

Oral Health Services (OHS) DHMO Pre-authorization Process

Effective January 1, 2005, the pre-authorization process for specialty care for the enhanced specialty coverage plans has been discontinued. Patients can be referred directly to the participating specialist. With this change, all CompBenefits Company DHMO plans now feature the Open Access direct specialty referral feature process.

To assist you in making the Open Access process work for patients covered under one of the OHS DHMO plans, we urge you to review the new OHS DHMO Plans “Specialty Claims Review and Payment Guidelines”. This document outlines the criteria for coverage and reimbursement for those procedures that were previously subject to pre-authorization and review.

If you are a participating general dentist, we ask that you make the patient aware of their covered benefits before referring to the participating specialist. Services that do not meet the guidelines will be denied for payment. If you are a participating specialist, it is especially important for you to make sure the necessary services meet the criteria necessary for coverage prior to submitting your claim to us for payment.

To assist us in the review of the OHS DHMO specialty claims in accordance with the new guidelines, we have enlisted the services of P&R Dental Strategies, Incorporated. P&R is an independent, dentist owned, fully certified dental consulting company with many years of experience in dental claims review. To ensure the timely review and processing of your OHS specialty claims, we have established a new, dedicated Post Office Box for use effective with all claims submitted after January 1, 2005:

**CompBenefits Corporation
OHS Managed Care Claim Review
Post Office Box 7032
Chicago, IL 60680-7032**

Please contact your local Professional Relations Representative, or the Miami office at 800.223.6447 for either Alina Hall (ext. 2117) or Betty Gilbert (ext. 2256), if you have any questions regarding the guidelines or this new process.