

Billing Codes

Get Consent Before Providing Medical Services

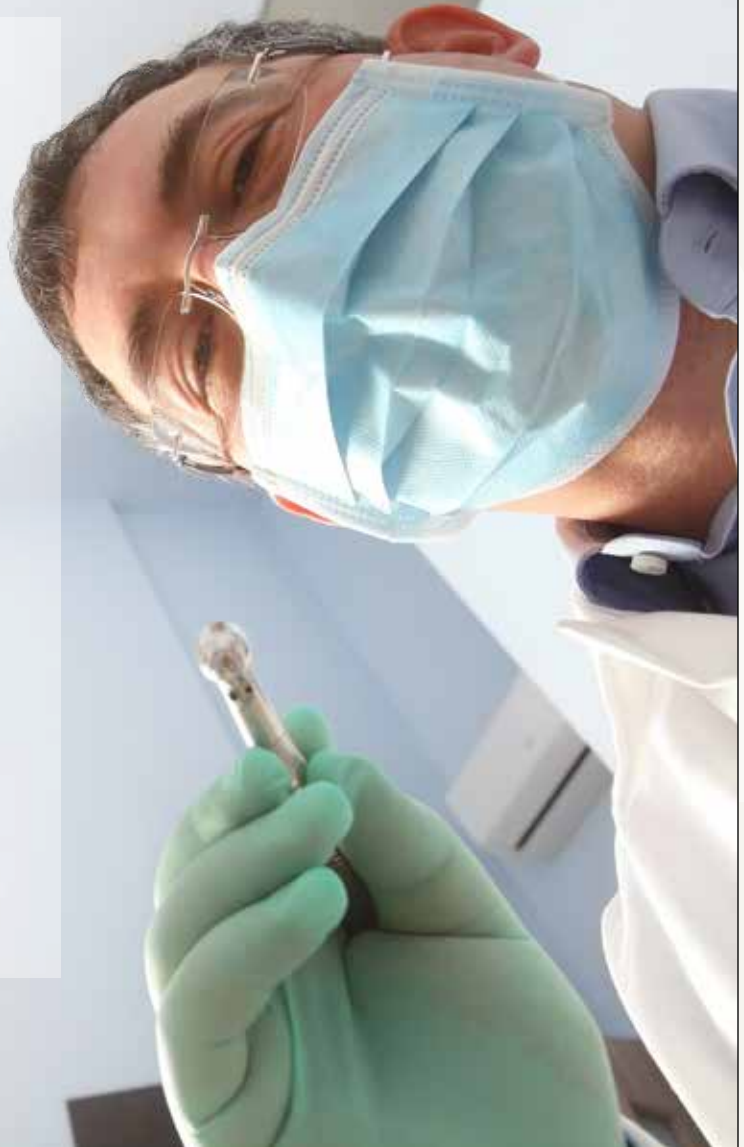
Your contract with PEHP covers only dental codes and services

Except for Oral Surgeons, PEHP does not contract with dentists for general medical services.

A dental agreement with PEHP only covers benefits and fees for dental codes and services.

We strongly encourage dentists not to provide general medical services to PEHP members without the member's knowing consent to the procedure, price, and responsibility for payment.

Further, such claims should not be sent to PEHP but should be a matter between the dentist and the member.



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PEHP supports EDI Transactions – 837, 270/271, 276/277, 277CA, and 835.

Appeals Process

Avoid Delays With Accuracy

Beginning March 1, 2018, PEHP will be returning appeals to providers if the request is lacking specific information. Providers who disagree with how a claim was processed may dispute the claim. For a successful appeal, it must include:

1. An explanation of why they feel the denied charge is payable.
2. Have supporting documentation/guidelines to back up the appeal.
 - a. Furthermore, provider must point to the section in the record where they feel it shows the criteria is met.

Appeals received without the above documentation and simply state: "please review, charge is payable with modifier", or "records attached" etc., will be returned to the provider's office, with a cover sheet that indicates the appeal can't be reviewed until requested information is submitted.

Review of appeals takes time. To avoid unnecessary delays in the appeal, please make sure the appeal is submitted with the correct information. We encourage providers to visit www.pehp.org to become familiar with our appeals process.

Data Review

Audit Concerns: Let Us Help You

The Financial Assurance Department, along with our third-party auditing vendor (Verscend) continually audits claims to ensure accuracy of billing and correct coding. Verscend reviews the PEHP data with a team of Certified Dental Coders (CDC), RN's and peer reviews as needed. Examples of common audit concerns are:

- » Billing under the wrong provider (i.e. when services are not billed under the rendering provider).
- » Billing for **Major** services (Crowns, Bridges, Dentures and Implants) on the **prep date** and not the **seat date**.
- » Billing for services not rendered.
- » Documentation not supporting the code(s) billed.

Accuracy in documentation is KEY! Remember:

- » Submitted documentation should support the when, where, and why of services/procedures performed. This includes chart notes and/or progress notes, typed narrative.
- » Submitted x-rays should include the patient name,



date of birth, and identify the tooth/teeth.

- » When billing for a crown be sure services are billed on the SEAT date and include a lab slip or proof of the use of a CERC machine as part of the documentation.
- » Handwritten notes added to the dental claim form on line 36 "remarks" is not sufficient documentation to support the services/procedures performed, when submission is for a post pay audit review.
- » If it's not documented, it did not happen and is not payable.

We encourage you to understand the importance of accurate billing and documentation. This will not only help your office have successful billing, but will also help in an audit. We're happy to help you through any questions, so contact your Provider Relations Representative for assistance.

Patients can be asked for their copayments, co-insurance, and deductibles at the time of service.

Receiving Payments

Tips to Avoid Delays

If there are no requirements to submit X-rays or documentation, then submit your claims electronically, as they process faster than paper claims. However, if the claim contains codes from the list below, send a paper claim with the required records attached, as we do not accept electronic attachments.

By sending the required documentation on the initial claim submission, it'll help to streamline payment processing.

Please make sure to have the patient's identifying information (patient name and PEHP ID number or patient's date of birth) on each page of the attached records to ensure the records can be attached to the correct patient in case the records get separated from the claim form.

Be sure to check the list often, as it is subject to change. Providers can find it at www.pehp.org/providers/dental-services/authorization-coding-req.

- Claims & Billing
- Care Management & Wellness
- Dental Services**
- Appeals
- Authorization / Coding Req.
- Contracts/credentialing
- Coordination of Benefits (COB)
- Dental Benefit Overview
- Electronic Funds Transfer (EFT)
- Electronic Submission
- Paper Claims Submission
- Provider Newsletters
- Remittance Advice
- ROI Dental Calculator
- Timely Filing
- Electronic Data Interchange (EDI)
- Online Services
- Contact Us
- Contracts/Credentialing
- Pharmacy

Authorization / Coding Req.

- Written preauthorization & treatment plans are required for prosthodontic services on teeth 7-10 and 23-26 and for crown lengthening.
- Pre-authorization is not required for orthodontics.
- Treatment plans should include a detailed statement of the proposed services, CDT codes, fees to be charged, and pre-treatment x-rays.
- When indicated, narrative reports may be required supplying additional information.
- If preauthorized services are not completed within 12 months a new preauthorization is required.

Codes requiring additional documentation – X-rays are required on the following CDT codes:

- 2710-2794 (crowns) initial placement
- 2952, 2953, 2954 and 2957 (cast post and core) if no root canal in history
- 2960-2962 all teeth (veneer)
- 6010-6050 (implant)
- Initial placement of 6205-6794 (bridge) 2+ abutments billed on either side of the pontic
- 2332 with facial (filling), 2335 (filling) anterior teeth only

Documentation or Perio chart required for the following CDT codes:

- Unlisted codes ending in "99"
- 4210, 4211 (gingivectomy)
- 4341, 4342 (scaling and root planing)
- 4381 (chemo agent)
- 4910 (perio maintenance)
- 4355 (full debridement)

X-ray and documentation are both required for the following CDT codes:

- 7210, 7220, 7230, 7240, 7241, 7250 (surgical extractions)
- 4260-4268 (all perio services - perio chart is needed)
- 2950 (build-up)-If no root canal therapy in history
- 3346-3348 (Retreatment)
- 7953 (bone replacement graft for ridge preservation - per site)

Photos and documentation are both required for the following CDT codes:

- 4270, 4271, 4273, 4275, 4276 (all perio services - perio chart is needed)

Providers can upload their entire remittance advice online at www.pehp.org.

Prosthodontic Benefits

Be Familiar With Disclaimers

To continually assist our dental providers, we would like to remind you of the following disclaimers given for Prosthodontic services.

» Services to restore tooth structure are covered when damage is caused by decay or fracture. However, if the fractures are due to wear, the services will not be covered.



» If two different major services are received on the same tooth in the 5-year

period, the payment for the second service will be reduced by the amount paid for the first, up to plan maximum.

We encourage your office to familiarize yourself with these disclaimers. If you have any questions regarding them, please contact PEHP's Health Benefit Advisors at 801-366-7555.

www.pehp.org

Tools at Your Fingertips

Over the past year, PEHP has made several online tools available to assist our dental providers in accessing useful information. All of this is found through the secured provider portal at www.pehp.org.

- Dental Benefit Overview:** Providers can access a breakdown of benefits for members. This tool gives a general description of benefits for all categories of dental services. While we are not able to include every code in the breakdown, it does provide an overview of each plan's benefit structure and many common dental services. After you've logged in, select "Check Eligibility" and follow the prompts. After locating your patient, scroll down to "Dental Plan." Make note of the type of dental plan, as well as the Risk Pool. Select "See Dental Benefit Overview" and choose the correct plan. For codes that are not listed in the breakdowns, providers have access to the fee schedule.
- Fee Schedule Lookup:** Providers can search up to 10 codes at a time, or a range of codes. This tool allows providers to see if a code is allowed, the allowed amount, and if the code requires prior authorization.
- EDI Claim Acknowledgement:** Allows providers to confirm that an electronically

submitted claim was received and accepted by PEHP, or see rejection codes if there was an issue with the submission.

- EFT Agreement:** Providers can enroll for electronic payments or change banking information.
- Documents/Newsletters:** This link allows providers to view our Master Policies. PEHP's dental plans follow one of two Master Policies – either the "Dental Master Policy," which covers all employer group plans, or the "Medicare Supplement Dental Master Policy," which covers our Medical Supplement Dental 1000 or 1500 plans. All employer group plans share the same frequencies and criteria, only the percentages, deductibles, and waiting periods/missing tooth clauses may change.

Our Health Benefits Department will refer providers to our website for general eligibility, claim status, and benefit breakdowns. If the services are not scheduled, callers will be referred to our website to get an overview of benefits. Our Health Benefit Advisors are happy to assist with questions about scheduled services, denied claims, member's dental history questions, or problems with submitted claims.

Providers are under contract to follow COB rules. Therefore, when PEHP is secondary, we will apply our contract and providers are required to take the provider adjustment / write off.

Fee Schedules

Fee Schedules Available Online

The PEHP for providers secure website allows your office to obtain the current fee schedule. Additionally, providers can see if CDT codes require prior authorization, or if the code is not covered. Sign in using your login credentials. If you can't remember your login, contact your Provider Relations Specialist.

After successfully signing in at www.pehp.org, follow these simple steps to obtain the information your seeking:

1. Click on [Fee Schedule Lookup](#).
2. Accept the Terms and Conditions.
3. Date of Service. This will auto populate to the current date. Leave as is.

4. Provider Panel. "Preferred Provider Panel" will autofill. Leave as is.
5. Select Code Criteria. Providers have the ability to look up 10 codes at a time or may search a range of codes. If it's the full fee schedule you are looking for, select "Enter Range of Codes." In the first box enter 4 number zero's, in the second box enter 4 number nine's.

Note: With either option, exclude the letter "D"

6. Choose "Look up Fees." To upload the results to an excel file, select "Download Results to Spreadsheet". Your office must have excel on your computer in order for this function to work.

Example:

Search Criteria:				
Service Date:	08/17/2016			
Code(s):	0000 - 2222			
Provider Panel:	Preferred Provider Panel			

[Download Results to Spreadsheets](#)

SEARCH RESULTS:

Code	Modifier	Non-Facility Allowable	Provider Panel	Comments
0120		22.32	Preferred Provider Panel	Preauth - No
0140		37.36	Preferred Provider Panel	Preauth - No
0145		34.17	Preferred Provider Panel	Preauth - No
0150		39.19	Preferred Provider Panel	Preauth - No
0160		22.32	Preferred Provider Panel	Code Under Review
0170		0.00	Preferred Provider Panel	Not Covered
0171		0.00	Preferred Provider Panel	Not Covered

Provider Relations Representatives

To provide optimal service to PEHP providers, each Provider Relations Representative is assigned a specific area to manage. This assignment is based on the physical locations of the providers. If you are unsure who your representative is, please call PEHP at 800-365-8772 or 801-366-7700.

SERVICE AREA #1

Chantel Lomax

Provider Relations Specialist

Phone: 801-366-7507 or 800-753-7407

Fax: 801-245-7507

E-mail: chantel.lomax@pehp.org

In-State Cities

Holladay (84117, 84121 & 84124), Midvale (84047), Salt Lake City (All other zip codes not mentioned in other service areas), All University of Utah

Out-of-State

Colorado

SERVICE AREA #3

Henry Cruz

Provider Relations Specialist

Phone: 801-366-7721 or 800-753-7721

Fax: 801-245-7721

E-mail: henry.cruz@pehp.org

In-State Counties

Tooele, Utah

In-State Cities

Kearns (84118), Magna (84044), Taylorsville (84084, 84118 & 84119), West Jordan (84084 & 84088), West Valley (84119, 84120 & 84128)

Out-of-State

Wyoming

SERVICE AREA #5

Selena Johnson

Provider Data Specialist

Phone: 801-366-7511 or 800-753-7311

Fax: 801-245-7511

E-mail: selena.johnson@pehp.org

Out-of-State

All states other than those listed above

SERVICE AREA #2

Wendy Philbrick

Provider Relations Specialist

Phone: 801-366-7753 or 800-753-7753

Fax: 801-245-7753

E-mail: wendy.philbrick@pehp.org

In-State Counties

Box Elder, Cache, Davis, Morgan, Rich, Weber

In-State Cities

Murray (84107, 84123 & 84157)

Out-of-State

Idaho

SERVICE AREA #4

Jenna Murphy

Provider Relations Specialist

Phone: 801-366-7419 or 800-753-7419

Fax: 801-328-7419

E-mail: jenna.murphy@pehp.org

In-State Counties

Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Summit, Uintah, Wasatch, Washington, Wayne

In-State Cities

Draper, Herriman (84065 & 84096), Riverton (84065, 84095 & 84096), Sandy (84070, 84090, 84091, 84092, 84093 & 84094), South Jordan (84065 & 84095)

Out-of-State

Arizona

Out-of-State Cities

Las Vegas, Nevada
Mesquite, Nevada

MAILING ADDRESSES

All Service Ares & Representatives

PEHP
560 East 200 South
St. George, UT 84102

PROVIDER NEWS

A PEHP PROVIDER RELATIONS PUBLICATION

PEHP

SPRING 2018

Contact List

Please note: *The contact numbers for Case Management and Health Benefits Department are not the same.*

Case Management

.....801-366-7755 or 800-753-7490

Health Benefits Department/ Pre-authorization (outpatient)

.....801-366-7555 or 800-765-7347

EDI Helpdesk

.....801-366-7544 or 800-753-7818

Inpatient Preauthorization

.....801-366-7755 or 800-753-7490

Inpatient Mental Health & Substance Abuse Authorization

Blomquist Hale Consulting Group (BHCG)
Jordan School District

.....801-262-9619 or 800-926-9619

Pharmacy

.....801-366-7551 or 800-366-7551

Wellness Program

.....801-366-7300 or 855-366-7300

PEHP Healthy Utah.....801-366-7300 or 855-366-7300

PEHP Health Coaching...801-366-7300 or 855-366-7300

PEHP QuitLine.....855-366-7500
..... www.pehp.quitlogix.org

PEHP WeeCare

.....801-366-7400 or 855-366-7400

Provider Relations

.....801-366-7557 or 800-677-0457

Chantel Lomax801-366-7507 or 800-753-7407
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Provider Data Specialist selena.johnson@pehp.org

Jackie Smith801-366-7795 or 800-753-7595
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Laurel Rodriguez801-366-7350 or 800-753-7350
Provider Relations Manager laurel.rodriguez@pehp.org

Cortney Larson801-366-7715 or 800-753-7715
Director of Provider Relations cortney.larson@pehp.org

PEHP Website

.....www.pehp.org