TDI | Texas Department of Insurance

GROUP AND INDIVIDUAL DENTAL AND VISION CHECKLIST

Every effort has been made to ensure the accuracy of the information in this document. All parties should consult the Texas Insurance Code, the Texas Administrative Code, and other applicable laws.

Important Note

A policy being reviewed against this checklist must also satisfy the "Group Health Product Requirements" or the "Individual Health Product Requirements" checklist, as applicable.

DENTAL REQUIREMENTS

DISCLOSURE OF BENEFIT TERMS

If applicable, policy must:

Page _____ Disclose that benefit offered is limited to least costly treatment - TIC §1451.205

Page _____ Specify in dollars and cents the payment amount for services, or explain standard on which payment of benefits is based - TIC §1451.205

Page _____ Accessible website for dentist and patient - Include information on type of dental services covered, reimbursement percentage of allowed charges, and, for contracting dentist, an estimate of the amount of the payment or reimbursement methods- TIC §1451.205 (b) and (c) and §1451.206(a)(2)

PAYMENTS

Page _____ No difference permitted in payments to contracting and non-contracting dentists - TIC §1451.206(a)(1)(A)

Page _____ Insured may assign right to payment to dentist; if assigned, payment is made directly to dentist, and payor's obligation discharged - TIC §1451.206(a)(1)(B) and (c)

Page

Plan must provide 100 percent of contracted amount reimbursement method with no fee to access the payment or reimbursement. Disclose on the website and on request, any fees associated with the methods of payment or reimbursement available under the plan or policy - TIC §1451.206(a)(1)(C) and §1451.206(a)(2)

Page

Payment need not be greater than amount specified in plan or dentist's fee for services provided - TIC §1451.206(b)

PRIOR AUTHORIZATION OF DENTAL CARE SERVICES

Page

Prior authorization defined - TIC §1451.208(a)

Page

Prior authorization does not include a predetermination - TIC §1451.208(a)(2)

Page

If plan or policy requires prior authorization, the prior authorization must include a specific benefit payment or reimbursement amount - TIC §1451.208(b)

Page

If plan or policy requires prior authorization, except for as provided in TIC 1451.208(c), the plan or policy may not reimburse the dentist an amount that is less than the amount stated in the prior authorization - TIC §1451.208(b)

Page

Preauthorization Renewal - before the expiration of an existing preauthorization, if the health benefit plan receives a request to renew, it must review the request and issue a determination - TIC §1222.0003- 1222.0004 and §1301.001 (definition of preauthorization)

PROHIBITED PRACTICES

Page

Health plan or policy cannot interfere or prevent an individual from choosing a dentist- TIC §1451.207(a)(1) and 28 TAC §21.3603

Page

Health plan or policy must not deny a dentist the right to participate as a contracting provider- TIC §1451.207(a)(2)

Page

Health plan or policy cannot authorize a person to regulate, interfere with or intervene in provision of dental care services provided by licensed dentist - TIC §1451.207(a)(3)

Page

Health plan or policy cannot require a dentist to make or obtain a dental x-ray or other diagnostic aid in providing dental care services - TIC §1451.207(a)(4)

Page

Health plan or policy cannot deduct the amount of an overpayment of a claim from a payment or reimbursement for dental services provided by dentist who did not receive the overpayment - TIC §1451.207(a)(5)

Page

A health insurance policy may not provide a different level of payment of benefits or reimbursement, including deductibles, maximums or other cost-sharing provisions, for covered dental care services based on whether the services are provided by a contracting or non-contracting dentist - TIC §1451.206 and 28 TAC §21.3604

Page

Preferred provider benefits are not permitted in a dental plan - TIC §1301.002 and 28 TAC §3.3701

VISION REQUIREMENTS

Only applies to a managed care plan that provides or arranges for benefits for vision or medical eye care services or procedures.

BENEFITS PROVIDED

Page

It must cover services by an optometrist, therapeutic optometrist, and an ophthalmologist - TIC §§1451.151 - 1451.153

Additional Comments or Objections: