

Question: How can I check to see if my request for prior authorization has been approved?

Answer:

To check if a Prior Authorization is approved, you can go online to MyDentalCoverage.com or call our **Dental Customer Service 948-6440 on Oahu or 1 (800) 792-4672 toll-free on the Neighbor Islands** as you do today to verify eligibility and benefits.

D8050	Interceptive orthodontic treatment of the primary dentition – once per lifetime
D8060	Interceptive orthodontic treatment of the transitional dentition – once per lifetime
D8070	Comprehensive orthodontic treatment of the transitional dentition – once per lifetime
D8080	Comprehensive orthodontic treatment of the adolescent dentition – once per lifetime
D8210	Removal appliance therapy
D8660	Pre-orthodontic treatment visit
D8670	Periodic orthodontic treatment visit (as part of contract)
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))

Question: Who is responsible for payment if prior authorization is not obtained?

Answer:

The member is held liable if prior authorization is not obtained or approved.

Question: Will the appeals process be the same for HCR plans?

Answer:

Yes, all appeals should be sent to:

HMSA Appeals
P.O. Box 69438
Harrisburg, PA 17106-9437

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

SECTION 11: MEDICARE ADVANTAGE (MA) PLANS

A. 2022 HMSA Akamai Advantage Dual Care Plan (L68)

HMSA Akamai Advantage Dual Care (PPO-SNP) is a Dual Eligible Special Needs Plan (D- SNP) offered to members who have both Medicare and Medicaid benefits (also referred to as Dual Eligible members). This medical plan is administered by HMSA and includes limited dental benefits such as Dental Exams, Cleanings, X-Rays, Amalgams, Composite Restorations, Root Canal Therapy, Periodontal Scaling/Root Planing and Denture Adjustment/Repair.

If you are a participating dentist in HMSA's Medicare Advantage network, you are considered in-network for members of the HMSA Akamai Advantage Dual Care Plan. You will be reimbursed at your current HMSA contracted MA fee schedule. Please refer to the [Medicare Advantage Manual](#).

To check eligibility and benefits, Providers may go online to mydentalcoverage.com or contact Dental Customer Service from Oahu at **(808) 948-6440** or from neighboring islands at **(800) 792-4672**.

Dental Claims should be submitted electronically using Payor ID HMSA1 or mailed to the following address:

HMSA Dental Claims
P.O. Box 1187
Elk Grove Village, IL 60009-1187

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

B. Covered services embedded in member's HMSA Akamai Advantage Dual Care Plan

PROC CODE	ADA TYPE	PROCEDURE DESCRIPTION	2022 BENEFIT FREQ/LIMITATIONS
0120	DIAGNOSTIC	Clinical oral examination, periodic	Two per calendar year, combined frequency with 0140 and 0150
0140	DIAGNOSTIC	Oral exam problem focused	One per calendar year, combined frequency with 0120 and 0150
0150	DIAGNOSTIC	Comprehensive exam	One per lifetime, combined frequency with 0120 and 0140
0270	DIAGNOSTIC	Radiographs, bitewing - single film	One set per calendar year (any of these codes 0270, 0272, 0273, 0274, 0277 constitute a set, except when done within 12 months of 0210 or 0330)
0272	DIAGNOSTIC	Radiographs, bitewing - two films	See details listed for Code D0270
0273	DIAGNOSTIC	Radiographs, bitewing - three films	See details listed for Code D0270
0274	DIAGNOSTIC	Radiographs, bitewing - four films	See details listed for Code D0270
0277	DIAGNOSTIC	Radiographs, bitewing - four films	See details listed for Code D0270
0210	DIAGNOSTIC	Intraoral – complete series of x- rays	One set per five years, (any of these codes 0210 or 0330 constitute a set)
0330	DIAGNOSTIC	Radiographs, panoramic film	See details listed for Code D0330
1110	PREVENTIVE	Prophylaxis - adult	Two per calendar year
2140	RESTORATIVE	Amalgam – 1 surface, primary or permanent	One per surface per tooth per calendar year
2150	RESTORATIVE	Amalgam – 2 surfaces, primary or permanent	One per surface per tooth per calendar year
2160	RESTORATIVE	Amalgam – 3 surfaces, primary or permanent	One per surface per tooth per calendar year
2161	RESTORATIVE	Amalgam – 4 surfaces, primary or permanent	One per surface per tooth per calendar year
2330	RESTORATIVE	Resin based composite – 1 surface, anterior	One per surface per tooth per calendar year
2331	RESTORATIVE	Resin based composite – 2 surfaces, anterior	One per surface per tooth per calendar year
2332	RESTORATIVE	Resin based composite – 3 surfaces, anterior	One per surface per tooth per calendar year
2335	RESTORATIVE	Resin based composite – 4 surfaces, anterior	One per surface per tooth per calendar year

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PROC CODE	ADA TYPE	PROCEDURE DESCRIPTION	2022 BENEFIT FREQ/LIMITATIONS
2391	RESTORATIVE	Resin based composite – 1 surface, posterior	One per surface per tooth per calendar year
2392	RESTORATIVE	Resin based composite – 2 surfaces, posterior	One per surface per tooth per calendar year
2393	RESTORATIVE	Resin based composite – 3 surfaces, posterior	One per surface per tooth per calendar year
2394	RESTORATIVE	Resin based composite – 4 surfaces, posterior	One per surface per tooth per calendar year
3310	ENDODONTICS	Endodontic Therapy – anterior tooth	One per tooth per calendar year
3320	ENDODONTICS	Endodontic Therapy – bicuspid tooth	One per tooth per calendar year
3330	ENDODONTICS	Endodontic Therapy – posterior tooth	One per tooth per calendar year
4341	PERIODONTICS	Periodontal Scaling and root planing	One per quadrant per calendar year
5410	PROST, REMV	Denture adjustment complete upper	Two per calendar year
5411	PROST, REMV	Denture adjustment complete lower	Two per calendar year
5421	PROST, REMV	Denture adjustment partial upper	Two per calendar year
5422	PROST, REMV	Denture adjustment partial lower	Two per calendar year
5511	PROST, REMV	Repair broken complete denture base, mandibular	One per arch per calendar year
5512	PROST, REMV	Repair broken complete denture base, maxillary	One per arch per calendar year
5520	PROST, REMV	Replace missing or broken teeth, complete denture	One per arch per calendar year

PROCEDURE CODES NOT LISTED ABOVE ARE NOT COVERED FOR THIS PLAN


C. Key Highlights

All services payable at 100% for PAR providers and 50% for non-Par providers. This maximum applies to in-and out-of-network preventive and additional comprehensive dental services.

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HMSA Akamai Advantage Dual Care has offered Oral Health for Total Health enhanced dental benefits since January 1, 2019.

D. Sample – HMSA Akamai Advantage Dual Care Card



Dual Care (PPO SNP)

Subscriber Name
KIMO M ALOHA

Subscriber ID
XLLA000012345678


PLAN (80840) MEDICAL **696**
RXBIN **004336** PART D **788**

RXPCN **MEDDADV**
RXGRP **RX3982**
RXID **A000012345678**


Group **M12462 MedicareRx**
Prescription Drug Coverage
CMS-H3832 011

Primary Care Provider
DR MOKI HANA

DENTAL **L68**



HMSA
Akamai Advantage*




hmsa.com/advantage
Oahu **948-6000** TTY **711**
Hilo **935-5441** Kauai **245-3393**
Kona **329-5291** Maui **871-6295**
Toll-free **1 (800) 660-4672**

For care when traveling out of state call: Blue Card **1 (800) 810-BLUE**
Pharmacy Help Desk:
1 (866) 693-4620

Blue Cross Blue Shield of Hawai'i
818 Keeaumoku St.
Honolulu, HI 96814-2365

An Independent Licensee of the Blue Cross and Blue Shield Association
Business hours: 7 days a week
8 a.m. to 8 p.m.

Do NOT bill Medicare. Claims for covered services must be filed with HMSA. Payment will be based on the member's eligibility at the time services are received. Medicare limiting charges may apply.

Submit claims to:
HMSA - CLAIM
P.O. Box 860
Honolulu, HI 96808-0860

Services rendered out-of-state may be limited. Mail claims to: The local Blue Cross Blue Shield of the service area.

For Prescription Drug Benefit claims, mail to:
Medicare Part D Claims
P.O. Box 52066
Phoenix, AZ 85072-2066

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