

APPENDIX: PLAN SPECIFICS

2023 MEDICARE DENTAL BENEFITS:

All Ascension Complete Health Plans – AL, FL, IL, IN, KS, MI, TN, TX

The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

Envolve Dental has partnered with Ascension Complete Medicare Advantage health plans across the country to administer preventive and comprehensive dental benefits for Medicare-eligible members.

MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual member benefits and eligibility, access Envolve Dental's Provider Web Portal (envolvedental.com/logon)
- You may also call Customer Service to reach Envolve Dental's automated member eligibility-verification system or a team member

COVERED DENTAL SERVICES AND CODES

For a summary of Medicare dental benefits, view the Medicare Benefit Summary Tool at envolvedental.com/benefits. For more detailed coverage and coding information, please use the Dental Code Search online tool at envolvedental.com/cdt. Note that dental codes listed as preventive do not count towards the plan's benefit maximum.

Envolve Dental does not process pre-determinations of coverage. Please proceed with care as set out in the member's Evidence of Coverage and the benefit limitations outlined in the code search tool. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

DENTAL CLINICAL POLICIES

In conjunction with the benefit codes and information found online, please be sure to review Envolve Dental's clinical policy guidelines and criteria found on the [Provider Web Portal](https://envolvedental.com/logon) or envolvedental.com/policies prior to providing services. These policies also include listings of required documentation to support your submissions.

Envolve Dental considers all benefits and applies clinical standards to them, explicitly outlining for providers what conditions must be present for the covered benefits to apply. Providers should measure intended services to the clinical criteria before treatment begins to assure proposed services meet medical necessity and appropriateness of care criteria. To view requirements by covered code, visit envolvedental.com/cdt. Please maintain medical necessity documentation in the members' chart/progress notes to support services provided.

NEW FOR 2023: PRIOR AUTHORIZATION REQUIREMENTS

Certain Medicare dental benefits require authorization prior to the service being rendered. Claims filed for these services submitted without prior authorization will deny and require claim reconsideration or appeal for payment consideration. To find out if a planned service requires prior authorization, please visit envolvedental.com/cdt.

When possible, standard authorization requests should be received at least 15 calendar days in advance of treatment date via:

- Envolve Dental Provider Web Portal at envolvedental.com/logon

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- Electronic clearinghouses, using Envolve Dental payor ID number 46278
- Alternate, pre-arranged, HIPAA-compliant electronic files
- Paper submissions mailed to:
 - Envolve Dental Medicare Authorizations
 - PO Box 23768
 - Tampa, FL 33623-3768
 - Must be submitted on a current 2019 or later ADA original claim form
 - Copies, handwritten or faxed forms are not accepted

For urgent requests, submit your authorization request and notate “Expedited Request” in the Envolve Provider Web Portal or on your clearinghouse or paper submission. Members may receive an expedited/fast decision when life, health or ability to regain function may be jeopardized. In an emergency, a provider should not wait for prior authorization to provide treatment to the member.

Please Note: Expedited requests not meeting urgent medical standards or lacking sufficient information for fast decision may be downgraded by Envolve to standard processing times.

Prior authorization decisions for non-urgent services shall be made within 14 calendar days. An extension may be granted if the member, provider, or Envolve Dental justifies the need for additional information and the extension is in the member’s interest based on regulatory guidelines.

CLAIM SUBMISSION

The Medicare timely filing requirement is one calendar year from the date of service; this includes resubmission of corrected claims that were not able to be processed. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers when billing for dental services.

Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: envolvedental.com/logon
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper submissions mailed to:
 - Envolve Dental Medicare Claims
 - PO Box 23768
 - Tampa, FL 33623-3768
 - Must be submitted on a current 2019 or later ADA original claim form
 - Copies, handwritten or faxed forms are not accepted

Billing for Crowns and Dentures

The billed date of service for crowns is the final cementation date; for dentures, the insertions date; and for root canals, the final fill date.

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RECONSIDERATIONS & APPEALS

All Medicare appeals or claim reconsiderations must be received within 60 days of the date of the Explanation of Payment (EOP) or Integrated Denial Notice (IDN). Submissions must include documentation of the original claim or remittance notification showing the denial, any clinical records, and other documentation that supports the provider's argument for reimbursement. Please call Provider Customer Service with any questions.

Medicare Pre-Service Appeals

For denied prior authorizations, a provider may submit an appeal on behalf of the member to the member's health plan. Applicable member appeal addresses are noted below.

Medicare Claims Reconsiderations

Providers who are contracted with Envolve (or United Concordia) do not have Medicare appeal rights; however, Envolve has a reconsideration process for review of any contracted provider claim issues. To request a reconsideration of a Medicare claim, providers should mail the documentation listed above as indicated below.

Medicare Provider Appeals

Providers who are not contracted with Envolve (or United Concordia) have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation mailed to the applicable address as indicated below.

Provider Claim Appeals - Medicare <i>Non-Contracted Providers Only</i>	Member Appeals - Medicare	Provider Claims Reconsiderations - Medicare <i>Contracted Providers Only</i>
Ascension Complete Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Ascension Complete Member Appeals and Grievances 7700 Forsyth Blvd. St. Louis, MO 63105	Envolv Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768

Upon receipt of all required documentation, Envolve has up to 30 calendar days for clean claims or 60 calendar days for non-clean claims to review the appeal for medical necessity and/or conformity to Envolve guidelines and to render a decision to reverse or affirm.

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ENVOLVE DENTAL HELP AT A GLANCE	
<p>SECURE PROVIDER WEB PORTAL (PWP) envolvedental.com/logon</p> <ul style="list-style-type: none"> • Verify member benefits and eligibility • Submit prior authorization requests • File claims and review claim status • Download, research, and reprint EOPs • Access important provider information <ul style="list-style-type: none"> ○ Covered dental codes and details ○ Clinical policy guidelines ○ Documentation to support claims ○ Provider manual, training, bulletins 	<p>ENVOLVE DENTAL PUBLIC WEBSITE envolvedental.com</p> <ul style="list-style-type: none"> • Provider Training Resources • Customer Service Contact Numbers • Update provider forms, including: <ul style="list-style-type: none"> ○ Electronic Funds Transfers (EFT) ○ Disclosure of Ownership (DOO) ○ Credentialing documents • Read timely provider news and newsletters • Medicare Benefit Summary at envolvedental.com/benefits • Covered dental codes and details at envolvedental.com/cdt. • Member ID Card examples at envolvedental.com/mystate
<p>MEDICARE CLINICAL REFERENCE GUIDE <i>New!</i> Please see the <i>Medicare Clinical Reference Guide</i> on envolvedental.com for medical necessity and documentation requirements for the most frequently identified dental procedures requiring prior authorization review.</p>	<p>ENVOLVE DENTAL CLINICAL POLICIES <i>New!</i> Now you can find our dental clinical policies posted online at envolvedental.com/policies, in addition to the PWP.</p>
<p>CONTACT INFORMATION</p> <p>Please refer to <i>Ascension Complete Key Contacts</i> for dental customer service phone numbers as well as prior authorizations, claims and appeals addresses applicable to each state and product.</p>	

Involve Dental 2023 Medicare Key Contacts
Ascension Complete Health Plans

Ascension **Complete**

State	Involve Dental Provider Customer Service	Health Plan Member Customer Service	Medicare Claims Reconsiderations PO Box	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Member Appeals PO Box
AL	833-993-2104	833-623-0771 D-SNP: 833-542-1677	Involve Dental Medicare Claims PO Box 23768 Tampa, FL 33623-3768	Ascension Complete Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Ascension Complete Attn: Member Appeals and Grievances 7700 Forsyth Blvd. St. Louis, MO 63105
FL	833-910-0117	833-603-2971 D-SNP: 833-542-1676			
IL	833-910-0117	833-293-5966			
IN	833-330-0797	833-525-0824 D-SNP: 833-542-1679			
KS	833-910-0117	833-816-6623			
MI	833-905-2671	833-431-1356 D-SNP: 833-542-1678			
TN	833-410-0381	833-906-2876			
TX	833-993-2104	833-705-1358			