



Managed Care

Centralize Your Managed Care Plans



Eliminate the laborious task of having to pull a manual, find a plan, find the plan exclusions and limitations to determine benefits. With Trojan, there's no need to go to different places for co-pays, supplemental payment, and yet another place for exclusions, limitations, and specialty referrals.

Trojan Managed Care summarizes the most critical features of each plan providing you with:

- Co-payment schedules
- Supplemental payments
- Visit fees
- Pertinent lab reimbursement information

Trojan also provides specific exclusions and limitations that are unique to each plan, including perio frequency guidelines and detailed specialty information. This information and more is displayed in an easy-to-read format that can be printed for your patient's chart.



800.451.9723 ext. 3

www.trojanonline.com

TROJAN PROFESSIONAL SERVICES



**Trojan Managed Care Benefits****TROJAN VALUED CLIENT**

Trojan ID	M007164	Patient Name	
Plan Number	CA10A	Mail Encounters / Pre-Approvals to:	DELTACARE USA P.O. BOX 1810
Plan Name	CA10A		ALPHARETTA, GA 30023
Carrier	DELTACARE USA	Administrator Phone	(800) 422-4234
Eligibility Phone	(800) 422-4234		
Payment Base	Schedule. For optional treatment verify with Administrator.		
Limitations	Procedures not listed are not covered but may be available at the Contracted dentist's "filed fees".		
Cap Fee	Yes.		
Visit Fee	\$0 co-pay. Use procedure D0999.		
Supplemental Pmt	Carrier guarantees \$400 minus copay on selected procedures. Payment made by utilization report. See schedule.		
Lab Reimbursement	None. See notes.		
Broken Appointment	Listed co-pay for D9986 or D9987 are without a 24 hour notice per 15 minutes scheduled, to a maximum of \$40.		
C.O.B.	Standard, birthday rule.		
Specialty Referrals	Perio, Endo, O.S., Ortho & Pano to age 8 after an attempt is made by the assigned contract dentist.		
Pre Approval	Specialty referrals.		
Xrays Required	Yes.		
Perio Charts Required	Yes.		
Dependant Coverage	Verify with eligibility.		
FMX Frequency	FMX limited to 1 series every 24 months. D0274 limited to 1 every 6 months. Pano no frequency limit given.		
Prophy Frequency	1 x 6 month period. Additional within the 6 month period co-pay \$45 for D1110, \$35 for D1120.		
Fluoride	Covered. To age 19. 1 per 6 months.		
Sealants	Covered. Through age 15. No frequency limit given. Permanent molars.		
Perio Limitations	Perio scaling & root planing limited to 4 quadrants during any 12 consecutive months.		
Prior Extractions Cov	Verify with Administrator.		
Prosthetic Replacement	5 years & unserviceable.		
Reline Frequency	Relines, rebasing & tissue conditioning limited to 1 per denture during any 12 consecutive months. See notes.		
General Anesthesia	General anesthesia and/or IV sedation covered for O.S. with approved referral for 1 or more bony impactions.		
T.M.J.	Not covered.		
Ortho	Covered. See schedule & notes for co-pay. Pre-tx. records copay \$200: FMX/pano, cephalometric, tomographic survey, diagnostic cast & oral/facial images. Retention fee \$275, includes removal of appliances, construction & placement of retainers. Ortho treatment period 24 months. Retention period 24 months. Ortho age verify with eligibility. Additional co-pay of \$125 per month if treatment exceeds specified treatment period.		
Notes & Limitations	D0601, D0602 & D0603, caries risk assessments, limited to children ages 3 to 19, 1 every 3 years. D4910, 1 treatment each 6 month period, additional within 6 month period at higher co-pay \$55. D4355 limited to 1 treatment in any 12 consecutive months. D5820-21 limited to 1 in any 12 consecutive months. When crown &/or pontic exceeds 6 units in the same tx. plan, additional \$100 co-pay per unit beyond 6th unit. Porcelain crowns, cast, porcelain or resin to metal crowns & bridges are not covered for children under 16. Denture & partial adjustments, or tissue conditioning included 6 months after placement. Services solely for cosmetic purpose not covered, with exception of D9975 or hereditary/developmental defects. Replacement of lost or stolen appliances and lost, stolen or broken ortho appliances is not a covered benefit. Ortho post-records copay \$70, includes FMX & diagnostic casts. Code D8999 includes treatment planning session.		

Trojan does not guarantee payment of benefits or accuracy of information received from insurance companies.

