



# CompDent



*CompNet PPO  
Quick Reference Guide*

# CompNet PPO Quick Reference Guide

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# About CompDent

CompDent is the dental benefits division of CompBenefits Corporation. Since operations began in Florida in 1978, CompDent has expanded throughout the United States.

- From 1978 to 1995, CompDent expanded into the states of Georgia, Alabama, Tennessee, Mississippi, North Carolina, South Carolina, and Ohio.
- In 1994, the Company broadened its presence into Texas through the purchase of DentiCare, Inc. and UniLife.
- Further growth was seen in 1995 when the Company expanded into Illinois, Indiana, Kansas, Kentucky, Louisiana, Missouri, and West Virginia through the purchase of CompDent Corporation.
- Texas Dental Plans, National Dental Plans, and Dental Plans International were acquired in 1996, as well as Dental Care Plus, one of the largest dental care administrators in Illinois.
- Expansion into Arkansas accumulated with the acquisitions of American Dental Providers and Diamond Dental were concluded in March of 1997.
- In April of 2000, the Company acquired Oral Health Services, a Florida based dental and vision benefits provider.

CompDent currently provides dental coverage to over 3 million members in more than 23 states. The administrative parent company, CompBenefits Corporation, is located in Roswell, Georgia. CompBenefits provides management expertise, management information services, billing support services, underwriting support services, and member services to each state company. A local presence in each market helps ensure local service while our centralized management provides consistency and cost efficiencies.

CompBenefits' mission is to serve members, providers, agents and the communities in which we are located, as well as to be recognized by the public as a quality dental plan. CompBenefits is committed to a high level of ethical business practice which includes fair and equitable treatment in all business relationships – with participating groups, members and dentists. All corporate plans, policies and actions are conducted in accordance with this mission.

# Important Telephone Numbers

For the Member Services Department, call:  
Available 8am - 6pm EST Monday - Friday  
**(800) 342-5209**

- ❖ To verify a subscriber's or dependent's eligibility
- ❖ To check on the status of a claim
- ❖ To obtain information regarding your patient's benefits

For the Professional Services Department, call:  
Available 8am - 5pm EST Monday - Friday  
**(800) 382-3979, press 2**

- ❖ To change your office address
- ❖ To change your office telephone number
- ❖ To change your TAX ID Number
- ❖ To add or delete a dental associate

For the Network Development Department, call:  
Available 8am - 5pm EST Monday - Friday  
**(800) 382-3979, press 1**

- ❖ To join the CompNet PPO network
- ❖ To add new offices to the CompNet PPO network
- ❖ To obtain a copy of the CompNet PPO fee schedule

For the Interactive Voice Response (IVR) system, call:  
Available 24 hours a day, 7 days a week  
**(800) 824-0295**

- ❖ To verify a subscriber's or dependent's eligibility
- ❖ To check on the status of a claim

Or you may access [www.compbenefits.com/dentists.htm](http://www.compbenefits.com/dentists.htm) to verify eligibility of a subscriber or dependent and/or check on the status of a claim.

# Features of the CompNet PPO Network

**C**ompNet is the name of CompDent's PPO network. The CompNet PPO network provides the in-network option for CompDent's line of PPO/Indemnity plans underwritten by our own insurance company, CompBenefits Insurance Company. In addition to CompBenefits Insurance Company plans, the CompNet PPO network also serves as the in-network option for various self-funded employer groups and other insurance carriers.

As a dentist in the CompNet PPO network, you have agreed to accept payment for services provided to eligible members in accordance with a specific fee schedule designed for your area. Your name, dental office name, dental office address and dental office telephone number will be printed in the CompNet PPO directory and distributed to our growing list of participating clients. Your full responsibilities as a CompNet PPO dentist are stated in the Participating Dentist Agreement. This office reference guide will assist you and your staff with further clarification of these requirements.

CompNet PPO members are financially responsible for certain deductibles and coinsurance payments. These deductibles and coinsurance amounts do vary by plan. You may contact Member Services to obtain information regarding your patient's benefits. In addition, CompNet PPO members are responsible to you for the full cost of any services that may be excluded under their plan.

CompNet PPO members have the option to select any participating dentist. Members also have the option to go out-of-network, but they will incur higher out-of-pocket expenses when they do.

## Benefits of Participating in the CompNet PPO Network

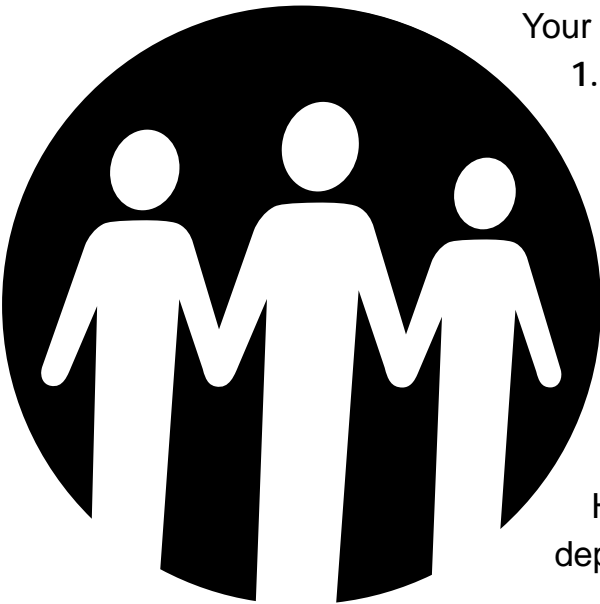
There is no cost to join our PPO network. Also, when referring CompNet PPO patients to specialists, there are no special forms to complete. Simply refer the patient to a participating specialist listed in our PPO dental directory. In addition to joining an outstanding PPO network, you will increase your referral base for additional patients.

CompDent provides dental coverage to over 3 million members and our PPO membership is rapidly growing. More and more employer groups are offering PPO plans to their employees. In fact, PPO plans are the fastest growing segment of the dental benefits market according to an American Dental Association (ADA) survey published in March of 2000. The CompNet PPO network is quickly becoming a significant influence in the dental insurance marketplace.

# Administrative Procedures

**PATIENT ELIGIBILITY:** We recommend that your office staff verify patient eligibility on each patient at the time of service. An ID card itself does not guarantee eligibility on the date of service. Eligibility can be confirmed in one of three ways:

- By calling our Member Services Department
- Accessing our Interactive Voice Response system
- Contacting our website at [www.compdent.com/Dentists.htm](http://www.compdent.com/Dentists.htm)



Your office may call Member Services for assistance at **1.800.342.5209**. Member Services is available Monday through Friday from 8:00 am to 6:00 pm EST.

Your office may also dial **1.800.824.0295** 24 hours a day, 7 days a week, to access the Interactive Voice Response system. By pressing 1, you can find out if the subscriber/dependent is eligible for coverage. You will need to have your Facility Number or Tax ID Number, the Plan Holder Certificate Number or Plan Holder Social Security Number. If the inquiry is for a dependent, you will need the dependent's date of birth.

You may also access our website at [www.compdent.com/dentists.htm](http://www.compdent.com/dentists.htm), 24 hours a day, seven days a week. Click on Personal Touch for Dentists. Again, you will need to know the same information in order to verify eligibility.

**CLAIMS SUBMISSION:** The participating PPO dental office is responsible for submitting claims to CompDent for covered services. CompDent may require additional information including radiographs, periodontal pocket depth charting, progress notes and other documents that may be necessary to evaluate a claim. Claims should be submitted as soon as possible after completion of the dental procedure. Claims submitted more than one year from the date of service may be denied unless an extension was granted for the service.

Claims may be submitted using a standard ADA claim form via the mail or they may be submitted electronically. Our established payor ID is CX021. If you are new to electronic claims, please contact your software support line.

If your office is currently submitting claims electronically, you may be interested to know that CompDent can accept attachments via the Internet. With the *FastATTACH Link* from National Electronic Attachment, Incorporated, you can send perio charts, EOBs, intra-oral pictures, etc. to CompDent for review. This method of submission is inexpensive and easy to use, speeds up claim and pre-authorization processing, eliminates lost or damaged attachments and reduces administrative costs. Simply contact National Electronic Attachment, Incorporated at 1.800.782.5150 or at their website at [www.Fast-Attach.com](http://www.Fast-Attach.com) for additional information.

## REQUIRED INFORMATION TO EXPEDITE CLAIMS PROCESSING:

### BRIDGES

- Full arch radiographs
- Date of extraction of tooth or teeth being replaced by the pontic(s).
- Date of prior insertion of an existing fixed or removable prosthesis replacing the planned pontic
- If a replacement, a statement of clinical findings necessitating the replacement
- A list of all missing and unreplaced teeth in the arch (if full arch radiographs were not submitted)

### CROWNS

- Single film radiographs
- Date of prior insertion, if applicable
- Statement of clinical findings necessitating the replacement(s)

### PARTIAL DENTURES AND SPECIAL CONSTRUCTION

- Full mouth series radiographs or panoramic radiographs
- Date of extraction of the most recent tooth being replaced by the removable prosthesis
- Date of prior insertion of a prosthesis
- If a replacement prosthesis, a statement of clinical findings necessitating the replacement

### IMPLANTS

- Full arch radiographs
- Date of extraction of the tooth being replaced by the implant
- Date of prior insertion of a prosthesis
- If a replacement prosthesis, a statement of clinical findings necessitating the replacement
- A list of all missing and unreplaced teeth in the arch in which the implant is planned

### INLAYS/ONLAYS

- Single film radiographs
- Date of prior insertion, if applicable
- Statement of clinical findings necessitating the replacement

## LAMINATES

- Single film radiographs
- Date of prior insertion, if applicable
- Statement of clinical findings necessitating the replacement

## PERIODONTAL SURGERY

- Full mouth radiographs
- Recent, dated periodontal charting
- For gingival grafts: a narrative describing the mucogingival pathology requiring the graft procedure

## IMPACTIONS

- Single film radiographs (pre-surgical) or panoramic radiograph (pre-surgical)

### ADDRESS FOR CLAIM SUBMISSION:

All CompBenefits Insurance Company claims should be mailed to:

CompBenefits Corporation  
P. O. Box 8236  
Chicago, Illinois 60680-8236

***\* Please note that all other CompDent claims should be mailed to the appropriate address or P.O. Box on the back of the members' ID card.***

### STATUS OF A CLAIM:

You may check on the status of a claim by:

- By calling Member Services
- Accessing our Interactive Voice Response system
- Contacting our website at [www.compdent.com/Dentists.htm](http://www.compdent.com/Dentists.htm)

Your office may call Member Services for assistance at 1.800.342.5209. Member Services is available Monday through Friday from 8:00 am to 6:00 pm EST.

Your office may also check on the status of a claim by dialing 1.800.824.0295 and pressing 2. You will need to have the Plan Holder Certificate Number or Plan Holder Social Security Number, the patient's date of birth and the date of service.

For your convenience, you may also access our website at [www.compbenefits.com/dentists.htm](http://www.compbenefits.com/dentists.htm) and click on *Personal Touch for Dentists*. You will need to have the Facility Number or Tax ID Number, Plan Holder's Certificate Number, patient's date of birth and date of service. Select the member from the list and then click on CLAIMS.



**COORDINATION OF BENEFITS:** If you are aware that the CompNet PPO member is covered under another dental benefit plan, please submit claims to the primary carrier first and then submit the explanation of benefits from the primary carrier with your claim form to the secondary carrier. When the payor is primary, the payor will pay the benefit according to your network agreement without regard to payments of the secondary carrier. When the payor is secondary, the payor will pay the difference between the amount payable by the primary carrier to the PPO dentist and the amount due according to your network agreement.

## Billing Guidelines...

**COMPENSATION:** The CompNet PPO fee schedule lists the majority of dental services covered by the various CompDent PPO plans. Services not covered will be reimbursed by the patient at the dentist's billed charge. The CompNet PPO fee schedule lists the maximum allowable reimbursement to the dentist for services rendered. For covered services, the payor will pay the contracted fee listed in the CompNet PPO fee schedule after deductibles, coinsurance, dental plan limitations and benefits have been applied.

**BILLING MEMBERS:** The covered patient is responsible for his/her coinsurance and deductible, if not yet met. To verify these amounts, you may call Member Services. All coinsurance and deductibles must be calculated upon the applicable contracted PPO fee schedule. Balance billing beyond the contracted fee is not permitted for covered services. The contracted fee amount is applicable to covered services even after the covered patient has reached his/her annual maximum or exceeded frequency limitations, missing tooth limitations, or other similar limitations of the dental plan.



# CompDent

# Dentists' Rights and Responsibilities

In order to provide quality service to its members and promote the highest standards of dental health service, CompDent has developed dentists' rights and responsibilities.

## Rights~

Dentist has the right to:

1. Expect cooperation and compliance from the member with the accepted treatment:
2. Refuse treatment to any member when the treatment is deemed by the dentist to be unnecessary, unsafe, not in the best interest of the patient's health, or outside the skills and abilities of the dentist;
3. Refer to a specialist any member whose treatment is considered too complicated or complex for the general dentist. Dentists may also refer to a specialty dentist any member deemed to be medically compromised;
4. Collect payment for services at the time services are rendered.

## Responsibilities~

Dentist is responsible for:

1. Providing the same quality of care and availability of appointments to CompDent members as that which is provided to non-plan members.
2. Presenting a written treatment plan and cost estimate to members prior to treatment.
3. Providing the same complete care to all CompDent members as that which is provided for non-plan members.
4. Abiding by all of the terms of the provider agreement.
5. Providing access to emergency and after-hours care to all members.
6. Maintaining complete patient records on all members.
7. Cooperating with complaint resolution efforts initiated by CompDent.
8. Cooperating in a complete and timely fashion with all requests for records and information in the course of an audit.

# Members' Rights and Responsibilities

In order to better educate members in their roles as consumers of dental health care services, CompDent has developed a statement of Member Rights and Responsibilities.

## Rights~

Each member has the right to:

1. Be treated with respect and recognition of his/her dignity and need for privacy.
2. Be assisted in a prompt, courteous, and responsible manner.
3. Be provided with information concerning his/her own diagnosis.
4. Be provided with information about how to select a general dentist, to request changes of the general dentists, and to know the identities and responsibility of those individuals who provide their care.
5. Receive prompt and appropriate treatment.
6. Refuse treatment (in this event, the member has the right to be informed of the dental consequences of this action; in the case of a member who is mentally incapable of making an informed, rational decision, approval will be obtained from the guardian, next-of-kin, or other party legally entitled to give such approval).
7. Have his/her dental record, or all other information held confidential, unless disclosure is required or permitted by CompDent, the law, or if he or she consents to its release.

## Responsibilities~

Each member has the responsibility to:

1. Try to be considerate and respectful of all dental treatment staff.
2. Cooperate with his/her treatment staff (if the member has questions or disagrees with the treatment plan, he/she has the responsibility to discuss it with the treatment staff).
3. Keep all scheduled appointments.
4. Provide, to the extent possible, information needed by the treatment staff to adequate care for him/her.
5. Follow instructions and guidelines given by the treatment staff.
6. Understand what medications he/she is taking and whether he/she is scheduled for follow up appointments.
7. Express opinions, concerns, or complaints regarding his/her health care rights and responsibilities in a constructive manner to CompDent.

# Resolution of Complaints

In the event of a misunderstanding or other dispute between your office and CompDent, please take the following steps:

1. Contact CompDent in writing outlining the dispute. We will attempt to resolve the matter immediately, but not later than ten (10) working days from the initial contact.
2. If the matter cannot be resolved, you may notify the Dental Director in writing of the dispute. Upon receipt of a written complaint, the Dental Director will attempt to mediate the dispute, but in the event that the parties cannot reach an agreement, the Dental Director will render a written decision within **thirty (30)** days after the date on which all relevant information is received.
3. You may appeal the Dental Director's decision by providing a written request for appeal to the Dental Director within **thirty (30)** days of the date of the Dental Director's written decision. A request for appeal will be referred to the Grievance Panel. You have a right to appear before the Grievance Panel. A decision by the Grievance Panel will be rendered within **forty-five (45)** days of receipt of the written request for appeal.
4. Disputes not resolved to the satisfaction of either party by the Grievance Panel shall be governed and settled by arbitration pursuant to the rules of the American Arbitration Association. Either party may initiate arbitration by sending the other party written notice (a) identifying the matter in dispute and (b) requesting arbitration. Within 14 days after such notice is given, the parties shall meet at mutually agreeable location in the state where the dental office is located. The purpose of the meeting will be to determine whether you and CompDent can resolve the dispute by written agreement, and, if not, whether both parties can agree upon a third-party impartial arbitrator to whom to submit the matter in dispute for final and binding arbitration. If the parties fail to resolve the dispute by written agreement or agree on the arbitrator within such 14 day period, each party shall select a third arbitrator. The decision of two of the three arbitrators shall be binding and conclusive upon the parties and enforceable by judgment of a court of competent jurisdiction.

# Frequently Asked Questions

**Q.** How is my office reimbursed on a PPO plan?

**A.** You are reimbursed on a fee-for-service basis. By submitting a standard ADA claim form or electronic claim, CompDent will process your claim according to your PPO fee schedule.

**Q.** How much control will I maintain in the treatment of patients?

**A.** CompDent relies on your judgement when treatment decisions are made. Our relationship with you is based on a regard for your professional expertise and provides you ample freedom for referring your patients to specialists or performing procedures that allow you to provide quality care for your patients.

**Q.** Do I have to participate with all CompDent plans?

**A.** You are free to choose which plans are best for your office. We realize that some plans may not fit your style of practice management.

**Q.** What are the qualifications of your participating dentists?

**A.** Participation in CompDent's PPO plan is contingent upon you passing our credentialing process. Each participating dentist is verified through an extensive evaluation process designed to ensure the quality and integrity of the CompDent reputation, as well as to maintain a good reflection on your practice. Completion of a W-9 form, Practice Profile, Provider Application and PPO Agreement are needed to begin the credentialing process.

**Q.** How often does the plan update their PPO reimbursement schedules?

**A.** CompDent Corporation reviews their PPO reimbursement schedules on an annual basis to ensure that the reimbursement to our participating dentists remains competitive.

**Q.** What services are covered under CompDent's PPO plan?

**A.** The services covered by CompDent's PPO plan are defined in the covered patient's Certificate of Group Dental Insurance. If a certificate is not available, you may contact Member Services for details concerning coverage, exclusions, and limitations.