

Univera Healthcare Dental Guidebook



A Resource guide for dental providers



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Overview of Univera Healthcare

Univera Healthcare, headquartered in Buffalo, NY, is part of a \$6 billion family of companies that finances and delivers health care services across upstate New York and long-term care insurance nationwide. Collectively, the enterprise provides health insurance to about 1.5 million members and employs about 3,500 New Yorkers.

Our corporate mission is to provide access to affordable and effective health care services, be responsible stewards of our communities' health care resources and work to continually improve the health of our members and those in the communities that we serve.

Your participating provider agreement for dental services includes the following subsidiaries and affiliates (the several different entities within the holding company structure, including, without limitation, Lifetime Benefit Solutions, Inc., Univera Healthcare, and any others that we subsequently inform you have become a part of the holding company structure).

Univera Healthcare Regions and Counties (In Area)

Western New York Region:

- Allegany County
- Cattaraugus County
- Chautauqua county
- Erie County
- Genesee County
- Niagara County
- Orleans County
- Wyoming County

In addition, Univera Healthcare members can access in-network dental providers in the following 31- county area:

Cayuga Cortland Onondaga Jefferson Lewis Oswego St. Lawrence Tompkins	Broome Chemung Chenango Schuyler Steuben Tioga	Livingston Monroe Ontario Seneca Wayne Yates	Clinton Delaware Essex Franklin Fulton Hamilton Herkimer Madison Montgomery Oneida Otsego
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Contiguous Counties

Many of our participating providers are located in, or provide services in, counties that border Univera Healthcare’s servicing area. These are referred to as contiguous counties, and are located in New York, Pennsylvania, and Vermont.

Out-of-Area Providers

Out-of-area providers are unable to participate with the Health Plan directly, outside of our selling area. Out-of-area providers can send a copy of their W-9 with the first claim for a file to be created for claims processing purposes.

The Dental Portal

Our website, UniveraHealthcare.com, includes a secure area where dentists and office staff can log in to view member's eligibility, benefits, and claims. To gain access to this secure area, dentists must first register, create an account, validate the email address provided, and set up any staff requiring access to the dental portal.

For more information on registering and creating an account, go to Provider.UniverHealthcare.com and click on the [Frequently Asked Questions](#) or the [Provider Portal Registration and Maintenance Guide for Dentists](#).

For detailed information on navigating and interpreting the dental portal, tips, trends, and items under construction, go to Resources, Practice Management, and the Presentations & Guidebooks tab and click on the [Dental Portal Training Manual](#) or [Dental Portal Latest Information](#).

To receive our dental newsletter electronically, click Sign Up in the “[Opt in to stay informed!](#)” text box, complete the free form areas, select a role, select General Dentistry in the Practice Specialty, select the county, and click Submit.

Contact Us



Need Help? We are here for you!

When an inquiry is not answered using the dental portal, keep the following contact list on hand for a quick, easy reference.

Who Do I Contact?	
Participating Providers	Non-Participating Providers
<p>Call Web Security Help Desk at 1-800-278-1247 for assistance with the web.</p> <p>Call Dental Customer Care at 1-800-724-1675 for:</p> <ul style="list-style-type: none">▪ Eligibility▪ Benefits▪ Pretreatment estimates▪ Claims▪ Remittances▪ Checks <p>Contact Provider Relations at 1-716-857-4647 or by email at UniveraPR@univerahealthcare.com for:</p> <ul style="list-style-type: none">▪ Provider contracting questions▪ Staff education▪ Recurring issues▪ Enrollment and demographic updates	<p>Call Web Security Help Desk at 1-800-278-1247 for assistance with the web.</p> <p>Call Dental Customer Care at 1-800-724-1675 for:</p> <ul style="list-style-type: none">▪ Eligibility▪ Benefits▪ Pretreatment estimates▪ Claims▪ Remittances▪ Checks

Contact List & Quick Reference Guide

Claims Submission Address	Univera Healthcare PO Box 211256 Eagan, MN 55121
DenteMax is a national Preferred Provider Organization (PPO) network of quality dentists.	1.800.752.1547 or https://www.dentemax.com/
Enrollment	Email for questions regarding enrollment and demographic updates: UniveraPR@Univerahealthcare.com
HealthPlex – handles members with Medicaid Managed Care (MMC), Child Health Plus (CHP), Essential Plan (EP), and Dual Special Needs Plan (DSNP).	Members: 1-866-795-6493 Providers: 1-877-282-7012
Instamed	1-866-InstaMed or 1-866-467-8263
National Plan & Provider Enumeration System (NPPES)	1-800-465-3203 or https://npiregistry.cms.hhs.gov/
Smart Data Solutions (SDS) Provider Submission Portal (Virtual Mailbox)	SDS Provider Portal for Claims Providers Univera Healthcare
Vyne Dental (Remote Lite, Practice Core, Tesia)	1-800-782-5150 or visit them online at vynedental.com
Univera Healthcare website	Navigate to the resources section at https://provider.univerahealthcare.com/resources/dental for: <ul style="list-style-type: none"> ▪ Forms and documents ▪ News and updates ▪ Staff training information ▪ Update practice information ▪ Attestations & Certifications
Zelis	Provider Enrollment 1-855-496-1571 Provider Services 1-877-828-8770

Join Us!

Enrollment in Univera Healthcare Network

Joining our network requires the following documents:

- Application for dental enrollment
- Signed dental agreement
- W9
- Copy of New York License
- Copy of malpractice certificate
- Copy of DEA license if applicable



Once your enrollment documents and contract have been submitted for processing, please allow up to 30 days for enrollment to be completed. To follow up on enrollment status, email Univera Provider Relations, at: UniveraPR@UniveraHealthcare.com.

If you are an oral surgeon who would like to join our network, please refer to the [credentialing criteria for oral surgeons](#).

Participating Provider Practice Changes

Demographic Changes

We recommend all participating dentists to review the practice information that we have on file to ensure that it is up to date. This information is displayed in our Provider Directory and serves as a reference guide for members seeking your services.

You can check this information by:

- Visiting our website, UniveraHealthcare.com
- Select the Find A Doctor tab to get started
- Choose the provider network in which you participate
- Select the Health Plan product(s) in which your office participates
- Enter the provider's first and last name and click Search

Participating providers can update practice information (practice name, provider name, phone number, fax number, address, office hours, tax identification number, or any other data changes that have occurred within the practice) by completing our [Demographic Changes form](#) and submitting it one of the following ways:

- Online e-form to Provider.UniveraHealthcare.com
- Email to UniveraPR@UniveraHealthcare.com
- Fax to 1-716-857-4578
- Mail to Univera Healthcare Attn: Provider Relations 205 Park Club Lane Buffalo, NY, 14221.

*When submitting address or service location updates: Service locations must be a street level address. PO boxes are not acceptable.

Types of Dental Insurance Products

Univera Healthcare offers its members several dental care coverage options:

- Univera Healthcare Access Dental
- Univera Healthcare Dental Select
- Univera Healthcare Dental Traditional
- Medicare
- Medicare Advantage

Member Card Tips

Member cards contain vital information to assist you in submitting clean claims and receiving prompt claim reimbursement when applicable.

At every visit, be sure to make a copy of your patient's card (front and back) and verify the card information against the member's eligibility and benefit information by calling our Dental Customer Care line, 1-800-724-1675.

Keep the following in mind when reviewing a patient's member card:

- Logo: Univera Healthcare logo is located on all plan member cards
- Subscriber Name: Name of the person holding the policy
- Subscriber ID Number: This number is vital for correct claim processing
- Copay Amount: Collect copays from the patient at the time of service
- Dependent Information: Dependents will not be listed on the card
- Telephone Numbers/Instructions: The telephone numbers for Dental Customer Care are located on the back of the card. If you have questions regarding a member's benefits, please use the Dental Portal, or call for assistance.

Claim Submission

Participating providers with Univera Healthcare need to submit all claims, including those for local subscribers, out-of-area subscribers, and primary and secondary claims, to us. Most participating provider agreements contain a time limit within which claims will be accepted, so you should submit all claims as soon as possible after rendering service. Claims submitted after that time may deny for late filing.

American Dental Association(ADA) Claim Form and Instructions

Visit the [ADA Dental Claim Form](#) website for the most recent ADA Dental Claim Form and completion instructions. Here are a few reminders for completing a standard claim form:

- Dental claims require a taxonomy code
- Dental claims do not require a group number
- Dental payor ID is 00802
- Please allow 30 days for claim processing
- Commas are needed in the name field to ensure that the first and last names are correctly identified in our system: Doe, Jane, C

Requirements for Electronic and Paper Claims

National Provider Identifier (NPI)

Univera Healthcare requires an NPI for all participating providers regardless of whether they submit electronic or paper claims. NPI is an identification number assigned by the Federal government to all providers considered to be HIPAA covered entities.

An NPI is unique to an individual dentist (Type 1 NPI) or dental practice organization (Type 2 NPI) and has no intrinsic meaning. Type 1 includes health care providers who are individuals, including dentists and all sole proprietors, as an individual is eligible for only one NPI. Type 2 includes health care provider organizations, including physicians' groups (multiple providers), hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

If you are an incorporated practice that gets paid under a business or corporate name, you need to have a group NPI, or Type 2 NPI. However, each practitioner also needs an individual, or Type 1, NPI. To obtain a group NPI visit the NPPES website at <https://nppes.cms.hhs.gov/#>.

Additional information on NPI and enumeration can be obtained from the American Dental Association's website at <http://www.ADA.org> and the National Plan & Provider Enumeration System (NPPES) website at <https://nppes.cms.gov/#>.

Taxonomy Code

Taxonomy codes are used to indicate the specialty associated with the assigned NPI. Providers may have one NPI with multiple taxonomy codes indicating each specialty for that practitioner. For billing purposes, your taxonomy code needs to match the taxonomy code provided on the enrollment application. Visit the National Plan & Provider Enumeration System website to find taxonomy codes <https://nppes.cms.hhs.gov/#>.

Tips for A Successful Paper Claim Submission



To help ensure that claims are processed quickly and correctly, please check the following before submitting the claim:

- Avoid handwritten claims
- All information must be submitted as clearly as possible, such as using uppercase characters
- Validate the address, city, state, and ZIP code against the [United States Postal Service \(USPS\) database](#).
 - Both primary and secondary/alternative city names will be accepted
 - Never use city names that are listed on the CITY NAMES TO AVOID list
 - If a city name has spaces, the claim submission needs to match the USPS format exactly
 - Abbreviations are only accepted if listed as a valid city name and must match USPS exactly

If a rejection is received, please make the needed corrections, and print a new claim.

- Do not cross out or correct data on the original copy of the claim submitted for processing
- Do not resubmit the correction with the return letter or the original claim as this will make it appear as if two claims are being submitted.
- The field causing the rejection will have parentheses (xxx) around the incorrect data.

Dental Portal Claim Submission

Registered Dentists can submit dental claims directly through the Dental Portal. Refer to the “Submit Dental Claims” section of the [Dental Portal Training Manual](#) for step by step instructions.

Register with Vyne Dental for Electronic Billing

If you do not currently have an account with Vyne Dental, please consider registering. Vyne Dental offers:

- Access to real-time explanation of benefit information 24 hours a day, seven days a week, which may reduce the need to contact the Univera Healthcare Dental Customer Care Unit
- Remote Lite e-claims processing, an electronic transaction management system that interfaces with your existing practice management software to submit dental claims to insurance companies.

For additional information about the services that Vyne Dental can provide your practice, visit vynedental.com.

Sign Up to Use Our Virtual Mailbox!

We invite you to register for the online provider submission portal, designed by Smart Data Solutions, Inc. (“SDS”), an independent company and our business associate. Once registered, you can electronically submit documents via the Virtual Mailbox as an alternative to mailing paper items to our PO Box in Eagan, MN. Visit our [website](#) for more information. As our business associate, SDS is bound by the terms and conditions of a business associate agreement executed by Univera Healthcare. In accordance with the business associate agreement and the Health Insurance Portability and Accountability Act (HIPAA), SDS is required to maintain the confidentiality of any protected health information they receive from you on our behalf.

Dental Record Submission

We have a *Procedure Codes that Require Dental Record Submission* grid available on our [website](#) that includes information on the records needed for each procedure code listed. We recommend reviewing this grid prior to submitting claims so you can include any required dental records when you submit the claim.

Submitting a Claim for Accidental Injury

Services for the treatment of accidental injury to sound and natural teeth, when rendered within 12 months of the date of injury, are eligible for coverage in accordance with the benefits set forth in the member's medical (not dental) contract, provided the following criteria are satisfied:

- The tooth must be sound and natural with no restorative treatment and no disease prior to the injury. Note: This coverage does not extend to teeth that are broken while biting into food.
- Use the 2012 American Dental Association claim form and ADA codes
 - Box 34A should include the diagnosis code if known
 - Box 35 should say Accidental or Congenital Anomaly if the diagnosis code is unknown
 - Box 38 should include Place of Service
 - Box 45 should have Other Accident or Auto Accident checked.
 - Box 46 should include a date of the accident

33. Missing Teeth Information (Place an "X" on each missing tooth.)																34. Diagnosis Code List Qualifier <input type="checkbox"/>		(ICD-9 = B; ICD-10 = AB)		31a. Other Fee(s)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A _____ C _____					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A") B _____ D _____				32. Total Fee	
35. Remarks Accidental or Congenital Anomaly (if diagnosis code is unknown)																					
AUTHORIZATIONS																					
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.																					
X Patient/Guardian Signature _____ Date _____																					
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.																					
X Subscriber Signature _____ Date _____																					
ANCILLARY CLAIM/TREATMENT INFORMATION																					
38. Place of Treatment <input type="checkbox"/> (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")																					
39. Enclosures (Y or N) <input type="checkbox"/>																					
40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)																					
41. Date Appliance Placed (MM/DD/CCYY)																					
42. Months of Treatment <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)																					
43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)																					
44. Date of Prior Placement (MM/DD/CCYY)																					
45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input checked="" type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																					
46. Date of Accident (MM/DD/CCYY) _____																					
47. Auto Accident State _____																					

Submitting a Frenectomy Claim

In general, frenectomy is not covered under the dental plans. If the benefit is considered under the medical plan, similar to accidental injury, claims should be submitted with the patient's medical identification number and should be submitted on the ADA dental claim form as follows:

- Box 34A should include the diagnosis code if known
- Box 35 should say Frenectomy
- Box 38 should include the Place of Service
- Box 45 should have Other Accident checked
- Box 45 Date of Frenectomy

Please note if the procedure is covered under the dental plan (may be covered on custom or self-funded plans) then bill with the dental identification number.

Submitting a Claim for Congenital Anomaly

Services for the treatment of Congenital Anomaly are eligible for coverage in accordance with the benefits set forth in the member's medical (not dental) contract.

Use the [American Dental Association claim form](#) and ADA codes.

- Box 34A should include the diagnosis code if known
- Box 35 should say Congenital Anomaly if the diagnosis code is unknown
- Box 38 should include Place of Service
- Box 45 should have the Occupational Illness/Injury box checked

33. Missing Teeth Information (Place an "X" on each missing tooth.)																	34. Diagnosis Code List Qualifier		ICD-10 = AB		31a. Other Fee(s)				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A	C						
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B	D						
35. Remarks																					32. Total Fee				
Congenital Anomaly																					\$0.00				
AUTHORIZATIONS																	ANCILLARY CLAIM/TREATMENT INFORMATION								
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.																	38. Place of Treatment (e.g. 11-office; 22-O/P Hospital) (Use "Place of Service Codes for Professional Claims")					39. Enclosures (Y or N)			
X Patient/Guardian Signature _____ Date _____																	40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)					41. Date Appliance Placed (MM/DD/CCYY)			
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.																	42. Months of Treatment					43. Replacement of Prosthesis <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)		44. Date of Prior Placement (MM/DD/CCYY)	
X Subscriber Signature _____ Date _____																	45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident								
																	46. Date of Accident (MM/DD/CCYY)					47. Auto Accident State			

Submitting a Claim for Oral Sleep Apnea

Your participating dental provider contract with Univera Healthcare includes participation for oral sleep apnea treatment. Please review the important information below related to HCPCS code E0486 oral sleep apnea appliance.

Medical Policy

[Corporate Medical Policy 1.01.07, Oral Appliances for the Treatment of Sleep-Related Breathing Disorders.](#)

Authorization Requirement

Effective May 1, 2022, preauthorization will be required for E0486 for commercial and Medicare members. To request preauthorization, please contact Customer Care at 1-800-363-4658.

Medicare Advantage

E0486 is considered a basic medical benefit under Medicare. If you have opted out of Medicare, Univera Healthcare is not permitted to pay for basic medical benefits for Medicare Advantage members.

We encourage you to remove your opt-out status as soon as you are eligible. Review your opt-out status at: <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>

Medicaid Managed Care, Child Health Plus, Healthy NY, Essential Plan

E0486 is not covered for members with Medicaid Managed Care (including the Health and Recovery Plan, or HARP), Child Health Plus, Healthy NY or Essential Plan coverage.

Please check the Medicaid eligibility verification system, eMedNY.org, for Medicaid Managed Care member benefits and eligibility.

Medical Claim Form

To help ensure that oral sleep apnea claims are submitted accurately to allow for timely payment, these claims need to be submitted on a medical claim form. Please review our [Tips for Completing the CMS-1500 Claim Form](#) and access the National Uniform Claim Committee's (NUCC) 1500 Health Insurance Claim Form Reference Instruction Manual, which is available at www.nucc.org.

Claim Payments and Remittances



Participating Providers - InstaMed®

Thank you to those participating practices that have registered for electronic fund transfer (EFT) and electronic remittance advice (ERA) through InstaMed®, an independent company retained by Univera Healthcare. If you are still receiving paper payments and remittances, we encourage you to transition to EFT/ERAs as soon as possible. Visit www.instamed.com or call 1-866-467-8263 for more information.

InstaMed advantages include:

- Accelerated payments with direct deposit into your existing bank account
- Saved time and money due to the elimination of paper checks and remittances
- Receipt of fully reconciled remittances electronically
- Access to payment details 24 hours a day, seven days a week, with the capability to view and print
- Remittance statements to help you update your billing records

Zelis® Payments

Univera Healthcare has partnered with Zelis® Payments, an independent company, to offer ePayment options that can accelerate the settlement of claim payments to both participating and non-participating dentists for all lines of business.

Zelis Payments' solutions are designed to:

- Accelerate payment - Receive payment by up to 20 days faster than by paper check
- Receive clean and compliant 835s and Explanations of Payment (EOPs)
- Reduce risk – electronic payments are more secure, traceable and monitored
- Combine payments from multiple payers and decrease paperwork
- Lower expenses - decrease lockbox and bank fees
- Increase accuracy - detailed data helps you balance more accurately

Zelis offers ACH and Virtual Credit Card* options. To opt in visit <https://www.zelis.com/providers/provider-enrollment>.

Paper checks are also available through Zelis, if you have not opted in to one of the other electronic payment options.

*Important: There is a fee and required contract with Zelis Payments associated with the ACH payment method. Please contact Zelis Payments for more information. For Zelis Virtual Card, standard credit card fees apply.

Alternate Benefits Provision

All covered procedures are subject to Alternative Benefits. We will only provide benefits for the procedure carrying the lesser allowable expense, provided the procedure meets acceptable dental standards, subject to medical necessity. If the more expensive procedure is chosen by the member or the Dentist and is not medically necessary, the member must pay the difference between our payment and the amount billed by the dentist. Pretreatment estimates are recommended for patient liability prior to care.

Most major restorative (prosthetic) services are subject to the alternate benefit provision and include the following services:

- Prosthetics
- Crowns
- Inlays / Onlays
- Complete or Partial Dentures
- Bridge abutments / Pontics
- Implants are not subject to alternate benefit

Services that apply to Alternate Treatment Benefit:

Base Code	Alternate Code
D2740	D2790
D2752	D2792
D2753	D2792
D6242	D6212
D6243	D6212
D6245	D6240
D6740	D6790
D6752	D6792
D6753	D6792

Claim Adjustments and Overpayments

A claim adjustment or retraction can be requested when:

- Additional information was requested on the remittance
- Correcting an original claim
- Member eligibility updated after denial
- Coordination of Benefit (COB) change affecting processing
- Incorrect benefits applied
- Incorrect denial
- Incorrect provider paid
- Incorrect payment or overpayment
- Retraction requests when a check has been cashed

When submitting the adjustment request:

Be sure to include the other carrier explanation of benefits for a claim that denied for other carrier information.

Include a corrected claim for any changes to the original billed claim, including:

- Procedure code changes
- Change in patient information
- Change in charges
- Any change in provider information

Submit a Request Through SDS or Mail

To request an adjustment through SDS or by mail, complete the form linked below and follow the applicable instructions.

[Dental Claim Adjustment Form](#)

For further details on how to submit documents through the virtual mailbox, please refer to the SDS training manuals at [Provider.UniveraHealthcare.com/Resources/Practice Management/Staff Training](http://Provider.UniveraHealthcare.com/Resources/PracticeManagement/StaffTraining) and clicking on the Presentations & Guidebooks tab.

Overpayment Process

Providers are required to report, return, and explain overpayments to us **within 60 days** of identifying the overpayment so that the claim can be adjusted.

Adjustment/Auto Recovery

If the adjusted claim results in an overpayment (negative balance), we will recover the overpayment through the [Auto Recovery Payment Process](#). If you disagree with our decision regarding the adjustment, please contact [Customer Care](#).

Coordination of Benefits

Coordination of benefits (COB) is a provision in a contract that applies when a member is covered by more than one group health insurance carrier. COB relies on the exchange of information between carriers so that no more than 100% of the provider charge or company allowance is paid.

Adjudication Date

The payment date is required to process a COB secondary claim. You can use the payment date from your provider remittance as the adjudication date to pass on to the secondary carrier with the explanation of benefits.

Providers using InstaMed®: Use the Payment Date located on page 1 of your remittance.
Providers using Zelis® Payments: Use the Paid Date located on page 2 of your remittance

Pre-Treatment Estimate

Getting a pre-treatment estimate, or pre-determination, is a standard component of the dental insurance process. For certain services, a pre-treatment estimate must be submitted to the Health Plan so that a determination of coverage can be made before services are rendered.

It is recommended that you get a pre-treatment estimate for the following services:

- Multiple crowns
- Inlays
- Bridgework
- Partial dentures
- Labial veneers
- Dental prostheses

Dental Pre-Determination Procedure

Submit the claim form with the pre-determination box checked and omit the date of service. Along with the claim form, submit X-rays, diagnostic materials, or a narrative, when appropriate.

Submitting X-Rays

You must submit X-rays for the following services:

- Anterior crowns
- Veneers
- Multiple crowns
- Bridges
- Crown lengthening
- Difficult extractions

Dental Policies

Visit UniveraHealthcare.com to view the dental policies listed below:

[7.01.21, Dental and Oral Care under Medical Plan: Bone Cysts, Odontogenic Cysts, Oral Surgery](#)

[13.01.01, Dental Implants](#)

[13.01.02, Dental Crowns and Veneers](#)

[13.01.03, Dental Inlays and Onlays](#)

[13.01.04, Periodontal Scaling and Root Planing](#)

[13.01.05, Periodontal Maintenance](#)

Participating Providers - Pediatric Dental Poster

Children's Oral Health poster, available for order! Contact your Provider Relations representative for more information.

