

Dental OfficeLink Updates™

IN THIS ISSUE

[Notices](#)

Read about the latest policy changes and other important compliance information.

[Important reminders](#)

Missed the news from the last issue? We've got you covered.

[News for you](#)

Here's what's happening in the dental industry and how it could affect your practice.

[Medicare updates](#)

Get Medicare-related information, reminders and guidelines.

[How to reach us](#)

Send us your questions and suggestions. We welcome them.



Welcome to the latest edition of Dental OfficeLink Updates (formerly Dental Dialog). As always, we bring you regular updates and relevant news for your office.

The connection between oral health and mental health

Aetna's own Mary Lee Conicella, Chief Dental Officer, recently helped the National Council for Mental Wellbeing create a framework for integrating treatments. | PAGE 6



Notices

No notices for this issue.



You no longer have to submit U&C fee profiles

Remember, as of last February, Aetna® no longer requires Dental Maintenance Organization (DMO®) primary care dentists to submit their Usual & Customary (U&C) fee profiles.

- For percentage coinsurance: Member coinsurance is determined by applying the plan's coinsurance percentage to your current office U&C fee for each covered service provided.
- For fixed copayments: Members are responsible for their fixed copayment amounts as outlined in the Dental Office Guide. You can find the guide by logging in to [AetnaDental.com](https://www.aetna.com/dental) and clicking the Helpful Links drop-down arrow.

Should we find that your U&C fee is above the industry norm for your area, we will reach out to you to discuss.

You need permission to use offshore entities

An offshore entity is an individual or entity that is physically located outside of the United States or one of its territories.

If you are a participating provider in our PPO or DMO® plans and you have opted out of Aetna Dental® Medicare Advantage, then, in accordance with your commercial participation agreement with Aetna®, you must request permission to use an offshore entity for any services where the offshore entity may receive, process, transfer, handle, store or access the protected health information (PHI) of Aetna Dental members.

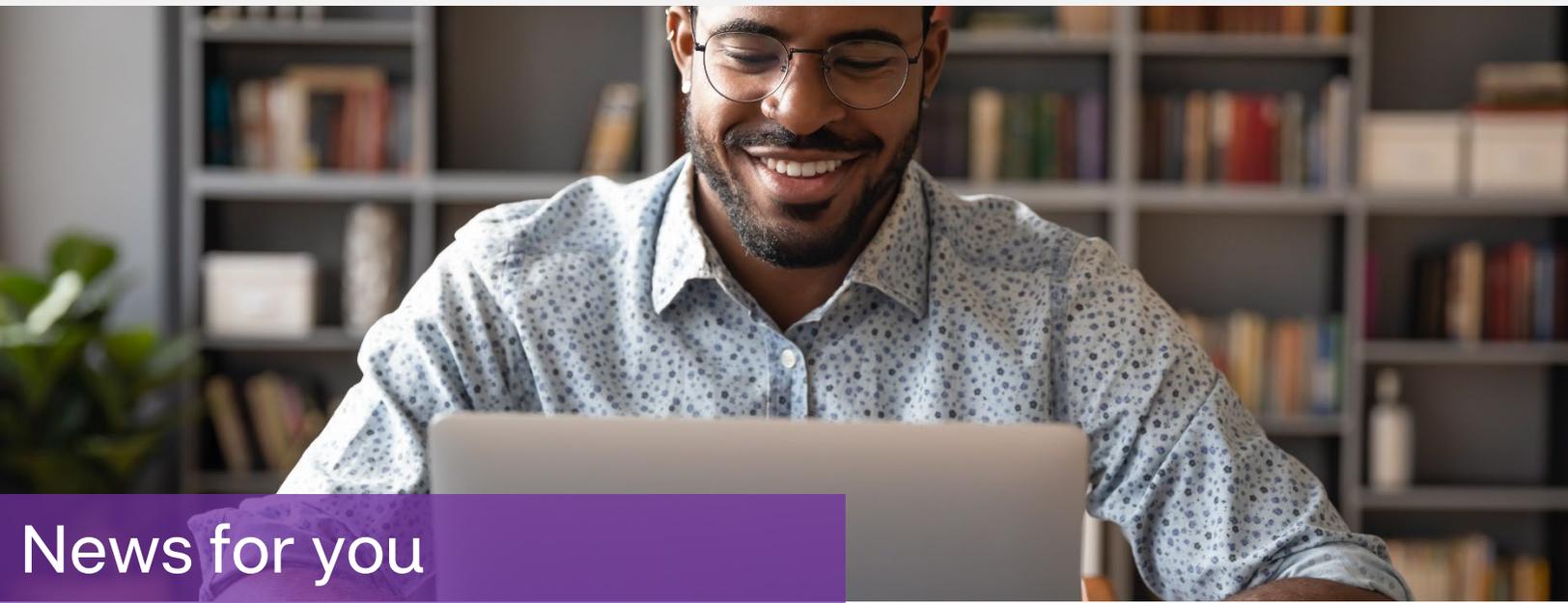
To request permission to perform offshore services, submit a [Commercial Dental Offshore Services Attestation form](#). If you are already using an offshore entity, please submit an attestation form as soon as possible.

If you are a provider who participates in the Aetna Dental Medicare Advantage network, please refer to the **FDR guidebook (PDF)**.

CMS opt-out providers are now reimbursed for providing dental services to Aetna Medicare Advantage members

Beginning January 1, 2022, providers who have opted out of participation with the Centers for Medicare & Medicaid Services (CMS) are allowed to participate in Aetna Medicare Advantage plans with dental benefits for the provision of dental services. New guidance from CMS allows CMS opt-out providers to be reimbursed for providing supplemental dental services to Medicare Advantage members with dental benefits.

Previously, CMS guidelines prohibited Aetna® from reimbursing providers who did not participate with CMS for any services provided to Medicare Advantage members.



News for you

Make sure you submit supporting documentation for D4341 and D2950 claims

We value the relationship we have with you and your office staff. We want to help you and your staff members eliminate some administrative challenges, such as the strain of having to contact the call center or resubmitting supporting documentation, so that you can have more face-to-face time with your patients.

Claims documentation

Claims with the procedure codes below often do not contain supporting documentation. We therefore have to deny these claims.

D4341, Periodontal Scaling and Root Planing, four or more teeth per quadrant

Documentation needed:

- Current, dated pre-operative periodontal charting
- Current, dated pre-operative radiographs
- If three or four quadrants are done in one day: chart notes, including the length of the appointment and the anesthetic used for this date of service, and the rationale for performing multiple quadrants at one appointment

D2950, Core Buildup, including any pins when required

Documentation needed:

- Pre-operative and post-operative photographs showing the buildup in place.

What you can do

Double check claims that have the above codes.

Updated Dental Medical Integration (DMI) white paper

This updated DMI white paper highlights the importance of connecting medical and dental care and the continued success of our DMI program in delivering results to plan sponsors and members.

The report also references the new framework for increased coordination of oral health and mental health. Aetna® helped develop this framework for the National Council for Mental Wellbeing.

To read the report, go to [AetnaDental.com](https://www.aetna.com/dental) and click on Resources and Programs > Linking Dental Care to Overall Health.

Providers can now easily be added to our network

Providers can easily be added to our network. Note that the process varies by state.

Once a provider is on the [Apply for Participation](#) page, they should choose their state and application method. Once they've submitted their application, the credentialing process will begin.

If a provider is not already participating in the state of service, that provider will need to be fully credentialed and should use the process outlined above.

If a provider is fully credentialed in the state of service and just needs to be added to a location in that same state, log in to our [provider portal](#). Go to Resources and Programs > Forms for Network Dentists. Then, choose your state. After that, choose Office Information Update Forms > Add Request.

Good oral health can mean good mental health

Recently, the National Council for Mental Wellbeing released [a framework document](#) to help organizations learn more about integrating their treatments for oral health, mental health and substance use disorders. Aetna's own Chief Dental Officer, Mary Lee Conicella, was one of the experts who participated in the panel that developed the coordination framework.

What does the document address?

The document indicated that challenges with oral health, mental health and substance use disorders are exceedingly common in the United States and contribute heavily to the burden of disease in the nation. The bi-directional connections between oral health and mental health mean that people who have a mental health challenge, such as depression, anxiety or substance use disorder, can experience problems with oral health, and vice versa.

Poor oral health can create or exacerbate problems with mental health, self-esteem, cognitive health, and substance use, and it can impede social functioning in areas such as employability and school engagement.

The document goes on to state that emerging evidence suggests that more coordinated or integrated treatments for oral health, mental health and substance use disorders can increase access to needed care, improve patient outcomes and potentially reduce health care costs.¹

¹The National Council for Mental Wellbeing, Center of Excellence for Integrated Health Solutions. [Oral health, mental health and substance use treatment: a framework for increased coordination and integration \(PDF\)](#). 2021. Accessed on April 26, 2022.



Medicare updates

Participating Aetna PPO dentists also participate with Aetna Medicare Advantage

Aetna Medicare network membership has more than doubled in 2022. Many of our members moved from the Aetna® Direct Member Reimbursement (DMR) plan to our PPO network plan.

What you need to know

As a network dentist, you'll be able to see all Aetna Dental® Medicare Advantage members. Many of our members were in non-networked plans last year but now are in network plans that are part of our PPO dental network.

ID cards and reimbursement details

Medicare members have a combined dental/medical ID card, so you may see references to HMO, DSNP, HMO-POS, or PPO. Regardless of the medical plan, if the ID card says "Aetna Medicare Dental" in the upper-right-hand corner, then the member has a network dental plan and you will be reimbursed according to the PPO fee schedule you have with us.

Claims

Submit claims to the address on the member ID card. If the member indicates they have dental coverage with Aetna® but there is no mention of Aetna Medicare Dental on their ID card, they may have a non-networked plan. In that case, contact us to confirm eligibility.

Eligibility

To confirm eligibility for Aetna members who have a Medicare plan, call us at **1-800-624-0756 (TTY: 711)**.

We're here for you

Our dedicated Medicare Provider Services team offers personalized customer service and can help you with questions about Medicare dental plan eligibility, benefits and claims. Call us at **1-800-624-0756 (TTY: 711)**.

You can also log into [AetnaDental.com](https://www.aetnadental.com) to view our 2022 Medicare Quick Reference Guide, which contains plan benefits and claim submission information. Just look for the purple banner that says "What's New" and click on the guide, or look under the Helpful Links tab.

Thank you for participating with us as a dental provider in our portfolio of products. We value your participation in our network.

Aetna Dental® Medicare Advantage network membership has doubled

What you need to know

As a network dentist, you'll be able to treat all Aetna Dental Medicare Advantage members. You'll be reimbursed according to the PPO fee schedule you have with us even if the member says they have an HMO, DSNP, HMO-POS or PPO plan.

Aetna Dental® Medicare Advantage providers — stay in compliance

Do you know that dentists are considered First Tier, Downstream, and Related entities (FDRs) based on your contract with Aetna®? The Centers for Medicare & Medicaid Services (CMS) requires all FDRs to have an effective compliance program.

What are the requirements?

- Distribute either the [CVS Health Code of Conduct \(PDF\)](#) or your own conduct standards or compliance policies to employees/subcontractors.
- Perform exclusion screenings on employees/subcontractors both prior to hiring or contracting and monthly thereafter to ensure that they are not excluded from participating in federal programs. You must enter the names of your employees/subcontractors into both the [Office of Inspector General](#) site and the [Exclusions page of SAM.gov](#) to determine if any of them are excluded. If any of them are, you must remove them from work related to Aetna Medicare, and you must let Aetna know about the exclusion.

- Have a process in place for employees/subcontractors to report compliance and fraud, waste and abuse issues. If any of those issues affect Aetna, you must report the problem to Aetna. To meet this requirement, you may, for example, display our [reporting poster \(PDF\)](#).
- Oversee any subcontractor that performs services for Aetna to ensure that the subcontractor complies with the CMS compliance program.

How to comply

More details about CMS compliance requirements and how to meet them are outlined in the [FDR Guidebook \(PDF\)](#), which also provides helpful tools that you can use to determine whether you are meeting requirements. If you are not meeting any of these requirements, we encourage you to make corrections to your processes.

Ask questions

[Send us an email message](#) and we can work with you to develop a Corrective Action Plan.

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How to reach us

Phone numbers

National Dentist Hotline

Have a question about the PPO or DMO network, claim status, member eligibility, contact information or DMO® supplies? Call the National Dentist Hotline at **1-800-451-7715 (TTY: 711)**.

Dentist Contracting Hotline

For PPO contract information, call the Dentist Contracting Hotline at **1-800-776-0537 (TTY: 711)**.

Medicare Dentist Hotline

Have a question or need help with our Medicare plans? Please reach out to our dedicated Medicare Provider Services team. They offer personalized customer service and can help you with Medicare eligibility, claims or dental plan benefits questions. Call **1-800-624-0756 (TTY: 711)**.

Web and mailing addresses

On the [Aetna Dental website](#), you can:

- Update your personal information, including your National Provider Identifier (NPI) and email address
- View dental office guides
- Take continuing education courses, and more

Northeast region (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VA, VT, WV)

Aetna Dental
PO Box 14080
Lexington, KY 40512-4080

South region (AL, AR, FL, GA, LA, MS, NC, OK, SC, TN, TX)

Aetna Dental
PO Box 14597
Lexington, KY 40512-4597

West region (AZ, CA, CO, HI, IA, ID, IL, IN, KS, KY, MI, MN, MO, NE, NM, NV, OH, OR, UT, WA, WI)

Aetna Dental
PO Box 10462
Van Nuys, CA 91410

Aetna PPO grievances and appeals

Call the Dentist Contracting Hotline at **1-800-776-0537 (TTY: 711)** for the correct mailing address.

CA Language Assistance Program

For free interpretation services, call **1-800-525-3148 (TTY: 711)**.

Comments and suggestions

Please [send us an email](#) if you have comments or suggestions. We welcome them.

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While this information is believed to be accurate as of the print date, it is subject to change. Refer to [AetnaDental.com](https://www.aetnadental.com) for more information about Aetna® networks.

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