

Dental Claim Accuracy

Reduce the costs of inappropriate dental claims

The facts

Financial losses due to fraud, waste, and abuse (FWA) are a significant challenge for dental plans. The American Dental Association (ADA) adds and eliminates CDT codes every year, creating complexity for plans, providers, and members, often resulting in incorrect coding of procedures. In certain cases, providers make educated guesses when determining which code to use or even add codes simply hoping to receive payment. This creates a significant opportunity for FWA.

Cotiviti's solution, Dental Claim Accuracy, offers a defense against overpayments and miscoding. Dental Claim Accuracy applies advanced clinical and coding algorithms to national sourced edits, flagging suspect claims that are then reviewed by our experienced teams of analysts, coding experts, and consultants before final adjudication. We render payment recommendations within hours in most cases, resulting in no payment delays. This offering can be used along with any existing adjudication review process.

Cotiviti's Dental Claim Accuracy is an all-in-one SaaS solution that bundles provider-enhanced review, code editing, pre-authorization, and

professional review capabilities for total cost containment. Powered by a highly customizable rules and analytics engine, Dental Claim Accuracy allows you to identify and clinically validate suspect claims before they are paid.

Avoid pay-and-chase with prepay dental claim expert review

Cotiviti has spent over fifteen years honing Dental Claim Accuracy. Our experienced analysts, who are certified dental coders, have the knowledge to determine the accuracy of a claim by carefully scrutinizing its data and the member's claim history. Our workflow is performed in "near time" and results in most cases are delivered within hours after receipt of edited claims. The result is fewer improper claims and no penalty for delayed payments

Cotiviti also employs experienced dentists who act as consultants for professional review of claims. Professional review of dental claims is an added benefit to dental claims code editing and can provide a determination of necessity as well as appropriateness of the code combinations. Consultants are licensed and experienced in reviewing claims covering a complete range

Benefits

- ✓ Increase dental claims payment accuracy
- ✓ Reduce cost and efforts of post-pay audit and recovery
- ✓ Achieve total dental cost containment in a single solution

of procedures. They are also trained regularly to stay ahead of market changes, make accurate determinations, and support provider reconsiderations.

Reduce in-house resource needs with a full-service approach

Cotiviti handles updates to sourced and proprietary editing and payment guidelines, technology infrastructure (hardware, software, and software updates), and system configurations (edit configurations and customizations). Our clients have the peace of mind that subject matter expert resources are being deployed without the hassle of maintaining that expertise in-house.

Rely on a licensed and accredited program

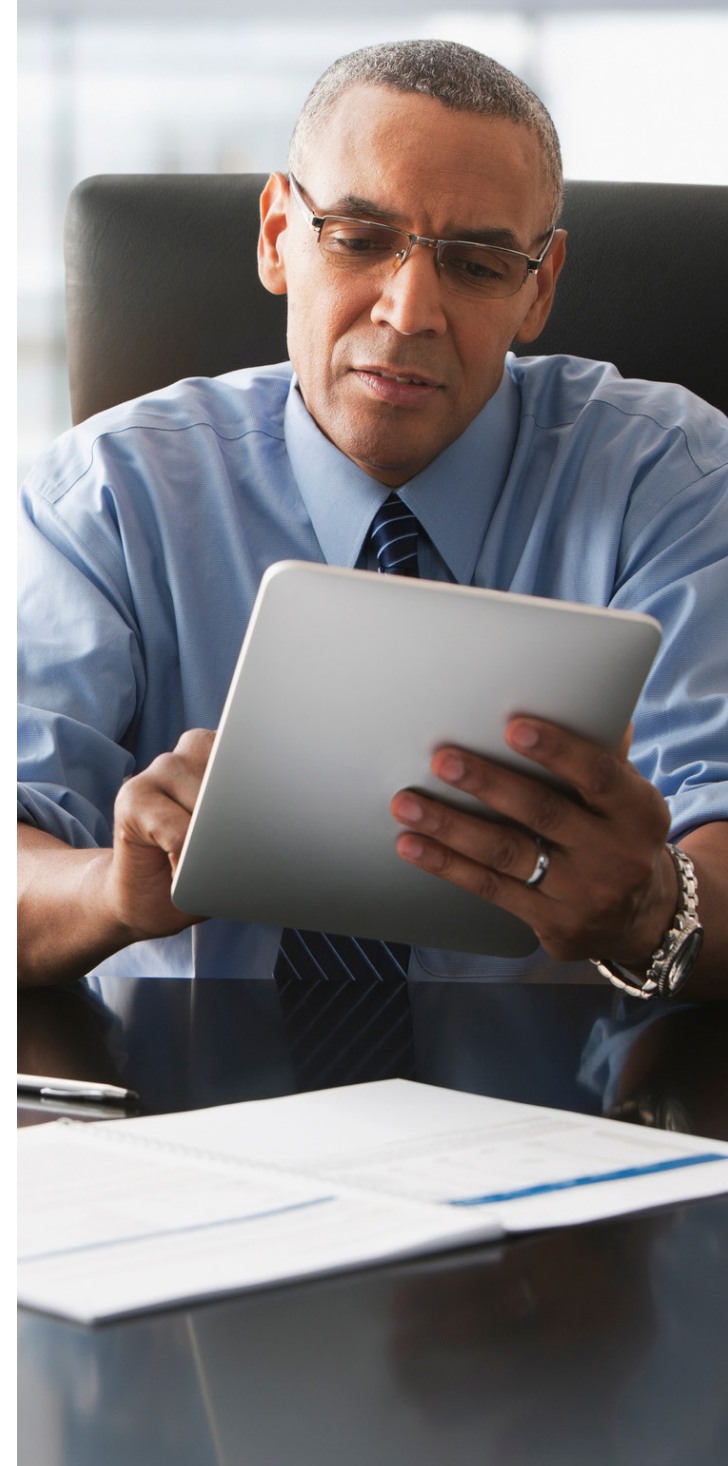
Cotiviti's Dental Claim Accuracy solution is reviewed via guidelines required by state licensing as a Utilization Management Agent and is fully accredited by URAC for Health Utilization Management.

URAC is the independent leader in promoting healthcare quality and patient safety through renowned accreditation programs. URAC develops its evidence-based standards in collaboration with a wide array of stakeholders and industry experts.

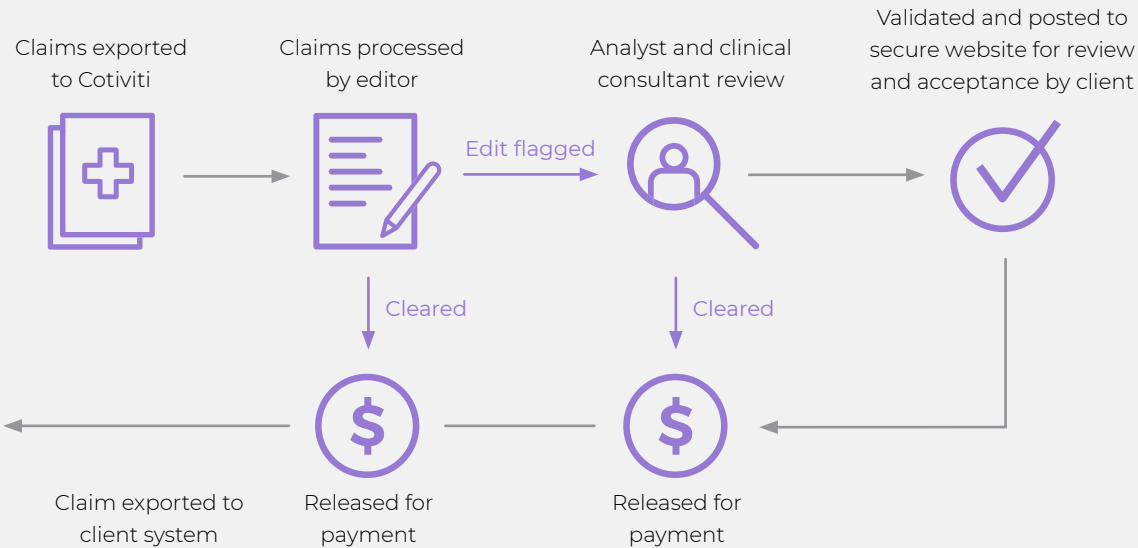
Feel confident with proven results

No matter their line of business or membership size, plans have the potential to save up to 3% or more on their annual dental spend incremental to primary editing systems by detecting improperly-coded claims.

For example, Cotiviti identified and reported more than \$64M in dental claim savings for one client in 2024.



The Dental Claim Process



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