

## **2024 MEDICARE DENTAL BENEFITS: Wellcare Health Plans – MA, ME, MO, NC, NE, NH**

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 in six states to administer preventive and comprehensive dental benefits for Medicare-eligible members in 2024.

### **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](https://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](https://envolvedental.com/benefits). For more detailed coverage and coding information, please use the Dental Code Search online tool at [envolvedental.com/cdt](https://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](#) (PWP) or [envolvedental.com/policies](https://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](https://envolvedental.com/cdt). 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 [envolvedental.com/cdt](https://envolvedental.com/cdt).

**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 [envolvedental.com/logon](https://envolvedental.com/logon)
- 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 note “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. For emergencies without prior authorization, please contact Customer Service for claim submission instructions within two business days of rendering emergency care.

**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](https://envolvedental.com/logon)
- Electronic clearinghouses using Envolve Dental payor ID number 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.

**APPENDIX: PLAN SPECIFICS**

**Billing for Crowns, Dentures, and Root Canals**

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 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 participate or 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 or participating 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 and mailed to the applicable address as indicated below.

Health Plan	Medicare Provider Claim Appeals	Medicare Member Appeals	Medicare Provider Claims Reconsiderations
	<b>Non-Participating (Non-Par) Providers Only</b>		<b>Participating (Par) Providers Only</b>
<b>Wellcare</b>	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 PO Box 23768 Tampa, FL 33623-3768
<b>Wellcare By Allwell (MO only)</b>	Grievance and Appeals – Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	Appeals and Grievances Medicare Operations 7700 Forsyth Blvd. St. Louis, MO 63105	

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 render a decision to reverse or uphold denial.



### WELLCARE SPENDABLES™ CARD

- Wellcare Spendables card is a prepaid Visa debit card that may be used to cover part of members' out-of-pocket expenses at a dental, vision or hearing provider that accepts Visa.
- Transactions will only be approved for providers with dental, vision, and hearing merchant category codes 8021, 8042, 8043 or 5975.
- Provider should check the card balance before processing by:
  - Calling Spendables support at 855-744-8550.
  - Checking online at [HealthyBenefitsPlus.com](https://HealthyBenefitsPlus.com).

*(continued on next page)*

**APPENDIX: PLAN SPECIFICS**

<b>ENVOLVE DENTAL HELP AT A GLANCE</b>	
<p><b>SECURE PROVIDER WEB PORTAL (PWP)</b> <a href="http://envolvedental.com/login">envolvedental.com/login</a></p> <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>	<p><b>ENVOLVE DENTAL PUBLIC WEBSITE</b> <a href="http://envolvedental.com">envolvedental.com</a></p> <ul style="list-style-type: none"> <li>• Provider Training Resources</li> <li>• Customer Service Contact Numbers</li> <li>• Update provider forms, including:                             <ul style="list-style-type: none"> <li>○ Electronic Funds Transfers (EFT)</li> <li>○ Disclosure of Ownership (DOO)</li> <li>○ Credentialing documents</li> </ul> </li> <li>• Medicare Benefit Summary at <a href="http://envolvedental.com/benefits">envolvedental.com/benefits</a></li> <li>• Covered dental codes and details at <a href="http://envolvedental.com/cdt">envolvedental.com/cdt</a>.</li> <li>• Member ID Card examples at <a href="http://envolvedental.com/mystate">envolvedental.com/mystate</a></li> </ul>
<p><b>MEDICARE CLINICAL REFERENCE GUIDE</b> See the <i>Medicare Clinical Reference Guide</i> on <a href="http://envolvedental.com">envolvedental.com</a> for medical necessity and documentation requirements for frequently identified procedures requiring prior authorization review.</p>	<p><b>ENVOLVE DENTAL CLINICAL POLICIES</b> Now you can find our dental clinical policies posted online at <a href="http://envolvedental.com/policies">envolvedental.com/policies</a>, in addition to the PWP.</p>

<b>ENVOLVE DENTAL MEDICARE KEY CONTACTS</b>				
State	Health Plan	Customer Service (Provider & Member)	Medicare Provider Appeals PO Box (Non-par providers only)	Medicare Dental Prior Authorizations, Claims, Claim Reconsiderations PO Box (All Providers)
<b>MA</b>	<b>Wellcare</b>	833-408-2624	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	Envolve Dental Medicare PO Box 23768 Tampa, FL 33623-3768
<b>ME</b>	<b>Wellcare</b>	833-393-1623	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
<b>MO</b>	<b>Wellcare</b>	855-434-9240	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
	<b>Wellcare By Allwell</b>		Wellcare By Allwell Provider Appeals Medicare Operations P.O. Box 3060 Farmington, MO 63640-3822	
<b>NC</b>	<b>Wellcare</b>	833-813-0532	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
<b>NE</b>	<b>Wellcare</b>	833-605-2784	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	
<b>NH</b>	<b>Wellcare</b>	833-795-0256	Wellcare Provider Appeals P.O. Box 31368 Tampa, FL 33631-3368	