

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, please fax your current policy information to:

Provider Services at: 949-309-2674

Specialty Referral Preauthorization— What You need to Know

Preauthorization of specialty referrals for California Dental Network members is mandatory under the Plan provider contract. This includes referrals for Plan members who do not have specialty coverage as part of their benefit package. General Dentists are expected to submit a completed Plan Specialty Referral form, all appropriate documentation and x-rays to the Plan for review by the CDN Dental Director. General Dentists who refer Plan members for specialty care without preapproval, may be held responsible for charges incurred by the member. Please contact the Provider Services Department at (949) 830-1600 if you have any questions about this or any other Plan policies.

Orthodontic Treatment

Orthodontic treatment for CDN Members must be rendered by a participating CDN Orthodontist and the Member must remain eligible during the 24 months of active treatment. Please make sure you have received an approved Specialty Referral form from CDN before Orthodontic treatment is started on a CDN Member. Orthodontic treatment completed by a General Provider is not a covered benefit for CDN Members. If you have any questions, please contact Provider Relations or Member Services.

UPGRADING TREATMENT

If a Member selects a more expensive form of treatment than is considered the covered benefit under their dental plan, the Member must pay the difference between the attending California Dental Network provider's UCR fees for the upgraded treatment and the covered treatment PLUS the co-payment for the covered treatment.

Upgrade Tmt UCR fee 4 unit bridge	\$2,400.00 LESS
Covered Benefit UCR fee Partial Denture	<u>\$1,000.00</u>
	\$1,4000
Plus Covered Benefit Co Pay Partial Denture	<u>+ \$90.00</u>
Member Responsibility	\$1,490.00

EXAMPLE:

The plan does not compensate providers for lab reimbursement when they have charged Members for upgraded or optional treatment. If you have any questions, please call Provider Services at 877-433-6825

Provider Portal Almost here....

Remember!

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.