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AETNA BETTER HEALTH[®] OF ILLINOIS Provider Newsletter March 2016, Vol. 3

www.aetnabetterhealth.com/illinois With questions or concerns, please contact Provider Services at 866-212-2851 "Option 2"



Keeping MMAI directory information up to date

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage organizations to contact you at least quarterly to confirm that the information in our directory is accurate. This includes:

- Ability to accept new patients
- Street address
- Phone number
- Any other changes that affect availability to patients

If you notify us of any changes, we have 30 days to update our online directory.

For more information, refer to this fact sheet.

The Council for Affordable Quality Healthcare® (CAQH) helps meet this need

CAQH has a unique solution to ensure that directory information is accurate. They developed it with our help and that of other health plans. CAQH's directory confirmation process uses data from your CAQH ProView ™profile. You simply review, update and confirm your information in ProView. Then, CAQH does the rest. They'll share it with all participating health plans that you authorize to receive it. This eliminates the need for every plan in which you participate to contact you for the same directory information.

CAQH will send you this notice, CAQH provider directory validation invitation e-mail, which has instructions on how to update your profile. CAQH will call you if you don't reply, so respond promptly.

Utilization management

Effective April 15, 2016, Aetna Better Health of Illinois will be staffed for inpatient utilization management activities both days of the weekend, excluding major holidays that fall on Saturday or Sunday. The National Committee for Quality Assurance (NCQA) requires that Aetna Better Health of Illinois meet set timeframes for all utilization management decisions. Facilities that provide admission notification after standard business hours on Friday or over the weekend will have 24 hours from the time of notification to supply relevant clinical information. This change in policy assists in qualifying the Plan for NCQA accreditation, an impending State requirement.

Fluoride Varnish Application Info

What is Fluoride Varnish?

Fluoride varnish is a dental treatment that can help prevent tooth decay, slow it down, or stop it from getting worse. Fluoride varnish is made with fluoride, a mineral that can strengthen tooth enamel and is applied on teeth's outer coating. Fluoride varnish treatments cannot completely prevent cavities. Fluoride varnish treatments can best help prevent decay when a child is also brushing using the right amount of toothpaste with fluoride, flossing regularly, getting regular dental care, and eating a healthy diet.

Is Fluoride Varnish Safe?

Fluoride varnish is safe and used by dentists and doctors all over the world to help prevent tooth decay in children. Only a small amount is used, and hardly any fluoride is swallowed. It is quickly applied and hardens. Then it is brushed off after 4 to 12 hours. Some brands of fluoride varnish make teeth look yellow. Other brands make teeth look dull. However, the color of your child's teeth will return to normal after the fluoride varnish is brushed off. Most children like the taste.

How is Fluoride Varnish Put on the Teeth?

Fluoride varnish is painted on the top and sides of each tooth with a small brush. It is sticky but hardens once it comes in contact with saliva. Your child may feel the hardened varnish with his tongue but will not be able to lick the varnish off. It does not hurt when the varnish is applied. However, young children may still cry before or during the procedure. Fortunately, brushing on the varnish takes only a few minutes. Also, applying the varnish may be easier when a child is crying because his mouth will be slightly open. You may be asked to hold your child in your lap while you are placed knee -to-knee with the person applying the varnish.

(For more information https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Fluoride-Varnish-What-Parents-Need-to-Know.aspx)

PCP Fluoride Application Training

Bright Smiles from Birth aims to train primary care providers and their staff on oral health in children under three. The program provides information on the pathogenesis of early childhood caries, performing oral health assessments, referral to dental homes, oral health guidance for families and application of fluoride varnish. Physicians and nurse practitioners who complete this program are eligible to receive reimbursement for application of fluoride varnish. The course will provide an overview of oral health in young children and how to apply fluoride varnish. Upon completion of this course, Illinois primary care providers are eligible to enroll with Medicaid to receive reimbursement for application to be enrolled in the program. (For more information http://www.brightsmilesfrombirth.org/course-info.asp?course=2)

Coding & Billing

Application of fluoride varnish by a primary care provider (PCP) during an EPSDT visit must be billed separately. Physician Offices:

HFS Form 2360, Health Insurance Claim Form, should be submitted for paper claims and HIPAA transaction 837P should be used for electronic claims. Physicians must bill D1206 on a separate claim or the claim will reject.

Federally Qualified Healthcare Centers (FQHC):

FQHC's should submit HFS Form 2360, Health Insurance Claim Form, or HFS Form 1443, Provider Invoice, for paper claims and HIPAA transaction 837P should be used for electronic claims. All services provided during the FQHC visit with the fluoride varnish application (the D1206 code) should be included on a single claim.

When an FQHC has a dental clinic, the medical clinic and the dental clinic both use the same provider number, but bill on different claim forms. Services provided in the dental clinic are billed on a dental claim form. The claim identifies the specific dentist who provides the service and is submitted directly to DentaQuest.

Medical services are billed on an encounter form and are submitted to the Illinois Department of Healthcare and Family Services (formerly Public Aid). Fluoride varnish applied by a physician would be billed on an encounter form and submitted to Healthcare and Family Services. A separate claim is NOT required for FQHC's. For example, the form could include an E&M visit and a D1206 fluoride application.

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