

Notice of Appeal Procedures - State of Kansas

Please read this notice carefully. This notice contains important information about how to file an appeal with us. In order to initiate an appeal, please contact:

Quality Control
PO Box 82657, Lincoln, NE 68501-2657
877-897-4328 (Toll-Free), Fax 402-309-2579

I. Definitions

“Adverse Determination” means a determination that a covered dental service has been reviewed and, based on the information provided, doesn’t meet the clinical requirements for dental necessity, appropriateness or effectiveness under the Insured’s dental coverage plan.

“Appeal” means a formal request to reconsider an adverse determination.

“Expedited Appeal” means a request by telephone for an additional review of an adverse determination of request for a pre-treatment estimate. Review of an expedited appeal will be conducted by a clinical peer who was not involved in the original denial.

“Standard Appeal” means a request to review an adverse determination resulting from a claim submitted for dental treatment already provided or as an extension of an expedited appeal. Review of a standard appeal will be conducted by a clinical peer who was not involved in the original denial.

II. Types of Appeals

The following types of appeal will be available to the insured and the attending dental provider.

A. Expedited Appeal

When an initial determination is made to deny reimbursement of a proposed dental service and the attending dental provider believes that the determination warrants immediate appeal, the dental provider shall have the opportunity to appeal that determination over the telephone or via facsimile on an expedited basis. An expedited appeal is not available for determinations made concerning the reimbursement of benefits for dental services already provided.

A dental provider has access to speak with one of our dental consultants by phone or in person to discuss a determination. Access is available during normal business hours and a contact or call-back will be made within one business day of the request. These requests are coordinated during normal business hours through our Quality Control Unit at the phone and facsimile numbers shown above.

Notification of the appeal review shall be communicated to the dental provider by telephone at the time the decision is made. We will also provide written notification to the dental provider and the insured within one working day.

Expedited appeals that do not resolve a difference of opinion may be resubmitted through the standard appeal process.

B. Standard Appeal

A standard appeal may be made either in writing, facsimile or telephone at the address and numbers shown above. Standard appeals may be requested for adverse determinations which have been made following a submitted claim of dental treatment already received or in those situations where an expedited appeal did not resolve a difference of opinion.

We will provide written notification to the insured and the dental provider of its determination on the appeal as soon as practical, but never later than 30 days after receiving the required documentation for the appeal.

Before upholding the original adverse determination, a peer clinical reviewer who did not make the initial determination shall review the documentation.

Any clinical rationale used for the original determination or the appeals determination may be requested by the dental provider or the covered person.

Department of Insurance Information

You always have the right to contact the state Department of Insurance at 785-296-3071. If you are contacting the DOI in Kansas please use 1-800-432-2484. Or send your complaint to the following address:

Kansas Insurance Department
Consumer Assistance Division
1300 SW Arrowhead Rd.
Topeka, KS 66604