

7/01/24

ATTN: Appeals & Grievances  
Devoted Health, Inc  
Box 21327  
Eagan, MN 55121

This is an Appeal/Complaint/Grievance.

My info:  
Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014  
Member Number: D5SYZR  
Medicare Number: 1EW2-V29-FQ90

I had an appointment with my Dentist (Dr Sider) on 5/9/24 for a crown on tooth number 18, and to re-do an existing filling on tooth number 15. I spent about 90 minutes in the chair. I came back to the office on 5/22/24 to have the permanent crown installed.

The Dentist office submitted claim number 202405151796225 for actual services: Delta Devoted paid the Dentist for the filling as follows:  
D2392 Resin-based composite - two surfaces, posterior tooth, Tooth: 15.  
Accepted Fee = \$150, Delta Devoted Pays \$0, My cost = \$30.

Explanation:

quote

! Procedure Alert

The enrollee's program has a limitation of once in a two-year period for this service. This service has already been provided within the frequency period, therefore a new service cannot be benefited. The patient is responsible for the amount indicated as "Your cost." (EX727)

end quote

Devoted Health evidence of coverage (EOC), page 141, states that D2392 "benefit details" are:

quote

1 procedure per surface per tooth every 2 years

end quote

Please identify for me which 2 surfaces of tooth number 15 (and/or the filling) are applicable to this D2392. Please send me a complete, unredacted, printed copy of the claim, exactly as submitted by the Dentist office.

I am unable to find any record of a D2392 (or D2391, D2393 or D2394) being done on tooth number 15 within the past 2 years.

Please do one of the following:

1) Provide me with the date of service, the Dentist name, and identify the tooth 15 (and/or filling) surface(s) that justify the Delta Devoted statement:

"This service has already been provided within the [2 year] frequency period".

-- Or --

2) Admit that this part of the claim should have been paid at 100% by Delta Devoted. Admit that the claim was denied in error. Send me a written apology (via US Mail) for the considerable inconvenience caused. The written apology should be signed by a person. Issue a check to Dr Sider in the amount of \$30.

For the crown on tooth number 18, D2740, the accepted fee = \$907. Delta Devoted paid \$757.50. There is no explanation for the \$149.50 difference.

Delta Devoted EOC, page 142, states:

quote

1 crown code or bridge retainer code (see covered bridge codes below) per tooth every 5 years

end quote

Please explain why Delta Devoted did not pay at 100%.

For claim number 202405151796225, date of service 5/9/24, Delta Devoted explanation of benefits (EOB) shows a line item for:

D0220, intraoral - periapical first radiographic image. Accepted fee = \$19, Delta Dental pays \$19.

For claim number 202405287953755, date of service 5/22/24, Delta Devoted explanation of benefits (EOB) shows a line item for the same item, D0220. Accepted fee = \$19, Delta Dental pays \$19. For the same item (D0220) and same date of service (5/22/24), claim number 202406112386176 shows: Accepted fee = \$19, Delta Dental pays \$zero, with the explanation

quote

! Procedure Alert

This procedure was previously processed or is a duplicate of another procedure on this claim. (EXFLN)

end quote

My questions about the \$19 Xray(s):


1) How many Xrays were taken, and how many times did Delta Devoted pay \$19?

2) As of 7/1/24, Delta Devoted shows that I have \$2,182.50 coverage remaining for applicable services. This means that the total charged against my \$4,000 limit is \$1,817.50. According to my calculations, the \$1,817.50 does not include any of the \$19 payments. If Delta did pay \$19 one or more times, why are these amounts not included in the Delta Devoted calculation of my \$2,182.50 remaining coverage?

I am requesting copies of any internal rule(s), guideline(s), protocol(s) and/or an explanation of the scientific or clinical judgment that was relied upon.

Please make all appropriate corrections to claim numbers 20240946124239,

20241356147356, 202404041315688, and 202405151796225. For each of these 4 claim numbers, I would like to know the date received by Delta Dental, and the date completed by Delta Dental. For each of the checks issued to the Dentist, I would like to know the dollar amount and the date the check was cashed.



Philip Rice  
11268 E Linvale Dr  
Aurora, CO 80014

dob 04/25/53

C:\Temp\dentist\delta  
appeal\_sider\_01.txt

cc:

Delta Dental  
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P.O. Box 9214  
Farmington Hills, MI 48333  
Phone: 1-866-548-0292

AARP Dental Insurance Plan  
c/o Delta Dental Insurance Company  
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Rancho Cordova, CA 95670

Dentegra Insurance Company  
Delta Dental Insurance Company  
Delta Dental AARP  
Box 2059  
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Attn: Belinda Martinez, Senior VP

Devoted Health  
Box 211037  
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Attn: Larry Henry  
Chief Operating Officer