The Dental Care Plus Group Participating Provider Administrative Manual

Rev. 8/2014

PARTICIPATING DENTIST

ADMINISTRATIVE MANUAL

WELCOME TO THE DENTAL CARE PLUS GROUP

This manual is intended to serve as an administrative guide to you and your office personnel for our dental plans. Changes and supplements to this manual will be posted on our website.

WHAT IS THE DENTAL CARE PLUS GROUP?

The Dental Care Plus Group (DCPG) is owned and operated by dentists and as such is committed to a provider friendly approach to providing managed care plans to the market. The goal of DCPG is to protect the fee for service practice of dentistry. DCPG offers three dental benefits products to meet the needs of employers large and small:

1. **Dental Care Plus** is a Dental Health Maintenance Organization (DHMO) plan offering high value benefits through a dedicated network of providers,
2. **DentaSelect Plus** is a Dental Preferred Provider Organization (DPPO) plan offering high value benefits that are available from dentists in or out of network, and
3. **DentaPremier Plus** is a dental indemnity plan offering high value benefits without a network so Members can seek services from any dentist they choose.

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TABLE OF CONTENTS

Section 1 **The Dental Care Plus Group Products** **Page**

Dental Care Plus – DHMO 1
DentaSelect Plus – DPPO 1
DentaPremier Plus – Indemnity 1

Section 2 **Dentist Participation**

Dentist Responsibility 2
Information Update 3

Section 3 **Member Eligibility**

The Member Identification Card 4
Verification of Member Eligibility 5

Section 4 **Description of Benefits**

Covered Dental Services 6
Preventive Benefits 6
Basic Benefits 6
Major Benefits 9
Orthodontic Benefits 11
Exclusions 12
Alternative Benefit Policy 15

Section 5 **Claims**

Pre-Treatment Review of Dental Service 18
Claims Submission 18
Paper Claims Submission 18
Electronic Claims Submission 18
Frequently Requested Items 19
Important Claim Filing Tips 20
Coordination of Benefits (COB) 20

Section 6 **Reimbursement**

Provider Remittance Advice 21
Maximum Allowable Fees 21
Dentist Fee Withhold 21
Member Financial Responsibility 21
Questioning Reimbursement 22
Remittance Advice 23

Appendix A A-1

SECTION 1

THE DENTAL CARE PLUS GROUP PRODUCTS

The following is a list of products offered by The Dental Care Plus Group.

A DHMO plan that allows patients to access a large number of contracted network providers. Patients are required to use a network provider in order for benefits to be payable. This option generally provides the lowest out-of-pocket expense for patients. This product is offered in all markets.

A DPPO plan allows patients to see any dentist they wish. Benefits are structured to afford the patient the lowest out-of-pocket expense by utilizing contracted network providers. Patients may receive services from providers who are not in the network, but their out-of-pocket expense may be greater. This product is offered in all DCPG markets except the following counties:

- Ohio – Butler, Clermont, Hamilton, Warren, and
- Kentucky – Boone, Campbell, Kenton, Pendleton

A traditional dental indemnity plan allows patients to see any dentist they wish. Providers are not required to sign a contract to participate in this plan. This option generally provides the highest out-of-pocket expense for the patient. This product is offered in all markets.

SECTION 2

DENTIST PARTICIPATION

A. DENTIST RESPONSIBILITY

As a dentist participating in our network(s), you have agreed to the following regarding your DHMO and/or DPPO patients:

1. Accept our Members as patients and provide needed services as long as your office is accepting new patients regardless of insurance coverage.

2. Refer our Members only to other DCPG participating dentists. Please be sure to consult the Provider Directory available on the DCPG website, or call the Customer Service Department to check on the participating status of a dentist.

3. Maintain such records as are necessary to fully disclose the extent of the services provided to our Members, and submit claims on the most current, approved American Dental Association (ADA) Claim Form. Claims must be submitted within one year from the date of service to be considered for payment.

4. Seek compensation solely from DCPG (except for copayments and deductibles for all Covered Dental Services). You agree **not** to bill the Member for charges exceeding the maximum allowable fee or withhold amounts (withhold amounts apply to DHMO and DPPO).
You agree to bill **only** for copayments, deductibles and those services not covered by the Member's plan, including amounts which exceed the annual or lifetime maximums of the Member's plan.

5. Cooperate fully with any utilization review, quality assurance, or any other program established by the Board of Directors to promote quality dental care.

DENTIST PARTICIPATION

B. INFORMATION UPDATE

It is essential that The Dental Care Plus Group (DCPG) be kept informed of all changes of address, telephone numbers, additional office sites, and dentists coming into or leaving established dental practices to make certain our records are accurate for payment. **All changes must be in writing** on your office letterhead. You may mail or fax the information to Provider Relations at (513) 618-3881.

Please include the following information:

- Dentist Name
- Current Address
- City, State Zip
- Telephone
- Fax
- Email
- The Type of Change
- The Effective Date of the Change
- Remit Name and Address (if different than above)
- Tax ID / Social Security Number
- W-9 (if the tax ID is changing)

Please call the Provider Relations Department with any questions concerning the above information.

SECTION 3

MEMBER ELIGIBILITY

A. THE MEMBER IDENTIFICATION (ID) CARD

Each subscriber receives an ID card listing all covered family members. The Member Number is the unique identification number of the employee as well as any eligible dependents.

The ID card should be presented by the Member each time services are rendered. If the Member is unable to provide their ID card, the dentist's office may wish to confirm Member eligibility and verify copayments and deductible amounts, if any.

The information commonly listed on the majority of Member ID cards is:

Member name
Covered dependents names
    Be sure to register the Member and covered dependents in your system with their name as printed on the Member ID card.
Member #
Group #
Plan #
Effective date
Product logo
Company logo for some self-insured employer groups
Terms & conditions
Claims address
Claims & Customer Service phone #
Electronic payer ID #
Web address
Vision coverage information - optional

NOTE: For new Members, who have not yet received their Member ID card, call DCPG to verify eligibility.

MEMBER ELIGIBILITY

B. VERIFICATION OF MEMBER ELIGIBILITY

1. The Website – Participating dentists may verify patient eligibility by accessing SecureTrack (formerly ANS Link) via the DCPG website at www.dentalcareplus.com. For instructions to obtain a confidential User ID and Password for your office, see Appendix A.

NOTE: Website verification is not available for all DentaSelect members.

2. Customer Service - The dental office may also verify eligibility by calling the Customer Service Department at the number listed on the back of the Member's ID card.

NOTE: Member eligibility information is subject to change based on an employer group's right to retroactively terminate coverage of a Member.

SECTION 4

DESCRIPTION OF BENEFITS

A. COVERED DENTAL SERVICES

This is a **general** outline of Covered Dental Services for most benefit plans. However, Covered Dental Services are always determined by the benefit plan in which the subscriber and eligible dependents are enrolled. **Benefit plans vary by employer group.** Therefore, some of the dental services listed in each section below may not be covered under every plan or may be subject to different limitations than those described in each section. Certain groups may also add additional Covered Dental Services to those listed.

PREVENTIVE BENEFITS

Preventive & Diagnostic Services	Limitation
Routine oral examinations	limited to two visits each year
Prophylaxis (cleaning)*	limited to two each year
*For purposes of prophylaxis, a child is considered anyone 14 years of age or younger.	
Topical application of fluoride	limited to two treatments each year to children under age 18
Bitewing X-rays	limited to one set of four each year
Vertical bitewing X-rays	limited to once every three years (7-8 films)
Periapical X-rays	limited to five films per year
Full mouth X-rays	limited to once every three years (complete series or panoramic)

BASIC BENEFITS

Emergency Services	Limitation
Emergency/limited oral examinations	
Office visit after hours - for emergencies only	
Emergency palliative treatment	

DESCRIPTION OF BENEFITS

BASIC BENEFITS (cont.)

Diagnostic Services	**Limitation**
Extraoral X-rays	
Referral consultations and examinations performed by a specialist	

Sealants	**Limitation**
Permanent molar teeth only	limited to children under 15 years of age, once every five years per tooth

Space Maintainers	**Limitation**
Fixed band type	only under a treatment plan filed with DCPG, limited to children under age 19

Oral Surgery *(Includes local anesthesia and routine post-operative care)*	**Limitation**
Extractions:	
Simple single tooth extractions	
Root removal - exposed roots	
Surgical Extractions:	
Removal of an erupted tooth (uncomplicated)	
Other Oral Surgery:	
Incision and drainage of abscess	
Biopsy and examination	
General Anesthesia or intravenous sedation	only when necessary and provided in connection with oral surgery

Periodontic Services *(Includes local anesthesia and routine post-operative care)*	**Limitation**
Emergency treatment (periodontal abscess, acute periodontitis, etc.)	

DESCRIPTION OF BENEFITS

BASIC BENEFITS (cont.)

Periodontic Services (cont.)	**Limitation**
Periodontal scaling and root planing	limited to four quadrants each year as a definitive treatment when pocket depths of at least 4mm are demonstrated.
Surgical periodontics	limited to two additional recalls in the first year following complex surgery (including post-surgical visit)
Gingivectomy	
Osseous and muco-gingival surgery	
Gingival grafting	
Guided tissue regeneration	
Periodontal maintenance procedure	limited to two each year following a history of periodontal disease

Endodontic Services (Includes local anesthesia and routine post-operative care, excluding Sargenti)	**Limitation**
Root canal therapy, traditional	
Retreatment of previous root canal	must be at least three years following previous root canal treatment on the same tooth
Recalcification and apexification	

Restorative Services (Includes local anesthesia. Multiple restorations on a single surface will be considered as a single restoration.)	**Limitation**
Restorations (amalgam, composite and sedative fillings)	limited to once every two years per tooth (same surfaces only)
Pins - pin retention as part of restoration when used instead of gold or crown restoration	
Stainless steel crowns when teeth cannot be adequately restored with filling material	

DESCRIPTION OF BENEFITS

BASIC BENEFITS (cont.)

Restorative Services (Includes local anesthesia. Multiple restorations on a single surface will be considered as a single restoration.) — **Limitation**

Restorative Services	Limitation
Recementation of inlays, onlays, crowns, bridges, and space maintainers	
Repairs to crowns and bridges	

Prosthodontic Services	Limitation
Full and partial denture repairs	
Repair broken complete or partial dentures	
Replacement of broken teeth on complete or partial denture	
Additions to partial denture to replace extracted natural teeth	

MAJOR BENEFITS

Restorative Services	Limitation
(Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.)	
Inlays, onlays, crowns, post & cores	limited to once in five years on same tooth

DESCRIPTION OF BENEFITS

MAJOR BENEFITS (cont.)

Oral Surgery *(Includes local anesthesia & routine post-operative care)*

Surgical Extractions	Limitation
Removal of impacted tooth - soft tissue	
Removal of impacted tooth - partially bony	
Removal of impacted tooth - completely bony	
Removal of impacted tooth - completely bony, with complications	
Surgical removal of residual roots	

Pre-Prosthetic Oral Surgery	Limitation
Alveoloplasty and vestibuloplasty	

Prosthodontic Services	Limitation
Fixed bridge	limited to one original or replacement prosthesis every five years
Complete upper or lower denture	limited to one original or replacement prosthesis every five years
Partial upper or lower denture	limited to one original or replacement prosthesis every five years
Relining and rebasing	limited to once every three years

ORTHODONTIC BENEFITS

Coverage includes orthodontic procedures under a treatment plan that has been evaluated through Pre-treatment Review by DCPG, such as:

- Comprehensive Orthodontic Treatment
- Other Orthodontic Treatment (limited to one appliance per individual)
- Appliance for tooth guidance
- Appliance to control harmful habits
- Orthodontic retention appliance

Benefits other than for the initial payment will be made in installments beginning when appliances are inserted. The payments will be issued monthly for the length of the estimated treatment plan. The first Member payment for the initial charge will be at the discretion of the dentist. Under the program, only 25% of the total treatment cost may be recognized as the initial charge. DCPG's payment will be determined by the benefit level specified in the schedule of benefits.

If a Member is receiving orthodontic treatment which was covered under another company's benefit plan(s) prior to the effective date of DCPG's benefit plan(s), DCPG will deduct the payments made by the other Company's Benefit Program(s) from the DCPG lifetime maximum. All benefits paid toward orthodontic services by all previous benefit plan(s) will be applied to the DCPG lifetime maximum.

B. EXCLUSIONS

This is a **general** outline of excluded dental services. **The dental plan exclusions vary by employer group.** The following are services specifically excluded from coverage under most benefit plans. The Member is financially responsible for the full charge for any service that is excluded/not covered under the plan.

1. Services performed for cosmetic reasons, including personalization or characterization of prosthetic devices and the bleaching of teeth, unless the schedule of benefits specifically provides for coverage of the bleaching of teeth.
2. Services or supplies which are considered experimental according to standard dental practice.
3. Charges which are incurred before the Member's effective date of coverage or after the date a Member's coverage terminates.
4. Services or procedures started prior to the effective date of the Member's coverage, with the exception of orthodontic services if covered by the plan. Prosthetic devices and crowns will not be covered if final impressions were taken before the effective date of coverage. If final impressions were taken while coverage is in effect, but the prosthetic device or crown is installed more than thirty (30) days after the coverage terminates, then charges for the prosthetic device or crown will not be covered, unless stated otherwise elsewhere.
5. Dentures, implants and bridgework (including crowns and inlays forming their abutments) if in replacement of natural teeth which were extracted while the individual was not covered under the plan.
6. Porcelain coverage on posterior crowns.
7. Missed appointment charge.
8. Completion of claim forms.
9. Replacement of lost, stolen, or broken prosthetic devices or appliance unless it is after the limitation date.
10. Analgesics, nitrous oxide, non-intravenous conscious sedation and other drugs and prescriptions.
11. Localized delivery of antimicrobial or chemotherapeutic agents.
12. Hospital related charges.
13. Appliances, restorations, and procedures other than full dentures, for the primary purpose of increasing vertical dimension, restoring the occlusion or treatment of bruxism.
14. Veneers or similar properties of crowns and pontics.
15. Services for educational purposes.
16. Splinting (if tooth does not otherwise need to be restored).
17. Services related to work conditions if the claimant is eligible for benefits under any workers' compensation act or similar law.

B. EXCLUSIONS (cont.)

18. Surgical implants or transplants of any type (including prosthetic devices, such as crowns, attached to them) and all related services, unless the schedule of benefits specifically provides for coverage of implants. If the schedule of benefits provides for the coverage of implants, all implant or transplant services which are outside the covered dental services and limitations described in the schedule of benefits are excluded from coverage.
19. Services performed by other than a licensed dentist, except for legally delegated services to a licensed hygienist or licensed expanded functions auxiliary.
20. Treatment for temporomandibular joint disease (TMJ) or myofacial pain dysfunction syndromes (MPD).
21. X-rays for TMJ.
22. Orthognathic surgery.
23. Services or supplies rendered, or furnished in connection with, any duplicate appliance.
24. Services or supplies which are not medically necessary.
25. Expenses incurred for more than two oral examinations and/or prophylaxis treatments during a benefit year.
26. Expenses incurred for the replacement of amalgams and/or composites more often than once in any two (2) year period.
27. Expenses incurred for the replacement of fixed bridgework, crowns, gold restorations and jackets more often than once in any five (5) year period.
28. Expenses incurred for the replacement of partial or full dentures more often than once in any five (5) year period.
29. Expenses incurred for replacement of an existing denture which is or can be made satisfactory.
30. Expenses incurred for relining of dentures more often than once in any three (3) year period.
31. Expenses incurred for a temporary full denture.
32. Expenses incurred for the retreatment of root canals if it has not been at least three (3) years since the previous root canal treatment.
33. Services which are determined to be eligible expenses under any medical plan in which the Member is enrolled.
34. House calls.
35. Dental services or supplies for a condition resulting from civil disobedience, active participation in a riot or in the commission of a felony, self-inflicted injury, non-accidental injury, or an act of war.
36. Any services not specifically listed as a Covered Dental Service.
37. Treatment by a Member of the immediate family or a resident in the covered employee's home; self-treatment.
38. Acid etches.

39. Expenses for the completion of periodontal charting.

B. EXCLUSIONS (cont.)

40. Asepsis.
41. Claims that are not received by DCPG within one calendar year from the date of service.
42. Charges for services received after a Member has reached the annual or lifetime maximum benefits payable under the plan.
43. Expenses for gold restorations and crowns, except when used as treatment for decay or traumatic injury when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

C. ALTERNATIVE BENEFIT POLICY

Many dental conditions can be treated in more than one way. Every DCPG plan has an "Alternative Benefit Policy" which governs the amount of benefits the plan will pay for treatments covered under the plan. If two or more alternative treatments are both Covered Dental Services under the plan, and the patient chooses a more expensive treatment than is needed to correct a dental problem according to accepted standards of dental practice, the benefit payment will be based on the cost of the Covered Dental Service that provides professionally satisfactory results at the most cost-effective level. The patient will pay the difference in cost. To apply the Alternative Benefit Policy:

- The dental office must have the patient sign an Informed Consent prior to the treatment, acknowledging the patient's understanding of the benefit and that he/she will be billed directly and will be financially responsible for the **difference** in cost of the treatment.

- The dental office will bill DCPG the cost of the Covered Dental Service. Participating Dentists must seek compensation solely from DCPG for all Covered Dental Services, except copayments, deductibles and charges that exceed maximum benefit levels.

NOTE: Covered Dental Services also include services which are part of the complete dental procedure and are considered components of, and are included in, the fee for the complete procedure.

EXAMPLE:
A gold or metallic crown (D2792) on a molar tooth is a Covered Dental Service. However, if a patient chooses the porcelain crown (D2752) on a molar tooth and signs an Informed Consent, with full knowledge of the difference in price, services may be provided and a claim submitted.

If the Participating Dentist's normal billed charge for a porcelain crown (D2752) is $900 and the normal billed charge for a metallic crown (D2792) is $800, the claim should be submitted to DCPG as follows:

DCPG – D2792 crown - full cast noble metal

Billed charge	$800.00
DCPG Allowed	$725.00
Write-off	$ 75.00
Withhold	$ 72.50
*Paid amount	$652.50

C. ALTERNATIVE BENEFIT POLICY (cont.)

*The paid amount equals the DCPG payment plus any patient responsibility (deductible, co-payment, charges that exceed maximum benefit levels) up to the DCPG allowed amount.

PATIENT is billed directly	$100.00 (difference between D2752 & D2792)
DENTIST receives	$752.50

The following codes are not eligible for the application of the Alternative Benefit Policy:

EXCLUDED CODE RANGES

Category of Service	Code Series
Diagnostic	D0100 – D0999
Preventive	D1000 – D1999
Endodontics	D3000 – D3999
Periodontics	D4000 – D4999**
Implant Services	D6000 – D6199
Oral Surgery	D7000 – D7999
Orthodontics	D8000 – D8999
Adjunctive General Services	D9000 – D9999

**When Alloderm is requested by a patient, the Alternative Benefit Policy will apply to the Alloderm but not to the procedure itself.

INFORMED CONSENT
FOR
ALTERNATIVE BENEFIT

My dental practitioner has advised me and fully explained the dental treatment program considered a cost effective, professionally accepted course of treatment for my dental care. In addition, alternative benefits in the course of treatment have been explained. After review with my dentist, I agree to be billed directly for additional benefit alternatives by the dentist. I further agree to reimburse the dentist directly for these charges.

____
Service

____
Fee Charged to Patient

____
Patient Signature

____
Dentist Signature

____
Date

SECTION 5

CLAIMS

A. PRE-TREATMENT REVIEW OF DENTAL SERVICES

When a proposed treatment plan for a DCPG Member exceeds **$400.00**, a pre-treatment review may be obtained from DCPG prior to the initiation of the treatment.

To submit services for a pre-treatment review, send DCPG the most current ADA Claim Form listing the proposed treatment along with appropriate CDT codes*. Check the "Request for pre-determination / pre-authorization" box. Enclose X-rays and other diagnostic aids which are required for an accurate determination of benefits. A listing of the most Frequently Requested Items can be found later in this section.

DCPG, through its consulting dentists, will manage the pre-treatment review process. After the review is complete, you will be provided with an estimate of benefits payable (if any), based on the Member's plan. Pre-treatment review does not constitute a guarantee of payment. When the services have been rendered, complete the date of service field on the pretreatment estimate form and return to DCPG for processing.

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B. CLAIMS SUBMISSION

After rendering services to an eligible DCPG Member, the dentist's office is responsible for preparing and submitting a claim form directly to DCPG.

1. Paper Claims Submission

Paper claims for services must be submitted on the most current ADA Dental Claim Form.
Please complete the claim form in its entirety and review carefully so that errors will be minimized.

2. Electronic Claims Submission

- DCPG offers participating dentists the ability to submit electronic claims, **free of charge,** by accessing SecureTrack (formerly ANS Link) via the DCPG website at www.dentalcareplus.com. For instructions to obtain a confidential User ID and Password for your office, see Appendix A.

- You may also submit electronic claims by using the clearinghouse of your choice through your practice management system.

  Payor ID numbers are located on the back of the Member's ID card or you may contact Customer Service for assistance.

C. FREQUENTLY REQUESTED ITEMS

For the following services please include the requested items with your original claim.

Description of Service	**Requested Item(s)**
Crowns Inlays/Onlays Bridges	Pre-operative x-rays and if replacement, provide date of original placement
Crown Buildups / Post and Cores	Pre-operative x-rays
Crown Repair	Narrative and type of material
Complete Dentures Partial Dentures	Pre-operative full-mouth x-rays, **and** If initial placement, provide dates of extractions of all missing teeth, **or** If replacement, provide date of original placement
Periodontal Scaling Osseous Surgery	Pre-operative full-mouth x-rays **and** periodontal charting
Crown Lengthening	Pre-operative full-mouth x-rays
Gingivectomy	Narrative and periodontal charting
Orthodontic Procedures	Provide the entire treatment plan when initially submitting for payment
Pulp Cap	Description of materials used
Root Canal Retreatment	Provide date of original root canal
Extraction of all Impacted Teeth	Pre-operative full-mouth x-rays
Unspecified Procedures (All codes ending in 999)	Provide narrative of procedure performed

D. IMPORTANT CLAIM FILING TIPS

The **seat date** (completion date), is considered the date of service for all prosthodontic procedures such as crowns, bridges and dentures. DCPG considers services for payment **only** after completion.

- Do not bill with the hygienist's name. Always bill with the supervising dentist's name.
- Claims should be submitted as soon as possible after services are rendered.
- Claims which are not received by DCPG within one calendar year from the date of service will be denied for payment.
- Always bill DCPG your usual and customary fee for the service rendered to a Member. Fees charged to DCPG should not exceed your fee for the same services rendered to other patients in your practice.
- When submitting a claim to DCPG as the secondary payer, please provide the payment information from the primary payer (a copy of the explanation of benefits).

E. COORDINATION OF BENEFITS (COB)

"Coordination of Benefits" is the procedure used to pay dental care expenses when a patient is covered by more than one plan. DCPG follows rules established by state law to decide which plan pays first and how much the other plan must pay.

When a DCPG Member is covered by another dental insurance plan, be sure to indicate this on the claim form. Please provide the name of the company, employee, and any other information pertaining to the coverage.

SECTION 6

REIMBURSEMENT

A. PROVIDER REMITTANCE ADVICE

Reimbursement for services provided to eligible DCPG Members will be issued directly to the participating dentist. A single check with a corresponding Remittance Advice identifying each patient will be sent to the dental office. Checks are issued weekly.

The amount paid by DCPG is to be considered payment in full. The Member can only be billed for applicable deductibles, co-payments and those services not covered by their plan.

See a sample of the Remittance Advice at the end of this section for a description of key fields.

B. MAXIMUM ALLOWABLE FEES

Maximum Allowable Fees are established based upon independent actuarial analysis of DCPG service and charge data. This process is reviewed annually. Maximum allowable fees are established for each CDT© procedure code. The maximum allowable fee for a procedure may vary depending on whether the procedure is performed by a general dentist or a dental specialist.

Charges which exceed the Maximum Allowable Fee cannot be billed to the Member.

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C. DENTIST FEE WITHHOLD

All fees paid to the dentist, are subject to a 10% withhold amount, as outlined in The Dental Care Plus Group Participating Dentist Agreement.

The withhold amount cannot be billed to the Member.

D. MEMBER FINANCIAL RESPONSIBILITY

The Member is financially responsible for copayments, deductibles and any service not covered by the plan:

1. **Copayments** are a fixed dollar amount or a percentage of the maximum allowable fee.

D. MEMBER FINANCIAL RESPONSIBILITY (cont.)

2. **Deductibles** are the amount a Member is required to pay before benefits are payable under the DCPG benefit plan (usually applied to Basic and Major Services only).
3. **Non-covered services** include (but are not limited to) the following:
   a) any service specifically listed as an exclusion in the patient's benefit plan.
   b) any service not covered by DCPG due to a specified limitation listed in the patient's benefit plan.
   c) any service that is denied by DCPG because a patient has exceeded the Annual
   or Lifetime Maximum benefits payable under the patient's benefit plan.

E. QUESTIONING REIMBURSEMENT

If you have a question regarding the reimbursement of a claim, you may contact Customer Service or follow the guidelines listed below:

- Copy the Remittance Advice(s) in question.
- Circle claim(s) in question.
- Indicate the discrepancy directly on the Remittance Advice (wrong code used, wrong amount entered, inadequate payment, etc.).
- Include any additional information (correct codes, correct amount, etc.).
- Send document(s) to DCPG. Send a refund check for the amount you were overpaid, or a request for the amount you were underpaid.

These requests must be received in our office within three (3) months of the original date of payment.

APPENDIX A

To verify patient eligibility and file claims electronically, **free of charge**, access ANSLink via the DCPG website at www.dentalcareplus.com. Follow the instructions below to obtain a confidential User ID and Password for your office.

1. On the DCPG home page, click on the “Providers” option.
2. Click “Electronic Claims Filing.”
3. Click “SecureTrack (Formerly ANSLink).”
    a. Follow the instructions to register, if you are a new provider.