



## 2023 MEDICARE DENTAL BENEFITS: Wellcare Health Plans – AL, AZ, FL, GA, IN, KS, LA, MA, ME, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, SC, TN, TX, WA

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 Wellcare 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 (<u>envolvedental.com/logon</u>)
- 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 <u>envolvedental.com/benefits</u>. For more detailed coverage and coding information, please use the Dental Code Search online tool at <u>envolvedental.com/cdt</u>. 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 <u>Provider Web Portal</u> (PWP) or <u>envolvedental.com/policies</u> 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 <u>envolvedental.com/cdt</u>. Please maintain medical necessity documentation in the members' chart/progress notes to support services provided.

## 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 <u>envolvedental.com/cdt</u>.



### **APPENDIX: PLAN SPECIFICS**



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 <u>envolvedental.com/logon</u>
- 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
  - o Must be submitted on a current 2019 or later ADA original claim form
  - o 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: <u>envolvedental.com/logon</u>
- 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
- o Copies, handwritten or faxed forms are not accepted



#### **APPENDIX: PLAN SPECIFICS**



## **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.

## **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 notification showing the denial, any clinical records, and other documentation that supports the provider's request for reimbursement or coverage. 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

Contracted providers 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

Non-contracted providers have Medicare appeal rights. Request for appeals must be accompanied by a Waiver of Liability (WOL) form, along with the above documentation and mailed to the applicable address as indicated below.

Health Plan	Provider Claim Appeals – Medicare Only Non-Contracted Providers	Member Appeals – Medicare Only	Provider Claims Reconsiderations – Medicare Only	
	Only		Contracted Providers Only	
Wellcare	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Wellcare Member Appeals P.O. Box 31368 Tampa, FL 33631-3368	Envolve Dental Medicare Claims	
Wellcare By Allwell, Wellcare By Trillium or Wellcare By Health Net	Ilcare By Trillium or P.O. Box 3060		PO Box 23768 Tampa, FL 33623-3768	



**APPENDIX: PLAN SPECIFICS** 



ENVOLVE DENTAL HELP AT A GLANCE				
<ul> <li>SECURE PROVIDER WEB PORTAL (PWP) envolvedental.com/logon</li> <li>Verify member benefits and eligibility</li> <li>Submit prior authorization requests</li> <li>File claims and review claim status</li> <li>Download, research, and reprint EOPs</li> <li>Access important provider information <ul> <li>Covered dental codes and details</li> <li>Clinical policy guidelines</li> <li>Documentation to support claims</li> <li>Provider manual, training, bulletins</li> </ul> </li> </ul>	<ul> <li>ENVOLVE DENTAL PUBLIC WEBSITE envolvedental.com</li> <li>Provider Training Resources</li> <li>Customer Service Contact Numbers</li> <li>Update provider forms, including:         <ul> <li>Electronic Funds Transfers (EFT)</li> <li>Disclosure of Ownership (DOO)</li> <li>Credentialing documents</li> </ul> </li> <li>Read timely provider news and newsletters</li> <li>Medicare Benefit Summary at envolvedental.com/benefits</li> <li>Covered dental codes and details at envolvedental.com/cdt.</li> <li>Member ID Card examples at envolvedental.com/mystate</li> </ul>			
<b>MEDICARE CLINICAL REFERENCE GUIDE</b> <i>New!</i> Please see the <i>Medicare Clinical Reference</i> <i>Guide</i> on <u>envolvedental.com</u> for medical necessity and documentation requirements for the most frequently identified dental procedures requiring prior authorization review.	<b>ENVOLVE DENTAL CLINICAL POLICIES</b> <i>New!</i> Now you can find our dental clinical policies posted online at <u>envolvedental.com/policies</u> , in addition to the PWP.			
<b>CONTACT INFORMATION</b> Please refer to <i>Wellcare Key Contacts</i> for dental customer service phone numbers as well as prior				

authorizations, claims and appeals addresses applicable to each state and product.

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, and Trillium Advantage transitioned to the newly refreshed Wellcare brand.



By Allwell By Health Net By Trillium Advantage

# Envolve Dental 2023 Medicare Key Contacts Wellcare Health Plans



State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations, Claims, Claim Reconsiderations PO Box (All Providers)
AL	Wellcare	(833) 464-1719	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
AZ	Wellcare and Wellcare By Allwell	(844) 876-2028	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
FL	Wellcare	(888) 983-4691	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
GA	Wellcare	(844) 464-5632	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
IN	Wellcare By Allwell	(855) 609-5157	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
KS	Wellcare By Allwell	(855) 434-9245	Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Envolve Dental Medicare PO Box 23768 Tampa, FL 33623-3768
LA	Wellcare and Wellcare By Allwell	(844) 342-5582	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
MA	Wellcare	(833) 408-2624	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
ME	Wellcare	(833) 393-1623	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
MO	Wellcare and Wellcare By Allwell	(855) 434-9240	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
MS	Wellcare and	(844) 464-5636	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	

State	Health Plan	Envolve Dental	Medicare Provider Appeals	Medicare Dental
		Provider AND	PO Box (Non-contracted providers only)	Prior Authorizations,
		Member Customer Service		Claims, Claim Reconsiderations
		Service		PO Box (All Providers)
NC	Wellcare	(833) 813-0532	Wellcare Provider Appeals	
			P.O. Box 31368	
		(000) 005 0704	Tampa, FL 33631-3368	
NE	Wellcare	(833) 605-2784	Wellcare Provider Appeals P.O. Box 31368	
			Tampa, FL 33631-3368	
NH	Wellcare	(833) 795-0256	Wellcare Provider Appeals	
			P.O. Box 31368	
		(000) 504 4004	Tampa, FL 33631-3368	
NJ	Wellcare	(833) 561-1321	Wellcare Provider Appeals	
			P.O. Box 31368 Tampa, FL 33631-3368	
NM	Wellcare By	(844) 732-3046	Wellcare By Allwell Provider Appeals	
	Allwell		Medicare Operations	
			P.O. Box 3060	
NIN /		(000) 005 0070	Farmington, MO 63640-3822	
NV	Wellcare By Allwell	(833) 605-6279	Wellcare By Allwell Provider Appeals Medicare Operations	
	Anwen		P.O. Box 3060	
			Farmington, MO 63640-3822	
OH	Wellcare By	(844) 464-5634	Wellcare By Allwell Provider Appeals	
	Allwell		Medicare Operations	Envolve Dental Medicare
			P.O. Box 3060	PO Box 23768
ОК	Wellcare	(833) 755-0120	Farmington, MO 63640-3822 Wellcare Provider Appeals	Tampa, FL 33623-3768
ON	Wencare	(000) 700-0120	P.O. Box 31368	
			Tampa, FL 33631-3368	
OR	Wellcare By	(833) 447-0693	Wellcare By Trillium Provider Appeals	
I	Trillium		Medicare Operations	
I			P.O. Box 3060 Farmington, MO 63640-3822	
			Wellcare By Health Net Provider Appeals	
I	Wellcare By		Medicare Operations	
	Health Net		P.O. Box 3060	
			Farmington, MO 63640-3822	
PA	Wellcare By Allwell	(844) 524-8255	Wellcare By Allwell Provider Appeals	
	Allwell		Medicare Operations P.O. Box 3060	
			Farmington, MO 63640-3822	
SC	Wellcare and	(844) 617-2618	Wellcare Provider Appeals	
			P.O. Box 31368	
			Tampa, FL 33631-3368	
	Wellcare By Allwell		Wellcare By Allwell Provider Appeals Medicare Operations	
			P.O. Box 3060	
			Farmington, MO 63640-3822	
TN	Wellcare	(833) 692-0219	Wellcare Provider Appeals	
			P.O. Box 31368	
тх	Wellcare and	(855) 586-1417	Tampa, FL 33631-3368 Wellcare Provider Appeals	
		(000) 000-1417	P.O. Box 31368	
			Tampa, FL 33631-3368	
	Wellcare By		Wellcare By Allwell Provider Appeals	
	Allwell		Medicare Operations	
			P.O. Box 3060	
			Farmington, MO 63640-3822	

State	Health Plan	Envolve Dental Provider AND Member Customer Service	Medicare Provider Appeals PO Box (Non-contracted providers only)	Medicare Dental Prior Authorizations, Claims, Claim Reconsiderations PO Box (All Providers)
WA	Wellcare and Wellcare By	(844) 826-8890	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368 Wellcare By Allwell Provider Appeals	Envolve Dental Medicare PO Box 23768 Tampa, FL 33623-3768
	Health Net		Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	