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

We’ve enhanced the dental portal

Our new user-friendly, provider-centered improvements can help minimize and optimize daily tasks.

Improvements include:

- Easier navigation
- An expanded benefits search function
- An expanded code search function

Find out more about how to better use DentalXChange.

Prophylactic antibiotics for patients with prosthetic joints

According to the American Journal of Preventive Medicine, prophylactic antibiotics are not recommended for patients who have prosthetic joint implants and who will be undergoing dental procedures.

Consult the ADA clinical recommendation guide (PDF) to help you manage these patients.

Truist Financial moves its coverage solely to Aetna®

Starting January 1, Truist employees and their family members will have coverage solely through Aetna Dental DMO® and PPO plans.

This integration into our network widens your reach to more members in your community.

Top employee locations are North Carolina, Georgia, Florida, Virginia, South Carolina and Tennessee.
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A NOTE FROM CHAD CRESSLER

Keeping your dental practice at its best

The autumn season not only brings cooler weather and falling leaves but also signals the start of open enrollment for the upcoming year. We are thrilled to introduce one of our newest clients, Truist Financial, which has joined our client base effective, January 1, 2024. This expansion further solidifies our commitment to delivering exceptional dental care to an even broader community.

Quick and accurate claims payments

To ensure that we can continue to process claims swiftly and accurately, we kindly request that you tell us about any tax ID changes. Keeping us updated will help avoid any disruptions in claims processing and maintain the smooth operation of your practice.

Portal improvements

Our dedication to enhancing your experience with us continues unabated. We’re making improvements to our provider portal, and around this time next year, you’ll find streamlined administrative tasks, simplified billing processes and a more user-friendly platform. Your feedback has been invaluable in shaping these improvements, and we are committed to delivering a portal that truly meets your needs.

Our heartfelt thanks

We want to express our deepest gratitude to each one of you for choosing to be part of our network. It is your dedication that makes our network strong, and we are committed to giving you excellent service.

— Chad Cressler
AVP, Network Management, Dental
Maine providers: You must provide certain dental services for cancer patients

A new Maine law, which goes into effect on January 1, 2024, states that health insurance carriers must cover, when medically necessary, certain dental services for plan enrollees who have been diagnosed with cancer. This law applies only to fully insured plan sponsors.

Oral care providers, including dentists and oral surgeons, should submit claims as they normally do and include a cancer diagnosis.

More details

For the full language of the statute, see 24-A MRSA Section 4320-S, coverage for dental services for cancer patients.

Questions

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

News for you

We’ve enhanced the dental portal

Improvements include easier navigation, an expanded benefits search function and an expanded code search function.

Our new user-friendly, provider-centered improvements can help minimize and optimize your daily tasks. Some of the new features include:

- Improved navigation on the Aetna Dental page, allowing you to quickly get where you need to be to check eligibility, submit claims, check claim status and more
- An expanded benefits search function on DentalXChange, which now returns the 10 most common ADA codes for the general benefits search option
- A maximized single-category search option on DentalXChange, which now returns the 10 most common ADA codes for each category
• An expanded procedure code search on DentalXChange, which now returns 10 ADA codes with a drop-down list and description

We thank you for participating with us

We value your partnership in caring for our members. That’s why we’re working hard to make your experience with us a top priority.

Are prophylactic antibiotics still recommended for dental patients with prosthetic joints?

Our internal claims data suggest that almost 20% of Aetna® members with hip or knee replacements receive antibiotic prescriptions associated with dental visits. The data also show that dentists are the highest prescribers of these antibiotics.

However, according to the American Journal of Preventive Medicine, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures.1

To help with clinical decision support, the American Dental Association published an informative clinical recommendation guide to help dentists manage patients who have prosthetic joints and who will be undergoing dental procedures.2


We help take the complexity out of oral surgery coverage and claims

Get in touch with our dedicated teams if you need help verifying coverage or ensuring that claims are correctly processed.

Oral surgery claims can often be confusing. Aetna’s Oral Surgery Unit consists of two dedicated teams that work together to help make oral surgery benefits easier to understand and administer.

• The Oral and Maxillofacial Surgery Patient Management team consists of board-certified oral and maxillofacial surgeons and nurses who clinically review services on the national precertification list.
• The Oral Surgery Center of Excellence (OSCoE) is a specialized team that handles oral surgery calls and claims.

Our dedicated OSCoE team is trained on both dental and medical traditional plans. This ensures that claims are correctly applied against a member’s medical or dental coverage. As a result, less than 1% of the 300,000 oral surgery claims that OSCoE processes annually require rework.

Questions?

We’re here to help you understand and verify coverage and to help ensure that claims are processed correctly.

All questions regarding oral surgery should be directed to our dedicated unit at 1-800-531-7895 (TTY: 711).

We’re joining forces with Truist Financial

Truist Financial is moving its dental coverage solely to Aetna®.

What does this mean for you?

This partnership represents a transformative opportunity for our valued providers. Truist’s integration into our network brings an exciting chapter of expansion, widening your reach to more members in your community.

Highlights

Beginning January 1, 2024, Truist Financial employees and their family members will have dental coverage solely through Aetna Dental DMO® and PPO plans.

About these plans:

• They have 70,000+ DPPO members and 15,000+ DMO members¹
• The top employee locations (from highest level of employees to the lowest) are North Carolina, Georgia, Florida, Virginia, South Carolina and Tennessee

You help us pioneer dental excellence

Thank you for being an integral part of our network. Your participation is instrumental in making this vision a reality, and we look forward to the positive impact it will bring to your practice.

¹Truist Financial internal data.
Keep your information updated to help with your daily transactions
It's important to keep your information, including your tax ID, up to date to ensure smooth transactions and efficient communication.

Benefits of updating your tax ID

- **Accurate claims processing**: Claims get processed accurately, reducing potential payment delays or denials.
- **Compliance**: You stay compliant with Aetna’s provider requirements.
- **Efficient communication**: We can easily communicate with you.
- **Provider network integrity**: Members get all the information they need.

Fortunately, the process of updating your tax ID is straightforward and hassle-free.

Follow these steps to update your tax ID and more

1. **Gather necessary information**: Before starting the process, make sure you have all the necessary documents and information at hand. These typically include your updated tax ID, legal business name and any supporting documentation such as your W-9.
2. **Log in to the Aetna® provider portal**: Go to Aetna Dental and log in. The portal is your gateway to managing your office information. If you haven’t already, register for an account to access the portal.
3. **Access Aetna dental forms**: Once you have logged in, click the drop-down menu under “Working with Us” and select “Aetna Dental Forms.”
4. **Select “Office Information Update Forms”**: Here you can find forms to add additional locations and associates. You can also update your basic office information such as tax ID, office and billing address, and office name. You can also submit an ownership change if the practice has been sold to a new entity.
5. **Change Request Form**: To update your tax ID, select the “Change Request: TIN/Address/Name/Billing Address” form. In the provided fields, put in your new tax ID. Ensure that the information is accurate and matches your official documentation.
6. **Submit supporting documentation**: Some changes may require supporting documentation, such as a W-9 form. Be prepared to upload these files if necessary.
7. **Review and confirm**: Carefully review the changes you’ve made to ensure accuracy. Once you’re satisfied, submit the update.
8. **Verification and approval**: Once submitted, you will receive a confirmation email. Aetna will review the changes and verify the information provided. This process typically takes a short period, and you will be notified of the update’s approval.
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 1.9 million members with dental coverage.¹ In 2024:

- About 1.7 million people use the Aetna Dental® PPO network plan.
- About 286,000 people are on 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.
- Regardless of the medical plan, if the ID card says “Aetna Medicare Dental” in the upper-right-hand corner (see examples below), 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 Medical Claim Reimbursement Form (PDF).

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

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-network plan. In that case, contact us to confirm eligibility.
To confirm eligibility for Aetna members who have a Medicare plan, call us at 1-800-624-0756 (TTY: 711) or log in to Aetna Dental, select Access Electronic Services, and follow the prompts.

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

More information

You can also log into 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.

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

1All statistics from an October 2023 internal Medicare reporting table.

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 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.

**Treating Minnesota Medicare members with dental coverage through Allina Health | Aetna**

*Find out what the Total Choice dental benefit is and how it works.*

Allina Health | Aetna Medicare Advantage plans include a Total Choice dental benefit. Aetna Dental® and Allina Health teamed up to offer this benefit to our Medicare members.

**How it works**

As a participating dentist in the Aetna Dental network, you are in network for all Allina Health | Aetna Medicare Advantage members.

• We reimburse according to your contracted Aetna® PPO fee schedule.
• This Aetna Dental plan offers both preventive and comprehensive care at 100% coverage up to an annual maximum amount.
• There is no member copay.
• An Aetna Dental PPO network provider must render covered services.

**Limitations and exclusions**

There are no waiting periods for covered services. Coverage is limited to services associated with an ADA/CDT code.* And these services are not covered:

• Services related to teeth whitening
• Late or missed appointment penalties or fees
• Copying or duplicating records
• Sales tax
2024 member ID card

Allina Health | Aetna Medicare members have a single card with combined medical and dental IDs. Below is an example of the ID card the member will present.

![ID Card Example]

Submitting a claim

To give your patients the best experience possible, please ask them to present their card every time they visit your office. Submit the claim on their behalf either by mail or electronically using the information shown below. Any balance remaining after discounts and payments have been applied should be billed directly to the patient.

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

**Electronically**
EDI Payer ID: #54935

If the patient pays up front and is charged the out-of-network rate, keep in mind that you will be responsible for reimbursing the difference directly to the patient.

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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).**
Dentist Contracting Hotline

For PPO contract information or DMO® supplies, 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 Aetna Dental, 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).

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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Aetna® does not assume any liability in connection with the use or implementation of any techniques, policies or procedures discussed in this newsletter.

While this information is believed to be accurate as of the print date, it is subject to change. Refer to Aetna Dental for more information about Aetna® networks.

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