

Spring/Summer 2024

# Dental OfficeLink Updates™



Welcome to the latest edition of Dental OfficeLink Updates (OLU). As always, we provide you with relevant news for your office.



## HIGHLIGHTS IN THIS ISSUE

### [How to use CAQH to get recredentialed](#)

Quality management standards require all Aetna® participating dental care professionals to regularly get recredentialed.

Please take a moment to complete the Council for Affordable Quality Healthcare (CAQH) application online, then send us an email message.

CAQH complies with all state-required credentialing applications.

### [Neurodiversity in dental care](#)

Providing high-quality dental care for patients with autism spectrum disorder (ASD) requires a tailored approach that prioritizes empathy, understanding and specialized techniques.

General dentists are qualified to see patients with ASD. Armed with a few tips and a little training, you and your office staff can treat these patients safely and successfully.

### [Medicare claims, eligibility and support](#)

Our dedicated Medicare Provider Services team offers personalized customer service and can help you with questions about Medicare dental plan claims, eligibility and benefits.

You can also log in to [Aetna Dental](#) to view our 2024 Medicare Quick Reference Guide, which contains plan benefits and claims submission information. Just look for Dental Medicare under the Resources tab.

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## Your practice is our practice

Welcome to the Spring/Summer 2024 edition of the Dental OfficeLink Updates™ (OLU) provider newsletter. This season, we highlight innovative treatment approaches and strategies for patient care, which we hope will inspire fresh ideas and opportunities for renewal and growth.



Our goal is always the same — to equip you with the knowledge and tools needed to elevate your practice and enhance the patient experience.

### Change Healthcare data breach update

Earlier this year, one of our vendors, Change Healthcare, fell victim to a cyberattack. Many of you experienced an interruption in critical services. By taking immediate action, we succeeded in finding other ways for you to get the information you need to keep your business running smoothly. The data breach is now behind us, and our claims volumes have returned to pre-incident levels.

### More Medicare patients for you

We are committed to delivering outstanding experiences and contributing to improved health outcomes for our Medicare Advantage (MA) members. Our Medicare membership has been steadily and significantly growing, showing a 36% increase year over year with continued growth into May 2024.

If you are part of our PPO network, we reimburse your services to MA members at your contracted/negotiated rate. Since that network has over 2.8 million individual and group members, you will likely notice an increase in MA members visiting your office. Be sure to [verify if you are in the network](#).

### Provider portal enhancements

We are listening! Watch for more enhancements to our dental provider portal later this year, including a broader selection of procedure codes and more detailed benefits information. These upgrades will deliver a more comprehensive and user-friendly experience, and they underscore our commitment to continuously improve our digital tools to help support you and the invaluable services you provide. Stay tuned for more details as we get closer to rolling out these changes.

## It's because of you

We cannot overstate our appreciation of your commitment to improve the overall health and well-being of the communities you serve. It is why we are “provider obsessed.” Because of your knowledge, compassion, and dedication to excellence, our network continues to grow and thrive.

We are proud to serve you, and we thank you for choosing us to be your partner in business.



— Chad Cressler  
AVP, Network Management, Dental



## Notices and important reminders

### Reminder: We discontinued upgrades for posterior resin/composite restorations

This reminder applies to percentage-based coinsurance plans and fixed copay plans.

As we announced earlier, effective January 1, 2024, we no longer upgrade posterior resin/composite restorations.\* DMO® plan patients are responsible only for the copayment based on the service performed.

- Coinsurance plans are defined as A-Z and 1-26
- Fixed copay plans are defined as 34-78 and CAM/CMI, CAL/CLI, SLF/SFi

For percentage-based coinsurance plans, we will pay a supplemental benefit to your office for posterior resin/composite restorations as shown below:

CDT code**	Reimbursement amount (paid to you by Aetna)
D2391	\$35
D2392	\$40
D2393	\$50
D2394	\$75

To receive the supplemental payment, you must submit an encounter.

Remember, you cannot collect anything additional from the member except the copayment based on the service performed.

\*For Washington state, the discontinuation became effective on February 1, 2024.

\*\*Current Dental Terminology. CDT® is a registered trademark of the American Dental Association. All rights reserved.

## Don't turn away Nippon Life Benefits members

Nippon Life Benefits members access the Aetna Open Choice® PPO medical network and the Aetna Dental Access® PPO dental network via Aetna Signature Administrators® (ASA) nationally.

Nippon Life Benefits is a long-term partner of Aetna®, offering medical and dental benefits to over 40,000 members across the country. These members have access to in-network discounted care with Aetna PPO medical and dental contracted providers.

### Look for key identifiers on the ID card

- The Nippon Life Benefits logo
- The Aetna logo
- A reference to Aetna Signature Administrators

### How to send claims

Nippon Life Benefits handles all claims processing. Please send all claims electronically to the payer ID listed on the member's ID card or send paper claims to the address listed on the ID card. Don't submit claims directly to Aetna.

### How to verify eligibility

Please check the member's ID card for phone numbers to confirm eligibility and benefits.



## News for you

### The connection between oral health and mental health

The updated Dental Medical Integration (DMI) report discusses the new framework for how to increase coordination of oral health and mental health.

Our own Chief Dental Officer Mary Lee Conicella recently helped the National Council for Mental Wellbeing create a framework for integrating treatments.

The [updated DMI report](#) 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.

### Illinois providers: Coverage for cleft lip and cleft palate under health plans

A new Illinois law, which went into effect on January 1, 2024, requires health plans to cover medically necessary care and treatment of cleft lip and cleft palate for children under age 19.

This law applies only to fully insured plan sponsors and the State Employees Group Insurance Program.

Medically necessary care and treatment to address congenital anomalies associated with a cleft lip and/or palate includes:

- Oral and facial surgery
- Prosthetic treatment
- Orthodontic treatment and management
- Prosthodontic treatment and management
- Otolaryngology treatment and management

Cost share applicable to cleft lip and cleft palate care and treatment may be the same as that imposed on other types of surgical benefits covered under the plan.

#### More information

For more details, read the [full language of the statute](#).

## Questions

If you need assistance with processing your claim, please contact the Aetna Oral Surgery Unit at [1-800-531-7895](tel:1-800-531-7895) (TTY: [711](tel:711)).

## How to use CAQH to get yourself recredentialed

Quality management standards require all Aetna® participating dental care professionals to regularly undergo a recredentiaing process.

### Easily get recredentialed online

We ask that you take the time to complete the Council for Affordable Quality Healthcare (CAQH) application online. CAQH complies with all state-required credentialing applications.

Follow these steps:

1. Go to the [CAQH Provider Data Portal](#) and update it with your most current information (if you do not have a CAQH account, you can either [create an account](#) or access the portal through the ADA website).
2. Ensure that your application is in “Reattestation” or “Initial Application Complete” status.
3. Authorize Aetna to access your information.
4. Upload all supporting documents required: proof of current professional liability insurance and your license and/or DEA.

Once you’ve completed the steps, [send us an email message](#). We will review the information and initiate the recredentiaing process.

Please remember to update your CAQH profile quarterly.

## Help your patients avoid opioids after the removal of impacted wisdom teeth

Aetna® is committed to covering pain-management alternatives.

The Association of Oral and Maxillofacial Surgeons (AAOMS) supports the use of opioid-minimizing pain-management strategies. Options for managing pain after surgery include non-steroidal anti-inflammatories (NSAIDs) and even acetaminophen (Tylenol®).

Another option is [Exparel](#), a non-steroidal drug approved for use in 2012. It’s a slow-release analgesic that is injected into the surgical site to help reduce post-surgical discomfort. It’s

covered under all fully insured Aetna dental plans using CDT code D9613, and it could help your patients rely less on opioids.

## Neurodiversity in dental care

Providing high-quality dental care for patients with autism spectrum disorder (ASD) requires a tailored approach that prioritizes empathy, understanding and specialized techniques.

General dentists are qualified to see patients with ASD. Armed with a few tips and a little training, you and your office staff can treat these patients safely and successfully.

### What to know about patients with ASD

Research shows that children with ASD are more likely to have poor oral health. They have trouble taking care of their teeth because it's hard for them to process sensory experiences.

We want to improve the experience of these members and the outcomes by directing you to helpful resources, such as the NIDCR's [Developmental Disabilities and Oral Health](#) page and HHS's [Practical Oral Care for People with Autism \(PDF\)](#), and to dentists and occupational therapists who have relevant experience.

### Aetna® resources

The Aetna Autism Care Team includes a variety of roles, such as clinical support staff, licensed behavioral health clinicians, and doctorate-level board-certified behavior analysts who are trained in ASD. The team serves as the single point of contact for members and providers.

Those covered by a self-insured Aetna medical plan and/or a self-insured Aetna dental plan, or by an Aetna Individual and Family Plan (IFP) can get an autism care support specialist's help to find providers and resources for caregivers and family by calling [1-866-724-0604 \(TTY: 711\)](tel:1-866-724-0604), option 5.

### How to work with patients with autism

To make the dental visit as successful as possible, the entire office staff should be aware of how to work with patients with an ASD diagnosis.

Individuals with autism can have sensory sensitivities, communication difficulties and anxiety. Here's what to know when working with patients with autism:

- **Effective communication is crucial.** Use clear, simple language and consider visual aids or stories to help explain procedures. It may be helpful to establish a routine and provide clear instructions before beginning any dental treatment.

- **Take note of the sensory environment.** Sensory sensitivities are common in individuals with autism. Be mindful of bright lights, loud noises, strong smells and the tactile sensations associated with dental instruments. Allow the patient to bring comfort items like headphones or sunglasses to help manage sensory overload.
- **Prepare the patient before the visit.** Give the patient some information about what to expect during the dental appointment. This can help reduce anxiety and improve cooperation during the visit.
- **Use visual supports.** Visual aids, such as written schedules, stories, or picture cards, can help patients understand the sequence of events during their dental visit.
- **Consider options for sedation or anesthesia.** Nitrous oxide is not always effective in treating children with ASD. In fact, the [Autism Speaks toolkit for dental professionals](#) recommends Applied Behavior Analysis (ABA) over nitrous oxide or sedation. If sedation is necessary for a patient with ASD, then IV sedation may be more effective than nitrous, and it's covered (either explicitly in the plan or by exception because the patient has a qualifying condition).
- **Create a behavior management plan.** Collaborate with the patient's caregiver or therapist to address any challenging behaviors that may arise during the dental appointment. Positive reinforcement techniques can be effective in encouraging cooperation.
- **Consider scheduling appointments during quieter times to minimize sensory overload.** Allow for breaks during the appointment if needed to help the patient remain calm and comfortable.

## Teledentistry

Teledentistry is another effective way to manage dental patients with ASD. You may be able to use video visits to get the patient comfortable with the dentist first before coming into the office. If you perform an oral evaluation using teledentistry, Aetna covers it just as if it had been performed in-office.

## A team approach

Collaborating with caregivers, parents and support professionals is instrumental in providing comprehensive dental care for patients with autism. By working together as a team, dentists can ensure that the patient's needs are met and that their oral health is effectively managed both during dental visits and at home.

# Answers to your questions about how to handle encounter submissions

## Does the DMO PCD Office need to submit all services to Aetna®?

Yes, you should report encounter data for all services performed to Aetna electronically. If your office uses a paper format, please submit using a standard ADA claim form.

Complete encounter data helps us respond to member inquiries.

## What information should be included with the encounter submission?

You should include a complete list of services, including the applicable CDT® (Current Dental Terminology) procedure codes\* and your office's current usual and customary fee (UCF) for each procedure. Please do not list the member's copayment amount.

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## Medicare

### Aetna® PPO dentists and Aetna Medicare Advantage

[Read on to understand coverage, networks and how to submit claims and confirm eligibility.](#)

Aetna Medicare now has over 2.8 million members with dental coverage.<sup>1</sup>

- About 2.7 million people use the Aetna Dental® PPO network plan.
- About 331,000 people have Medicare Advantage plans that offer dental coverage via direct member reimbursement (DMR). DMR plans do not have a dental network.

### What you need to know

- You can treat all Aetna Dental Medicare Advantage members who are in plans that use the Aetna Dental PPO network.
- Medicare members have a combined dental/medical ID card. So, you may see references to HMO, DSNP, HMO-POS, or PPO.
- For information about coverage, refer to the number in the lower-right-hand corner of the front of the member's ID card (see examples below). Then locate that number in our [Medicare Quick Reference Guide \(PDF\)](#). Use Ctrl-F to open a search box, where you can type in the number.



- Regardless of the medical plan, if the ID card says “Aetna Medicare Dental” in the upper-right-hand corner of the front of the card (see examples above), then the member has a network dental plan. And you’ll be reimbursed according to the PPO fee schedule you have with us.\*
- For our plans offering a DMR, please be sure to give your patient an itemized receipt. It should include your name and address, the date of service, service descriptions and ADA codes, and proof of payment. Members can remit for reimbursement using the [Medicare Reimbursement Form for Individual Medicare Members \(PDF\)](#).

\*The PPO fee schedule does not apply to DMR plans.

<sup>1</sup>All statistics are from a March 2024 internal Medicare reporting table.

## Claims, eligibility and support — we’re here for you

### Claims

Submit claims to the address on the member ID card.

#### By mail

Aetna Medicare  
 PO Box 981106  
 El Paso, TX 79998-1106

#### Electronically

EDI Payer ID: #60054

## Eligibility

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-network plan. In that case, contact us to confirm eligibility.

## Medicare Advantage claims and eligibility

To confirm eligibility for Aetna members with a Medicare Advantage plan, log in to [Aetna Dental](#), select Access Electronic Services, and follow the prompts. Or call us at [1-800-624-0756 \(TTY: 711\)](#). Our dedicated Medicare Provider Services team offers personalized customer service and can help you with questions about Medicare dental plan eligibility, benefits and claims.

You can also log in to [Aetna Dental](#) to view our 2024 Medicare Quick Reference Guide, which contains plan benefits and claims submission information. Just look for Dental Medicare under the Resources tab. We've made numerous improvements to the guide this year, including an interactive map.

## Skip the phone line

You can now save time by skipping the phone line and instead receive a fax with member eligibility. Call us at [1-800-624-0756 \(TTY: 711\)](#), select Coverage and Benefits, and follow the prompts. You will receive the member's plan status, effective date, original effective date with Aetna and group information.

## Improvements on the way

Check back soon for additional enhancements such as the ability to enter ADA procedure codes. Our teams are constantly working to enhance the provider experience.

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

## Aetna Dental® Medicare Advantage providers — stay in compliance

[CMS requires you to have a compliance program. Read on to understand the requirements and how to comply with them.](#)

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 notify Aetna 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 \(PDF\)](#).
- Do you conduct offshore business? Submit this [Offshore Services Attestation form](#) to our compliance team. 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 includes helpful tools, such as a self-check list, 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.

## Three new dental plans now available to our Virginia DSNP members

[We've joined forces with DentaQuest.](#)

## Yearly maximums

The chart below shows the high yearly maximums for these plans:

Dental plan name	Annual allowance	Contract	PBP
Aetna Better Health of Virginia (HMO DSNP)	\$3,000	H1610	001
Aetna Medicare Assure Premier (HMO DSNP)	\$3,000	H1610	002

Aetna Medicare Assure Value (HMO DSNP)	\$2,000	H1610	003
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**Benefits and eligibility**

Contact the number on the back of the card. The number is [1-855-463-0933 \(TTY: 711\)](tel:1-855-463-0933).



**Claims submission**

Mail claims to:

DentaQuest — Claims  
 PO Box 2906  
 Milwaukee, WI 53201-2906

You can also send claims electronically via the [DentaQuest provider web portal](#) or via clearinghouse (payer ID CX014). Please include the mailing address above on electronic claims.

**How to join the DentaQuest network**

If you would like to treat Virginia DSNP members, just complete the [provider enrollment form](#).



## How to reach us

### Phone numbers

#### **National Dentist Hotline**

Have a question about the PPO or DMO network, claim status or member eligibility? Call the National Dentist Hotline at [1-800-451-7715 \(TTY: 711\)](tel:1-800-451-7715).

#### **Dentist Contracting Hotline**

For PPO contract information or DMO® supplies, call the Dentist Contracting Hotline at [1-800-776-0537 \(TTY: 711\)](tel:1-800-776-0537).

#### **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 \(TTY: 711\)](tel:1-800-624-0756).

### 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

#### **Claims address:**

Aetna Dental  
PO Box 14094  
Lexington, KY 40512

### Aetna PPO grievances and appeals

Call the National Dentist Hotline at [1-800-451-7715 \(TTY: 711\)](tel:1-800-451-7715).

## California Language Assistance Program

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

Grievance forms and procedures are available in Spanish on [Aetna Dental](#). You can find additional information about our Language Assistance Program on [Aetna Dental](#).

## 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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