

Covered or not.

You're good to go either way.

Your go-to guide for Aetna® DMO® plans with elective services.

First things first

Your patient should know all of their options to make an informed choice. What's covered under their Aetna DMO plan is only one factor to consider. So before starting treatment:

- 1 | Discuss which procedures are covered under their plan and which aren't.
- 2 | Determine if your patient wants optional services or materials that aren't covered.
- 3 | Have your patient complete a Financial Informed Consent form.

Your go-to basics

Abandoned treatment: If your patient doesn't want to finish a prosthetic service, mark the procedure as incomplete in their file and report it to us. Depending on the service and circumstances, your patient may be charged a prorated fee that is no more than 50 percent of their applicable copayment for the completed procedure.

Prorated fees: Based on your usual fees, these fees are intended to reflect the time and cost of unfinished procedures. The charges for uncompleted services do not need to be reported since every case is reviewed by a dental consultant to determine the amount for copayments.

Alternate benefits provision: Aetna DMO plans offer a way to provide a similar covered service if the one your patient prefers is not covered. Consider the alternate benefits provision when:

- A service isn't covered but another appropriate one is
- More than one covered service is available

Remember to report all optional treatment services you provide, including:

- Alternate benefits
- Cosmetic procedures
- Enhanced technology/equipment
- Incremental charges



Your go-to cosmetic examples*

Noble metal crown vs. high-noble metal, porcelain-fused crown

Your patient elects high-noble metal, porcelain fused.

Usual fee as approved by Aetna (code D2790): \$700

Plan copayment 40% (\$700 x 40%)	\$280
Additional charge for porcelain and high-noble metal**	\$100
Total patient responsibility	\$380

Amalgam vs. resin filling

Your patient elects white composite filling versus amalgam.

Usual fee as approved by Aetna (code D2150): \$75

Plan copayment 0%	\$0
Additional charge for resin-based composite**	\$100
Total patient responsibility	\$100

*These examples may not apply to all plan codes. For information on what's covered under different plan codes, refer to the *Aetna Dental® Office Guide for Primary Care Dentists*.

**Additional charges are the difference between the dentist's Aetna-approved usual fee for the optional treatment and the cost of the covered service.

Your go-to references

Call the Aetna National Dentist Line at
1-800-451-7715 (TTY: 711).

Find codes by plan and search our online guides at **aetnadental.com**.

*Aetna Dental Office Guide for Primary Care Dentists, Section VIII:
Dental procedure guidelines*

*Aetna Dental Office Guide for Primary Care Dentists, Section IV:
Exclusions and limitations, Optional treatment plans*

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