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News for the Dentist and Staff

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Tom Raffio, President & CEO, Northeast Delta Dental

Affordable Care Act Update

The third year of the Affordable Care Act’s online health insurance marketplaces’ open enrollment period began November 1. Early reports are that *HealthCare.gov* continues to perform well. And, while Vermont Health Connect has made significant progress in its ability to electronically process subscribers’ changes of circumstance (for example, adding a child to a family’s plan after a birth or adoption), it is not yet fully automated,

much to issuers’ consternation. Governor Shumlin has, thus far, not opted to switch Vermont’s state-based exchange over to the federal (*HealthCare.gov*), despite that system’s much better functionality and automation.

The number of people in New Hampshire seeking treatment for heroin addiction is on the rise. Many voices are using that critical public health issue as a basis for encouraging the State Legislature to again appropriate funding for the expansion of the Medicaid program to remove the financial barrier from those eligible uninsureds who want, but cannot afford treatment without insurance coverage. Recall that the State Legislature and Governor approved Medicaid expansion in 2014 and the appropriation of the necessary funds to pay for the additional covered lives. However, with the next State budget came renewed opposition to the expansion, with those using the appropriations process as the means by which to show their opposition. Should an appropriation of funds not be made for 2017, what will happen to the health coverage for tens of thousands of newly insured New Hampshire residents is unknown.

Despite the odds, a small, but impactful, amendment to the Affordable Care Act was recently passed. Under the ACA, the definition of a “small group” for insurance purposes was to increase from 1-50 employees to 1-100 employees (the technical definition is slightly more exact, but the numbers are the same). With that increase would come the applicability to more employers of the small group market’s plan requirements, which some employers see as burdensome or restrictive. In one of the few acts in recent memory to garner support from a majority of both Democrats and Republicans, the Protecting Affordable Coverage for Employees Act, which allows states the option of expanding the definition to 100 or not, was passed in Congress in October. Both New Hampshire and Maine are maintaining the 50 employees maximum for their small group definition, while Vermont has increased its small group definition up to the 100 employees mark. Now, if only Congress could agree on anything else.

ADA CDT 2016 Code Conversion

Every year, the American Dental Association—the ADA—updates the Current Dental Terminology (CDT) procedure codes to keep in tune with dental practice. The ADA has been designated by the federal government as the organization that is responsible for creating and maintaining the current dental procedure codes and nomenclature. Both dentists and dental benefits companies, like Delta Dental, must use the most current set of procedure codes and nomenclature to submit and process claims.

Please be advised that claims must be submitted with the CDT 2016 codes for dates of service on or after January 1, 2016. If an outdated code is submitted, the claim will be returned to the dental office for correct coding, thus causing a delay in benefit reimbursement.

Northeast Delta Dental has a dedicated cross-functional team, who are diligently working to make a seamless conversion from the ADA's CDT 2015 procedure code set to the 2016 CDT procedure code set that will be effective January 1, 2016. Our team reviews the new codes for how they relate to our current benefit structures, and we update our systems and documents accordingly. The team also updates the processing policies to be in accordance with Delta Dental Plans Association's (DDPA) National Processing Policies.

Within the processing policies are the terms, deny and disallow. No benefit reimbursement is made by Northeast Delta Dental for fees that are denied. However, the fees are billable to the patient, up to the maximum allowable charge or PPO fee, depending on the patient's dental benefit plan and the dentist's network participation status. No benefit reimbursement is made by Northeast Delta Dental when fees for procedures are disallowed. In this case, the participating dentist also agrees not to charge the patient for the fees that have been disallowed.

There are 19 new codes, of which nine codes fall into our established covered dental benefits:

1. D0251 Extra-oral posterior dental radiographic image; simply defines the x-ray is of the posterior teeth. Covered as needed.

There are two new codes for connective tissue grafts that are standardly covered. They are simply for use when more than one graft is done in the area of adjacent teeth.

2. D4283 Autogenous connective tissue graft, each additional contiguous tooth, implant or edentulous tooth position in site
3. D4285 Non-autogenous connective tissue graft – each additional contiguous tooth, implant or edentulous tooth position in same graft site. To be used in conjunction with D4275 non-autogenous connective tissue graft, per site. However, D4275 is standardly given an alternate benefit allowance as a D4273, so the D4285 will be given an alternate benefit allowance as a D4283. Any difference between the MAC fees or PPO fees for these procedures is billable to the patient.

There are four new codes for immediate partial dentures, which are not temporary or interim partials. They are standardly covered once per arch every seven years, and count against the conventional partials for the contractual time limitations, just as immediate dentures count against complete dentures for benefit limitations.

4. D5221 Immediate maxillary partial denture – resin base
5. D5222 Immediate mandibular partial denture – resin base
6. D5223 Immediate maxillary partial denture – cast metal framework
7. D5224 Immediate mandibular partial denture – cast metal framework

General anesthesia and IV sedation are currently billed in increments of the first 30 minutes then each additional 15 minutes. Their four codes are being replaced by two codes – one for each 15 minute increment of general anesthesia and one for each 15 minute increment of IV sedation. These services continue to be covered if performed with covered oral surgery procedures, but up to a total of one hour. Fees for more than one hour of general anesthesia or IV sedation will be disallowed, unless clinical documentation is submitted for consultant review to support the need for more than one hour.

8. D9223 Deep sedation/general anesthesia – each 15 minute increment. This replaces two codes – D9220 first 30 minutes and D9221 each additional 15 minutes, which have been deleted by the ADA.
9. D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment. This replaces two codes – D9241 first 30 minutes and D9242 each additional 15 minutes, which have been deleted by the ADA.

The remaining 10 new codes that are not standardly covered because similar procedures are not standardly covered are:

1. D0422 Collection and preparation of genetic sample material for laboratory analysis and report
2. D0423 Genetic test for susceptibility to diseases – specimen analysis
3. D1354 Interim caries arresting medicament application. Interim services are not standardly covered.
4. D7881 Occlusal orthotic device adjustment. Covered only if TMJ services are covered; fees are denied otherwise.
5. D8681 Removable orthodontic retainer adjustment. Fees are disallowed if provided by same dentist/office providing the orthodontic treatment; denied if provided by a different dentist/office.



There are four new codes for cleaning and inspection of complete and partial dentures. Fees are disallowed if performed by the same dentist who provided the denture; otherwise, the fees are denied.

6. D9932 Cleaning and inspection of removable complete denture, maxillary
7. D9933 Cleaning and inspection of removable complete denture, mandibular
8. D9934 Cleaning and inspection of removable partial denture, maxillary
9. D9935 Cleaning and inspection of removable partial denture, mandibular
10. D9943 Occlusal guard adjustment. Covered only if occlusal guards themselves are covered, then once every 12 months. Disallowed if performed within six months of initial placement of occlusal guard.

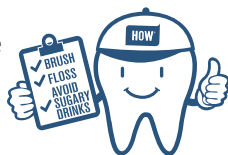
In addition to the procedure code changes, there are 52 nomenclature changes that will not impact current standard

dental benefit plans, but will require Northeast Delta Dental to update language in our systems and documents accordingly. The most common nomenclature change is that of adding “retainer” to the crowns that are part of a fixed partial denture (“bridge”). “Glass ionomer” has been added to the list of materials in direct resin-based composite restorations. “Per tooth” has been added to code D5630 repair or replace broken clasp of a partial denture, and to code D5660 add clasp to an existing partial denture, so we advise dental office staff to be sure to indicate a tooth number when billing for these two procedures.

For a code by code list of National Processing Policies for the CDT 2016 codes, please be sure to refer to our 2016 Northeast Delta Dental Dentist Handbook that will be posted on the Provider page of our website by January 1, 2016. If you have any questions about the CDT 2016 codes and their related processing policies, please contact Professional Relations at 1-800-537-1715.

Health through Oral Wellness® (HOW®)

Join nearly 1,000 of your colleagues throughout Maine, New Hampshire, and Vermont who have registered to use PreViser™, the online clinical risk evaluation tool that is simple, quick to use, and provided to you by Northeast Delta Dental at no charge.



When you register, your Northeast Delta Dental patients, who receive benefits through an employer that has adopted a Health through Oral Wellness® (HOW®) evidenced-based plan design and who have greater risk for periodontal disease and dental caries, can be automatically pre-authorized for preventive care benefits matched to their risk for oral disease.

These enhanced benefits may include oral health counseling, fluoride treatments, sealants, periodontal maintenance procedures, and tobacco cessation counseling, just to name a few. On the topic of tobacco cessation counseling, check out the following website for more information on the Great American Smokeout: www.ada.org/en/publications/ada-news/2015-archive/november/dentists-can-partake-in-nov-19s-great-american-smokeout

Online registration is quick, easy and free. Please follow the instructions below to register to use PreViser™ today! Only one registration per office location is needed.

1. Visit www.nedelta.com/Providers.
2. Click the “Log in” button on the bottom left of the screen.
3. Enter username and password and click “Log in.” If you do not have a username and password, click the “Register Here” button.
4. Click on the HOW® logo/link.
5. Click “Yes” to confirm that you are a participating provider.
6. Fill out the form and click “Find my practice information.”

If you have any questions please contact Provider Services at 1-800-537-1715 ext. 1100.

Office Changes or Updates

Please contact the Provider Services department at 1-800-537-1715, extension 1100, for any dentist and/or office changes or updates. These include, but are not limited to:

- New and/or change of physical or payment address(es)
- New and/or change of phone number(s)
- A dentist joining or leaving an office
- Closing of an office or practice
- Tax information changes
- New and/or changed NPI information
- Retirement
- Sale or purchase of a practice
- License status updates

Please be sure to notify the Provider Services department of all changes/updates **in advance** to ensure proper claims payment.

Individual and Family Dental Plans Brochures Available for Your Office

We have created a tabletop pop-up easel that holds 50 Individual and Family dental plan brochures for you to display in your office waiting room. When you talk to your patients who ask about available dental plans that they can purchase, the information will be at your fingertips. If you would like a kit containing the brochures and the pop-up easel shipped to you, simply go to www.reorder.rgcnet.com to order online or call 1-708-731-2260. We are pleased with the success of our Individual and Family dental plans and we know many of you have referred your patients to us. Thank you for your continued support.



Billing for Services Provided by Ancillary Staff

Patients with PPO or PPO plus Premier dental plans have an expectation that when services are provided by a dentist in the PPO network, all claims will be processed according to the PPO fee schedule.

Northeast Delta Dental has been made aware that dental offices with both PPO and Premier-only dentists are submitting claims for radiographs and preventive services provided by ancillary staff (dental assistants and dental hygienists) under the Premier-only dentist's name and license number as the treating dentist when the evaluation is performed and services are prescribed by a PPO dentist. These offices appear to be working under the assumption that the ancillary staff member is working under the supervision of the Premier dentist even when the evaluation is performed by the PPO dentist.

The state dental practice acts in all three of our states, as well as the American Dental Association Code of Ethics describe the role of the dentist in the direct, indirect or general supervision of ancillary staff members. Billing for services must therefore be consistent with clinical rather than employment supervision.

The dentist who evaluates the patient and prescribes radiographs, prophylaxis, and other services provided by ancillary staff is the provider of record and is responsible for the direct, indirect or general supervision of ancillary staff in the provision of services provided as part of the evaluation (radiographs, etc.). The treatment provided at the evaluation and subsequent visits such as prophylaxis visits between evaluations is also considered to be under indirect supervision of the dentist who prescribed the services.

Billing for services must therefore be consistent with supervision as shown in the following examples:

- A dentist who is in the PPO network evaluates a patient and orders radiographs to be performed by a dental assistant and dental prophylaxis and fluoride treatment to be performed by a dental hygienist with a second prophylaxis appointment in six months. All of these services provided by ancillary staff constitute an episode of care and are billed under the PPO dentist's name and license number as the treating dentist.
- The same patient subsequently sees a Premier-only dentist for a crown. This constitutes a new episode of care which are billed under the Premier-only dentist's name and license number as the treating dentist. Any services such as radiographs provided by ancillary staff related directly to the new episode of care by the Premier-only dentist are billed under the Premier-only dentist's name and license number as the treating dentist.
- Any claim submitted by a dentist on the same date of service as a service provided by ancillary staff are billed under that dentist's name and license number as the treating dentist.

The *Policy on Reimbursement for Services Provided by Ancillary Staff* is included in the *Northeast Delta Dental Dentist Handbook* which can be accessed by logging on to "Benefit Look-up" on the "Provider" page of the Northeast Dental website: <http://www.nedelta.com/Providers>. Should you have any questions regarding this policy, please contact Shannon Mills, DDS, Vice President of Professional Relations at 1-800-537-1715.

New Participating Dentists

We are pleased to announce that the following dentists have joined Northeast Delta Dental's networks in Maine, New Hampshire, and Vermont:

New Hampshire

Amy Rosania, DMD
Ashley Brown, DMD
Rachel McKee, DMD
Benjamin Irzyk, DMD
Kyle Dunmire, DMD
Elmehdi Boujida, DMD
Akbar Saleem, DMD
Jaerim Lee, DMD
Mohamed Amer, DMD
Rachel Madden, DMD
Stephen Tanski, DDS
Lily Hu, DMD
Tushin Shah, DDS
Minh Bui, DMD
Quynh Bui, DMD
Hyucksoo Hong, DMD
Natasha Patel, DMD
Khaled Seifelnasr, DDS
Kiirsten Finn, DMD
Rasha Rafizadeh, DMD
Emilia Vajda, DMD
Joseph Santilli, DDS
Julie Kim, DMD
Kiran Kumar Tamminidi, DMD
Jeffrey Saltz, DDS
Katherine Wilson, DMD
Rushabh Doshi, DMD

Maine

Amrita Reddy, DMD
Benjamin Lawlor, DDS
Jerrold Cohen, DMD
Heather Keeling, DDS
Lia Mittelman, DMD
Robert Atwell, DDS
Elyse Patrella, DDS
Andrew Lam, DMD
James Griffith, DDS
Phillip Claassen, DMD
Israel Adeloeye, DMD
Susan Dellaripa, DMD
Sanyukta Gandhi, DMD
Stephen Tangredi, DDS
Fantan Kasbidi, DDS
David Olivas, DDS
Lisa Slaughter, DMD
Robert McVety, DMD
Genko Stanilov, DMD
Jung Kim, DDS
Kathryn Buss, DDS
Takashi Komabayashi, DDS
Marcus Wilkerson, DDS
Terrin Porter, DDS
Paul Beaudoin, DMD
Michael Hersom, DMD
Michelle Tsao, DMD

Vermont

Kelly Fitzgerald, DMD
Michael Gibilisco, DMD
Tyler Aten, DMD
Akbar Saleem, DMD
Pankaj Kumar, DDS
Zachary Librizzi, DMD
Mose Synder, DMD
Craig Goliber, DMD
Sufian Sheikh, DMD
Prabhleen Singh, DDS
Puneet Natt, DMD



Holiday Closures

Northeast Delta Dental will be closed for the following holidays. Our website, NortheastDeltaDental.com, will continue to be available.

Thanksgiving Holiday	Thursday, November 26 & Friday, November 27, 2015
Christmas Holiday	Friday, December 25 & Monday, December 28, 2015
New Year's Day	Friday, January 1, 2016