

Vantage Dental FAQ's

Below are some frequently asked questions to help you understand Vantage's dental options:

What levels of coverage are available?

- Preventive dental – routine exams and cleanings, and preventive x-rays.
- Comprehensive dental – includes fillings, extractions, root canals, crowns, and other specified dental services.

Which Vantage members have dental coverage for 2018?

Commercial and Metal Plans:

- All *Individual* Marketplace/Exchange members have preventive coverage effective January 1, 2018. Most Marketplace/Exchange members have comprehensive coverage as well.
- All Office of Group Benefits (OGB or State Group) members have preventive coverage effective January 1, 2018. OGB members do not have comprehensive dental coverage for 2018.
- Most Employer Group members will have preventive coverage as they renew in 2018. Groups have the option to select or reject comprehensive coverage at the time of renewal.

Medicare Advantage Plans:

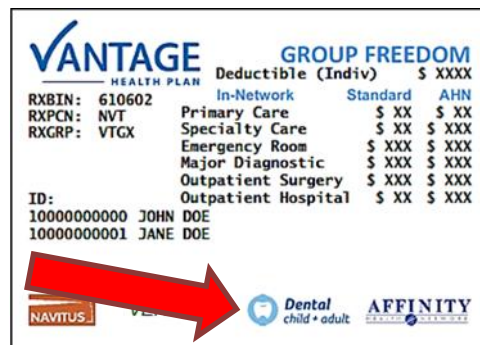
- All Medicare Advantage members have preventive dental coverage effective January 1, 2018.
- All Medicare Advantage members have comprehensive dental coverage effective January 1, 2018, except the Basic, Capitol, and OGB Basic plans.

Is there a waiting period for dental coverage to become effective?

- No. Dental coverage is in effect at the member's effective date.

How can I tell which members have Comprehensive coverage?

- The majority of Vantage members have preventive dental coverage.
- The Vantage Dental logo on the front of the member ID card indicates if a plan includes comprehensive dental coverage in addition to preventive coverage. The Dental logo will also indicate "child only" or "child + adult" to identify the members eligible for comprehensive dental coverage.



What are the covered dental code categories?

- The code categories are: Preventive, Basic, Major, and Orthodontia.
- Preventive coverage includes only the Preventive category. Comprehensive coverage includes the other three code categories.
- A listing of the most frequently used covered dental codes by category can be found at www.vantagehealthplan.com/Physicians/Dental or by contacting Vantage.
- In-network providers may access the Vantage Provider Portal for a full listing of covered codes. Please contact Provider Services at (318) 361-0900, option 3 for Provider Portal instructions.

How can I find the in-network fee schedule?

- Please contact Vantage's Dental Services department at (318) 807-4787 or (844) 788-1907.

Vantage Dental FAQ's (cont'd)

J **What is the Vantage member's financial responsibility?**

- Dental services are not subject to any deductible on any plan.
- Preventive dental services are covered at 100% of the Vantage allowable at an in-network provider.
- Comprehensive dental member responsibility varies by member, plan, and dental code category. Dental cost sharing information can be found in the Provider Portal or obtained by contacting Vantage's Dental Services department.

J **How does Vantage Dental coordinate with other dental supplemental policies?**

- Standard coordination of benefit rules apply when determining the primary payor. Providers must submit an Explanation of Benefits (EOB) from the primary payor when submitting a claim to Vantage for coordination.
- It is the member's responsibility to supply all dental coverage ID cards at the time of service.
- Vantage will not authorize dental services or return predetermination requests when Vantage is secondary.

J **What covered services require pre-authorization?**

- Preventive Dental – No pre-authorization required.
- Basic Dental – No pre-authorization required.
- Major Dental – Pre-authorization required.
- Orthodontia – Pre-authorization required.

J **How do I request a pre-determination or pre-authorization?**

- Vantage's Dental Services department can supply both pre-authorizations and pre-determinations. Dental pre-authorization and pre-determination requests can be submitted by fax to (318) 361-2170.
- Pre-authorizations and pre-determinations are made available within 7 business days of Vantage's receipt of the request and represent a member's coverage at the time of creation.

J **Why should I become a Participating Dental Provider?**

- In-Network Providers enjoy access to the Provider Portal.
- In-Network Providers receive payment from Vantage usually within 14 days of receipt of a clean claim.

J **How do I contract with Vantage?**

- Contact Vantage's Dental Network Development representative at (318) 732-0005, (318) 998-3195, or rredding@vhpla.com for contracting information.
- Contracted Providers must agree to the Vantage Dental fee schedule and cannot balance bill members.

J **What claim forms are accepted?**

- Vantage accepts the 2012 American Dental Association claim form. The claim form can be accessed as follows:
 1. www.ada.org/~media/ADA/Member%20Center/Files/j430d_dental_claim_form_2012.pdf?la=en,
 2. www.vantagehealthplan.com/Physicians/Dental/, or
 3. In the Provider Portal.
- Claim forms can be submitted to Vantage via mail or electronically. Vantage uses Change Healthcare as its clearinghouse for electronic claims with Payor ID 72128.

Vantage Dental FAQ's (cont'd)

- J **Are services paid on the prep date or seat date?**
 - Payments for covered services are rendered on the seat date. Any applicable pre-authorizations should be obtained prior to the seat date.

- J **Is periodontal and endodontic treatment considered Basic or Major?**
 - Periodontal and endodontic treatments are covered in the Basic code category. There are no frequency restrictions for these treatments.

- J **Are night guards (occlusal guards) covered?**
 - Yes. Night guards are covered in the Basic code category.

- J **Is full mouth debridement covered?**
 - Full mouth debridement is covered in the Basic code category. There are no frequency restrictions.

- J **Are composite fillings downgraded to amalgam fees?**
 - No. Vantage does not downgrade.

- J **Who do I call for help?**
 - Vantage's Dental Services department can be reached at (318) 807-4787 or (844) 788-1907. Dental Services can assist with eligibility, benefits, claims, coding, and fee schedule questions.
 - Vantage's Dental Network Development representative can assist with contracting and can be reached at (318) 732-0005, (318) 998-3195, or rredding@vhpla.com.