thing is consistent across all populations: **The discount plan is NOT insurance. Members must pay in full for any services purchased, but they are entitled to a discounted rate per your contract with UnitedHealthcare/DBP.**

Here are some FAQs about the discount program:

Q: What's the difference between "OptumHealth Allies" and "UnitedHealth Allies"?

A: "UnitedHealth Allies" is the plan name for UnitedHealthcare medical plan enrollees. "OptumHealth Allies" is used for non-UnitedHealthcare populations, including direct-to-consumer sales. The OptumHealth Allies program is sometimes cobranded with the name of a sponsoring or otherwise affiliated organization, but the OptumHealth Allies logo should always appear on the card.

Q: What proof of eligibility should I look for?

A: Most UnitedHealthcare members will use their medical ID plan as proof of eligibility, although some may present a UnitedHealth Allies ID card. All OptumHealth Allies members should present ID cards. In addition, all members, regardless of brand, are encouraged to print a confirmation voucher to bring to your office. Prior to providing service, contact OptumHealth Allies to verify member eligibility by calling the number on the ID card or confirmation voucher. Or, call **1-877-441-4458**.

Q: How do members find participating providers?

A: Members may choose a dental provider by using either the health discount program website or by calling the Customer Care Center. OptumHealth Allies will notify you the first time a member confirms a request to see you. The member will call you directly to make an appointment.

Q: How do I collect payment?

A: The patient will pay you in full at the time of service, according to your UnitedHealthcare/DBP PPO fee schedule amount. You don't have to file any insurance claims. If you have any questions regarding OptumHealth Allies, contact the UnitedHealthcare Dental/Dental Benefit Providers Customer Service team at **1-877-441-4458**.



Pre-treatment estimate address.

Need to get a speedy response on a pre-treatment estimate for a member on our commercial plans but need to mail the PTE? We have a mailbox available for this specific purpose:

PTE and Prior Authorizations
P.O. Box 30552
Salt Lake City, UT 84130-0552



Peer-to-peer request timeline.

Effective Jan. 1, 2017, UnitedHealthcare dental providers will have 30 calendar days from the date of the denial letter to request a peer-to-peer call.

HPV and oral cancer.

According to the American Dental Association (ADA), cancers of the oral cavity and oropharynx account for 2.9 percent of cancers diagnosed and 1.6 percent of cancer deaths. The 5-year relative survival rate for those with localized disease at diagnosis is 83 percent, compared with only 36 percent in patients whose cancer has metastasized. American Cancer Society data estimates that the number of new oral and oropharyngeal cancer cases in the U.S. in 2017 is 49,670, while the estimated number of deaths from these cancers in 2017 is 9,700. Current studies also point to a statistically significant increase in the annual percent change in the incidence of cancer of the tonsil of 2.7 percent and oropharynx of 1.6 percent.

Older males were historically at higher risk, as were tobacco and alcohol users and those exposed to high levels of ultra-violet light. More recently, oral and oropharyngeal cancers are increasingly seen in patients who are younger and female. This is thought to be related to human papilloma virus.

The ADA notes that HPV, the most common sexually transmitted disease in the United States, with 14 million new cases each year, is now associated with 9,000 cases of head and neck cancers each year in the United States, according to the CDC. It is four times more common in men than women. HPV-positive head and neck cancers typically develop in the throat at the back of the tongue and near or in the folds of the tonsils, which makes them difficult to detect.

Although the ADA states that those with HPV-positive cancers have a lower risk of dying or having recurrence than those with HPV-negative cancers, early diagnosis is the associated with the best outcomes. Regular dental check-ups that include an examination of the entire head and neck can be vital in detecting cancer early. These are usually accomplished through palpation and visual examination; adjunctive testing such as light contrast screening and brush biopsy can supplement visual examination. Suspected lesions should be referred for a surgical biopsy, which remains the “gold standard” for oral cancer diagnosis.

Prevention is also vital. In the case of HPV, this could include vaccination. The CDC currently recommends that 11- to 12-year-old old boys and girls get two doses of HPV vaccine to prevent cervical and other less common genital cancers. It is possible that the HPV vaccine might also prevent head and neck cancers—since the vaccine prevents an initial infection with HPV types that can cause head and neck cancers. Dentists can play an important role in talking with families about oral cancer, the potential risks from HPV, and encouraging families to consider the benefits from vaccination.

By working together, physicians and dentists can help to ensure the future health of vulnerable children, possibly reducing the risk for this terrible disease.

Sources

American Dental Association, Oral and Oropharyngeal Cancer, <http://www.ada.org/en/member-center/oral-health-topics/oral-cancer>, Last Updated: October 4, 2017.

American Cancer Society. [Cancer Statistics Center, Oral Cavity and Pharynx](#), 2017.

Howlader N, Noon AM, Krapcho M, et al. SEER Cancer Statistics Review 1975-2012: National Cancer Institute; 2015.

American Dental Association, HPV: Head, Neck and Oral Cancer, <http://www.mouthhealthy.org/en/az-topics/h/hpv-and-oral-cancer>, 2017.



PPO Options 20 — how this impacts you.

PPO Options 20 is a network that is offered to members who are looking for a more cost-effective plan. The plans within this network are designed to allow the member to have access to our network of providers who offer the deepest discounts, which in turn, decreases members' premiums and out-of-pocket costs.

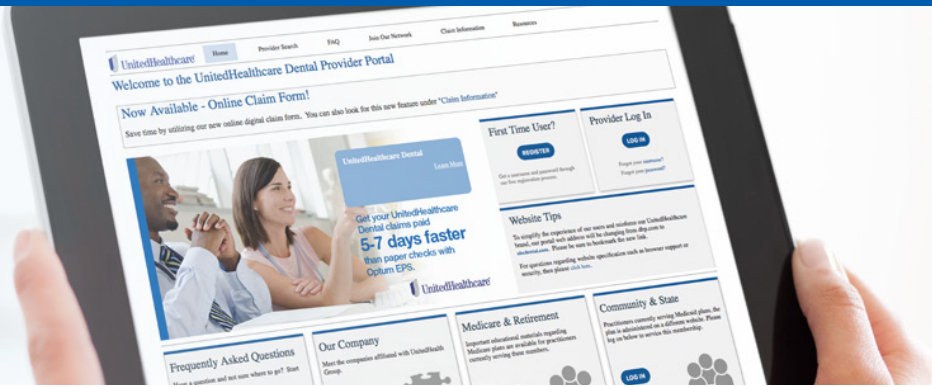
Since PPO Options 20 was created to lower members' out-of-pocket costs, participating dentists in this network must meet certain contractual requirements in order to see these members as an in-network provider.

This network went into effect April 1, 2016. Newly-added dentists after that date may not be included in the PPO Options 20 network if their compensation schedule is above the normal threshold for this network.

We encourage you to call our Provider Services Team at **1-800-822-5353** if you have questions.



Dental Plans Provider Tools



Use UHCDental.com to get paid faster and help grow your practice

Simpler administration is possible. Spend less time on paperwork and more time with patients when you use [UHCDental.com](https://www.uhcdental.com).

Here's a few of the time and money saving benefits:

Get paid 5 to 7 days faster.

Choose your payment option — direct deposit or virtual card payment (VCP). Both are more secure and faster than sending paper checks.

Save time submitting claims at no cost.

Our online claim forms will auto-populate your information, instantly validate member data and allow you to attach up to 20 files of claim detail.

Help new patients find your practice.

Update your practice information in real time, so our members can find you using our online directory.



Plus convenient, anytime access to:

- Eligibility
- Claims Status
- Specialty Referral Forms
- Clinical & Credentialing Guidelines
- Provider Manuals and Quick Reference Guides
- Quarterly Newsletters

Register today.



Visit [uhcdental.com](https://www.uhcdental.com) to start using these features and more.



Call 1-800-822-5353 if you need assistance.

Dental radiographs.

Dental radiographs are an essential component of your dental examination and treatment that enables you to determine an accurate diagnosis of your patient's dental problems and the best course of treatment. It is important that dental radiographic exams always be ordered after visual inspection and that the lowest radiographic dosage is used for all patients, especially children.

Recent FDA bulletins have made recommendations regarding "child-sizing" radiographic exposure in children (identified as age 21 and younger by the FDA). Pediatric dental patients require less radiation than adults to acquire an image so you should take optimal care to reduce exposure, including, but not limited to, the number of images taken. While we acknowledge that radiation exposure from dental radiographs is generally low and considered safe, all X-ray exposure has a "piggy bank" cumulative effect and may contribute to health issues later in life. FDA "child-sizing" guidelines apply to conventional radiographs and cone-beam CT radiographs.

Here are some suggestions for you when recommending dental radiographs for your patients:

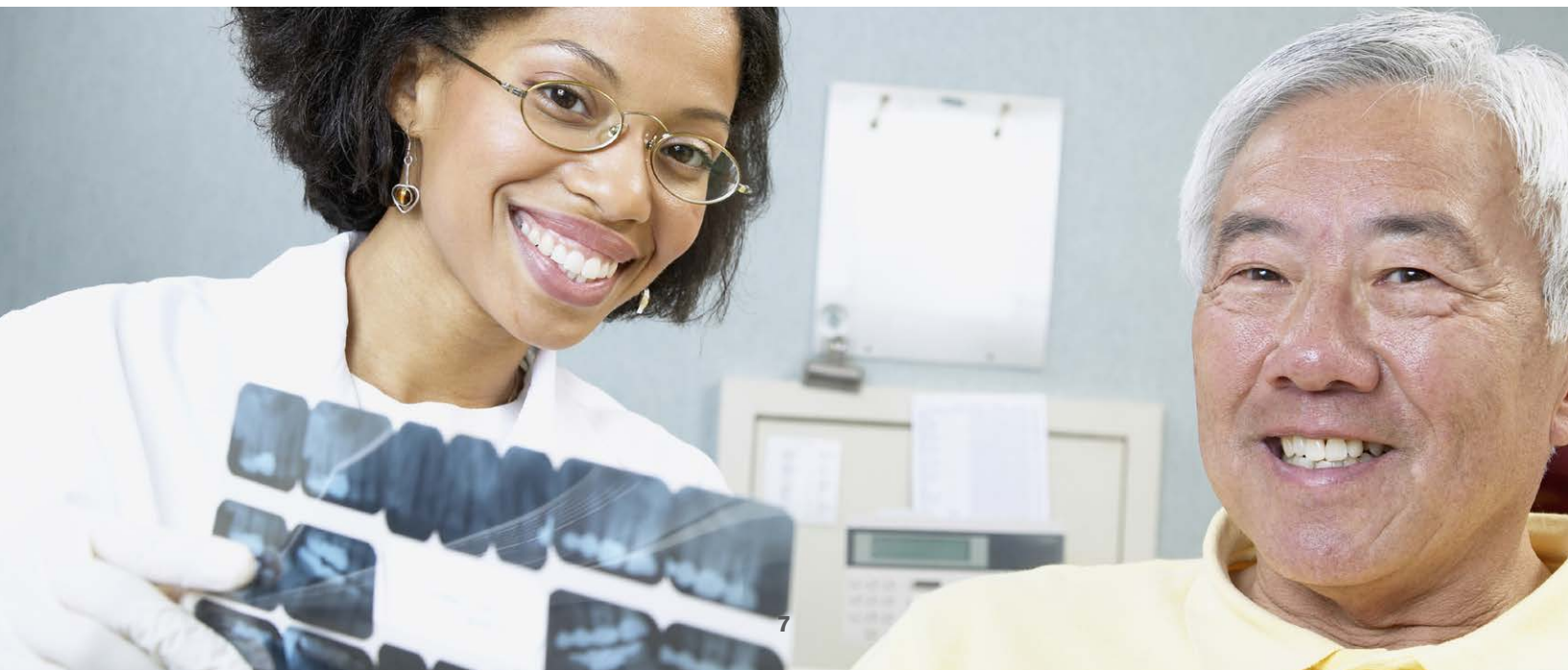
- Assess the benefits and risks of the radiographic examination and how many radiographs are required.
- Order radiographs based on individual needs; "child-size" radiation exposure time.
- Limit X-ray exposure by:
 - Using a lead shield with thyroid collar.
 - Use fastest image-capturing receptor.
 - When possible, use digital X-rays.

- Cone-beam CT advanced imaging X-rays should only be requested when necessary and after routine radiographic imaging options have been exhausted.

In order to promote radiation safety, UnitedHealthcare Dental will begin initiatives to prevent radiation exposure when there is no evidence of diagnostic value. Below you will find a list of the impacted CDT codes and the upcoming changes:

Code	Description
D0210	Covered for children 11 and over
D0270	Covered for children 4 and over
D0272	Covered for children 4 and over
D0273	Covered for children 4 and over
D0274	Covered for children 9 and over
D0277	Covered for children 9 and over

Thank you for participating in our network and partnering with UnitedHealthcare Dental to improve and maintain oral health for our members. Please call **1-866-682-3871** or email dental.engagement@uhc.com if you have any questions.



Go digital and get paid faster!

For dental providers, now it can be easier—and faster than ever—to get paid. UnitedHealthcare® is partnering with Optum® Electronic Payments and Statements (EPS) to help speed up your claim payment process.

Save money and collect your UnitedHealthcare dental payments faster with virtual card processing and direct deposit from Optum EPS. You can also save and speed up payments from more than 50 other payers already partnering with EPS.

Check out how it works.

Once you enroll, you'll select the electronic payment method that works best for you: direct deposit or virtual card payments. After that, you'll see immediate benefits.

You'll receive access to the EPS website to view claim payment information. It's a secure, user-friendly website where you can view payments from all payers making electronic payments through EPS. You'll also be able to review, search, download or print current or historical remittance advice PDFs.

Expect speed, efficiency and savings.

Ready to improve cash flow? Receive your claim payments 5 to 7 business days faster than traditional paper checks/paper remittances. EPS also streamlines back-office claim reconciliation processes by tying remittance data to the payment using a unique payment number.

You'll also get notified via email when deposits are made to your bank account. All reconciliation information will be available on the EPS website the same day as your funds are received. The best part? You may save \$4* or more per payment when you're paid electronically.

See how much you can save.

Use the EPS calculator to find out how much money you can save with electronic payments from Optum: <http://go.optum.com/eps/calculator.html>.

Get started.

More good news? It's easy to get started. Optum offers a simple, secure and quick online enrollment process.

Enroll today:

<http://www.optum.com/VCP>

Learn more at optum.com/eps

*Cost savings calculated using the 2017 CAQH Index Report. Paper check/paper EOB costs average \$6.41 per claim while average costs for electronic payments (ACH) and remittances is \$2.32 per claim. Cost savings is not guaranteed as circumstances may vary.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company. UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA and associated COC form number DCOC.CER.06.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. Offered by Solstice Benefits, Inc. a Licensed Prepaid Limited Health Service Organization; Chapter 636 F. S., and administered by Dental Benefit Providers, Inc.

***Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.**

Disclosure: The Dental Discount Program is administered by Dental Benefit Providers, Inc. The Dental Discount Program is NOT insurance. The discount program provides discounts at certain dental care providers for dental services. The discount program does not make payments directly to the providers of dental services. The discount program member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount plan organization. Dental Benefit Providers, Inc. is located at 6220 Old Dobbin Lane, Liberty 6, Suite 200, Columbia, MD 21045, **1-877-816-3596, myuhc.com**. The dental discount program is offered to members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Dental care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee dental products/services available through the discount program.

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Dental health utilization review criteria, clinical policies and coverage guidelines.

Dental Benefit Providers uses evidence-based criteria from nationally recognized sources, dental clinical policies and coverage guidelines to make utilization review coverage decisions.

Practitioners can access our National Standardized Dental Claim Utilization Review Criteria at: [www.uhcdental.com>resources>clinical guidelines](http://www.uhcdental.com/resources/clinical-guidelines).

Practitioners can access current dental clinical policies and coverage guidelines, and recent policy update bulletins at: [https://UHCprovider.com>Menu>Policies and Protocols>Dental Clinical Policies and Coverage Guidelines](https://UHCprovider.com/Menu/Policies and Protocols/Dental Clinical Policies and Coverage Guidelines).

Practitioners without internet access may also request a copy of the criteria and/or policies and guidelines to be sent by mail, fax or email. Please call the Customer Service contact number located in your provider manual to make a request.

