

# DENTAL POLICY

The Regence Dental Policy Manual contains dental policies approved by Regence. Dental policies have been developed through consideration of government approval status, dental necessity, generally accepted standards of dental practice, and review of dental literature. The Dental Policy Manual can be found on the internet at <http://www.regence.com/about/dental/index.html>. Regence plans use dental policies, unless otherwise indicated.

## **Conflict with Plan Documents**

In the event of a conflict between a dental policy and any plan document under which a member is entitled to covered services, the plan document will govern. Plan documents include, but are not limited to member contracts, summary plan documents, and other coverage documents prepared by a plan.

## Restrictions and Limitations

- Dental policies DO NOT determine the schedule of benefits. Rather, dental policies are used in the process to determine if a service will be paid by a plan.
- Dental policies are interpreted and applied in the sole discretion of the plan.
- Dental policy application is subject to state and federal laws and specific instructions from plan sponsors of self-insured groups.
- Dental policies DO NOT constitute dental advice and DO NOT guarantee any results or outcomes.
- Dental policies are the property of Regence and you are strictly prohibited from using them for any commercial use whatsoever. Commercial use does not include use of the dental policies for purposes related to the health care of a Regence plan member. In addition, CDT codes and descriptions are the property of the American Dental Association with all rights reserved.

## FRAUD AND ABUSE

Regence, along with most other third party payers, has become increasingly active in the investigation of complaints of possible fraudulent and abusive billing practices. It is estimated, of the \$1.3 trillion health care dollars spent nationwide, approximately 5 to 10 percent is spent on fraudulent and abusive claims; wasting taxpayer dollars and inflating health insurance premiums. To respond to these fraud and abuse issues, Regence has established an External Audit and Investigations Department (EAID).

The EAID unit is responsible for the investigation of complaints of possible fraudulent and abusive patterns, responding to questions and complaints from members and providers calling the Fraud Hot Line number listed on the Explanation of Benefits form, providing internal and external fraud and abuse training, and conducting desk and on-site audits. Typical examples of fraudulent and abusive billing include:

- Filing claims for services not provided
- Forging receipts or altering information on original receipts or EOBs
- Embellishing or lying about services provided or received
- Borrowing (or stealing) a member's health plan ID card
- Altering or forging prescriptions, diagnoses or other medical records
- Billing for a more costly service than was performed (upcoding)
- Billing each stage of a procedure separately (unbundling)
- Receiving kickbacks for referrals
- Billing for services performed by another provider.

To report suspected fraud and abuse, please call our Fraud Hotline at 1 (888) 207-4211.