California Dental Network

A DentaQuest company

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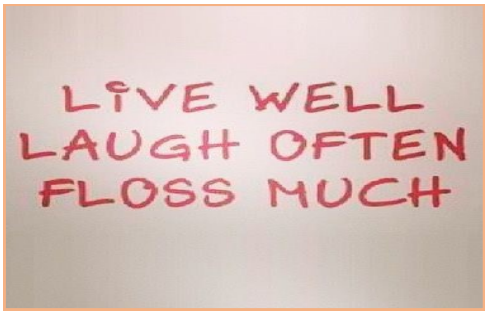
NEWSLETTER FOR DENTAL PROVIDERS

Has your Malpractice Insurance Been Renewed?

California Dental requires that ALL contracted providers have a copy of their CURRENT malpractice insurance on file with the Plan. If your insurance has recently been renewed, or you are not sure if the Plan has a copy of your current policy information, please fax your current policy information to:

Provider Services at: 949-309-2674



COORDINATION OF BENEFITS

In the event a Member is covered under another plan or policy which provides coverage, benefits or services (plan) that are covered benefits under this plan, then the benefits of this plan shall be coordinated with the other plan. The "Coordination of Benefits" determine which plan is primary and which is secondary under various circumstances. Generally, they result in a group plan being primary over an individual plan and that a plan covering the Member as a subscriber is primary over a plan covering the member as a dependent. Typically, Coordination of Benefits will result in the following:

- IF THE OTHER COVERAGE IS A GROUP INDEMNITY OR PPO

  If the group is indemnity/PPO coverage is primary, the provider will bill the indemnity/PPO carrier for the UCR and the Member will charge the co-payments under the secondary plan less the amount received from the primary coverage.

  If the group indemnity/PPO coverage is secondary, the provider will bill the carrier for the amount of the co-payments under the primary plan, and the Member will be responsible for The co-payments under the primary plan less amount paid by the secondary carrier.

- IF THE OTHER COVERAGE IS A PREPAID PLAN

  If the provider participates in both plans, the Member should be charged the lower co-payment (s) of the two plans.

  If the provider does not participate in both plans, the plan that the provider participates in will be primary, and the other plan will typically deny coverage because the Member received services for a non-participating provider.

Members may not receive benefits for more than their out of pocket costs for the services provided as a result of Coordination of Benefits. A copy of the Coordination of Benefits may be obtained from California Dental Network.

Are Bridges and Implants Covered Benefits?

Generally the covered benefit to replace missing teeth is a removable partial denture. A fixed bridge is the covered benefit when replacing a defective bridge that has the same abutments and replaces the same teeth as the original bridge, and when no other teeth in the same arch must be replaced to restore arch integrity. (Arch integrity can be by existing sound prosthesis. Example: Member has a defective 4-unit anterior fixed bridge and also has a sound existing partial denture replacing 5 posterior teeth– the covered benefit is a new 4-unit bridge). A 3-unit fixed bridge is also the covered benefit for initial replacement of a single missing tooth, where appropriate abutment teeth are available. Covered fixed bridgework has no frequency or age limit.

Plans with implant coverage—an implant to replace a single missing tooth shall be considered the covered benefit. Implants to replace multiple missing teeth would be considered an upgrade and subject to the upgrade calculations. When there are multiple missing teeth the covered benefit is a partial denture. Implant supported bridges are a covered benefit when replacing existing implant supported bridges with the same number of abutments and prosthetics.

Please contact Provider Services if you have any questions.

Keep a watch out for the new Provider Portal...

Just a reminder.

All bases, liners, adhesives, and desensitizing agents (ex. Gluma®), including amalgam and composite bonding agents, are included in the cost of the restoration (fillings, inlays, onlays crowns, bridges, veneers, posts, restorative foundations, and buildups) and Members may not be charged additionally for them.