

Winter 2018

News for the
Dentist and Staff

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Opioid Alternatives for Dentistry

Northeast Delta Dental and Tufts Health Freedom Plan are working together in our shared commitment to improving the oral health and overall health of our members. As you know, the opioid abuse epidemic is growing across the United States. According to the Centers for Disease Control and Prevention:

- Overdose deaths now surpass deaths from car accidents.
- The rate of drug overdose deaths from opioids tripled between 2000 and 2014.
- Deaths from opioid painkillers alone increased 9 percent in 2014.
- Opioids were involved in more than 28,000 deaths (61 percent) of all drug overdose deaths in 2014.
- More than 80 percent of people who misuse prescription drugs are using medications prescribed to someone else.
- This crisis touches everyone — all ages, genders, races, and economic backgrounds.

A 2011 study in the Journal of the American Dental Association estimates that dentists are responsible for 12 percent of prescriptions for fast-acting opioid pain relievers, surpassed only by general practitioners and internal medicine doctors. Opioid addiction can begin with extraction of wisdom teeth, a common dental procedure that 3.5 million young adults undergo annually. Many clinicians prescribe opioids following this procedure, despite evidence that a combination of nonsteroidal medications and acetaminophen may provide more effective treatment for post-extraction pain.

While there has been an overall decrease in opioid prescribing this year, there remain opportunities to continue to reduce unnecessary opioid prescriptions further. To help combat this crisis, Northeast Delta Dental and Tufts Health Freedom Plan are collaborating to review and evaluate opioid prescriptions written by dental professionals. As healthcare providers, we all have an obligation to obtain education about safe prescribing practices as well as ways to identify potential abuse, have candid conversations with patients, and recommend help.

Northeast Delta Dental and Tufts Health Freedom Plan recommend using alternative treatments such as nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs are effective in relieving postoperative dental pain, have fewer side effects and less potential for abuse compared with opioids.

The dental profession has the opportunity and responsibility to be part of the solution to this public health crisis. For more information, visit the American Dental Association website at <https://www.ada.org/opioids>. It is also important for opioid prescribers to advise patients on proper disposal of unused medication. Learn more about safe disposal at <https://drugfree.org/article/secure-disposal-of-medicine-properly/>.

You can also download this flyer for your patients about the Zero Left campaign which helps educate people on the hazards and safe disposal of prescription drugs. And learn more at <https://thfp.com/zeroleft>

We recognize and appreciate your continued commitment to improving the oral health and overall health of our members.

CDT 2018 Changes Are Here!!

The American Dental Association (ADA) has published the new procedure code set for 2018. These codes are in effect as of January 1, 2018. Be sure to submit claims using only the current code set or they will be returned to your office for resubmission with the correct codes. There are 37 changes associated with Current Dental Terminology (CDT) 2018. There are 18 new codes, three deletions, and 16 revisions to existing codes. The three deleted codes are related to denture repairs and are replaced by six new codes that define the repairs by arch and material. Many of the revisions made to specific existing codes are editorial in nature and do not change the meaning of the procedures or impact our coverage status and current processing policies. The following lists the changes and their related standard National Processing Policies, as well as any updated standard National Processing Policies for existing procedure codes.

Deleted Codes:

Claims for these codes with dates of service on or after January 1, 2018 will be returned to office to be resubmitted with valid 2018 CDT codes.

- **D5510** Repair broken complete denture base
- **D5610** Repair resin denture base
- **D5620** Repair cast framework

Standardly Non-Covered New Codes That Are Denied:

Fees for these standardly non-covered codes are **denied**, which means Delta Dental doesn't pay, but the patient can be charged.

(NOTE: **Disallowed** means Delta Dental doesn't pay and the participating dentist agrees not to charge the patient.)

- **D0411** HbA1c in-office point of service testing
- **D6118** Implant/abutment supported interim fixed denture-mandibular
- **D6119** Implant/abutment supported interim fixed denture-maxillary
- **D7296** Corticotomy- one to three teeth, per quadrant
- **D7297** Corticotomy- four or more teeth, per quadrant
- **D7979** Non-surgical sialolithotomy
- **D8695** Removal of fixed orthodontic appliance – other than at conclusion of treatment

Standardly Non-Covered New Codes That Are Disallowed:

Fees for these standardly non-covered codes are **disallowed**, which means Delta Dental doesn't pay and the participating dentist agrees not to charge the patient. Fees for transmitting the data are considered part of the overall dental procedures performed. However, claims for covered services when/if teledentistry is involved will be processed as usual.

- **D9995** Teledentistry – synchronous; real-time encounter
- **D9996** Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

Standardly Covered New Codes:

- **D5511** Repair broken complete denture base, mandibular (Replaces D5510)
- **D5512** Repair broken complete denture base, maxillary (Replaces D5510)
- **D5611** Repair resin partial denture base, mandibular (Replaces D5610)
- **D5612** Repair resin partial denture base, maxillary (Replaces D5610)
- **D5621** Repair cast partial framework, mandibular (Replaces D5620)
- **D5622** Repair cast partial framework, maxillary (Replaces D5620)
- **D6096** Remove broken implant retaining screw (Once every 7 years)

Standardly Covered New Codes:

- **D9222** Deep sedation/general anesthesia – first 15 minute increment (Fees are **disallowed** for more than one hour total of general anesthesia with covered oral surgery. Use D9223 for each subsequent 15 minute increment.)
- **D9239** Intravenous moderate (conscious) sedation/analgesia – first 15 minutes (Fees are **disallowed** for more than one hour total of IV Sedation with covered oral surgery procedures. Use D9243 for each subsequent 15 minute increment.)

Existing Codes with New Standard National Processing Policies:

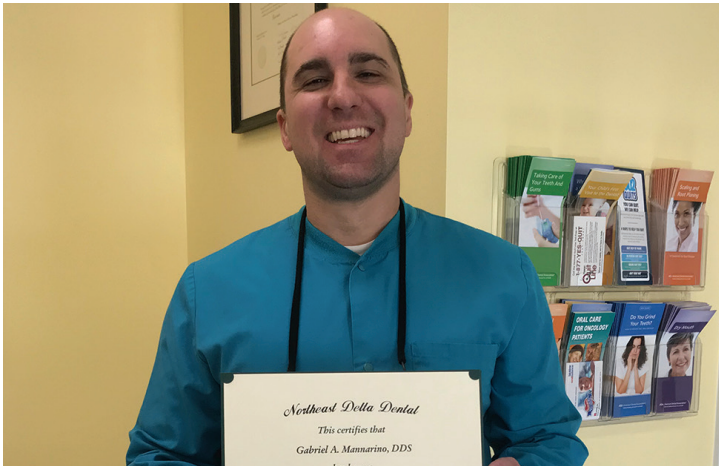
- **D0270** Bitewing, single radiographic image: Benefits for bitewing radiographs are limited to no more than two images for children under the age of 10. An alternate benefit is given of D0272, bitewings, two radiographic images. The difference in fees is **disallowed**.
- **D0273** Bitewings, three radiographic images: Benefits for bitewing radiographs are limited to no more than two images for children under the age of 10. An alternate benefit is given of D0272, bitewings, two radiographic images. The difference in fees is **disallowed**.
- **D0274** Bitewings, four radiographic images: Benefits for bitewing radiographs are limited to no more than two images for children under the age of 10. An alternate benefit is given of D0272, bitewings, two radiographic images. The difference in fees is **disallowed**.
- **D0277** Vertical bitewings, 7 – 8 radiographic images: Benefits for bitewing radiographs are limited to no more than two images for children under the age of 10. An alternate benefit is given of D0272, bitewings, two radiographic images is given. The difference in fees is **disallowed**.
- **D1575** Distal shoe space maintainer- fixed – unilateral: Benefits are limited to children, up to age 9. (Previous age limit was up to age 8.) Benefits are **denied** for more than one space maintainer of any type provided in the same quadrant in a lifetime. Previous limit was one space maintainer per tooth space in a lifetime.
- **D4355** Full mouth debridement: Fees are **disallowed** when performed on the same date of service by the same dentist as a D0150, comprehensive evaluation or a D0160, detailed and extensive evaluation or a D0180, comprehensive periodontal evaluation.
- **D7960** Frenulectomy: Benefits are limited to treatment of medically documented cases of feeding or speech impediments.
- **D7963** Frenuloplasty: Benefits are limited to treatment of medically documented cases of feeding or speech impediments.

If you have any questions, please feel free to contact Eleanor Vien, Director of Professional Relations at 603-223-1305 or by email to evien@nedelta.com

Anniversary Awards



Francis D'Auria, DMD and his team celebrated his 40 years of participation with a \$400 donation in his name to Rutland City Rescue Mission, Inc. The check was presented by LeaAnne Haney, RDH.



Gabriel Mannarino, DDS of Williston, VT received a certificate in honor of his 10 years of participation.



Stacy Plourde, RDH presented William K. Mooney, DDS of Colchester, VT with a \$350 donation in his name to the Humane Society of Chittenden County in appreciation of his 35 years of participation.

Partners in Prevention

In January of 2017, the American Dental Association (ADA) adopted the Current Dental Terminology (CDT) code D4346. It was the first new dental hygiene code to have been introduced in over a decade!

Existing codes documented treatment procedures for patients with a healthy periodontium (D1110/D1120), or patients with periodontal disease who have accompanying loss of attachment (periodontal pockets and bone loss). However, there was not a CDT code available to report therapeutic treatment of patients with inflamed, hemorrhagic gingiva, moderate subgingival calculus and generalized pseudo-pocketing and no attachment loss.

Procedure code D4346 has been available for over a year and we receive many questions about it, such as: What is the code for, how do we use it, who do we use it for, how do we submit for it, what documentation do we need, and finally what should we charge?

Let's start with the ADA-CDT definition of D4346 which is "Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation." It includes "removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing and should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures."

There are several factors to consider here for the highest level of coding accuracy. D4346 is therapeutic and not preventive. Unlike the prophy codes, it is not age or dentition based. It can be used in children, especially orthodontic patients. An oral evaluation and diagnosis must precede the care and treatment for the patient.

Full mouth means the treatment is not site-specific, quadrant or divided in any way — the treatment is for the entire mouth. Use D4346 when there is *generalized moderate or severe gingival inflammation*. The ADA defines "moderate" as greater than 30% of gingival disease, using the Loe and Silness gingival inflammation index. There must not be any radiographic bone loss evident. This code requires a diagnosis before treatment and the supporting documentation including radiographs and probe readings.

Finally, a practice can choose to submit their office fees, based on the cost of doing business and not based on insurance carrier payments. Reimbursement, as with all codes, is determined by provisions of the patient's dental benefits plan and the dentist's participating status with Delta Dental.

D4346 is included in our enhanced preventive benefits program, Health *through* Oral Wellness® (HOW®) for patients with a qualifying risk scores using the online PreViser™ risk assessment tool.

If you have any questions regarding this code or the Health *through* Oral Wellness® program, please contact Professional Relations at 1-800-537-1715, extension 1339.



Attention EFT and/or ERA Users

To support continuing efforts to keep all transactions as secure as possible and to be fully HIPAA compliant, DentalXChange (DXC) has discontinued support for older web browsers with weak encryption. DentalXChange end users have already been directly notified by DXC. While DXC has indicated that there should be minimal impact if any to most end users, Northeast Delta Dental wanted to inform you of this change.

Going forward, if you connect to DentalXChange, please ensure that you are using a newer web browser. Below is the list of supported web browsers:

- Firefox 34 and above
- Chrome 33 and above
- MS Internet Explorer 10 and above
- Apple Safari 8 and above
- MS Internet Explorer Edge will work, but it is NOT recommended.

Please note that MS Internet Explorer 10 was released in 2009, while the rest of the above were released in 2014. All of the above web browsers are free.

Here is a link to a pertinent article that explains why it's so important to update web systems. <https://casecurity.org/2013/09/19/its-time-for-tls-1-2/>

If you have further questions, please contact DentalXChange Support at 1-800-576-6412, extension 452.

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:

Maine

Anna Ivanova, DMD
Melissa Haidu, DDS
Morgan Abdul-Korah, DMD
Roli Malla Joshi, DMD
Tessie Stansbury, DMD
Jeffrey Graffam, DMD
Supritha Nilam, DDS
Oliver Keefer, DDS

Vermont

Stephen Bench, DDS
Ekaterina Hamidzadeh, DMD
Yonesha Phair, DDS
Carson Stroyan, DMD
Xandra Velenchik, DMD

New Hampshire

Laura Williams, DMD
Gillian Weeks, DMD
Melissa Torres, DDS
Stephanie Slate, DMD
Mindy Hall, DMD
Thomas Filip, DMD
Malvika Singh, DMD
Tresa Philip, DDS
Laila Khalid, DMD
Navtej Kang, DMD
Min Zhu, DMD
Felix Santamaria, DDS
Onaiza McKnight, DMD
Trevor Smart, DMD
Hiren Korat, DMD
Kayla Cuddy, DMD
Preethi Jayakumar, DDS
Marci Mazzuca, DMD
Erika Antonsson, DMD

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

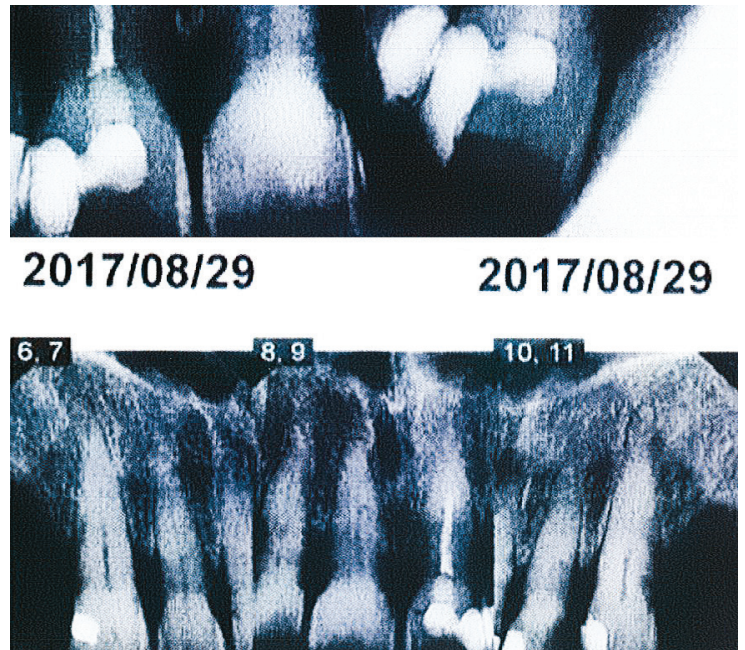
Please be sure to notify the Provider Services department of all changes/updates **in advance** to ensure proper claims payment.

Consultants' Corner

In order to review and process claims with radiographs attached as quickly as possible, please label the radiographs with "Left" and "Right." This will reduce the need to return the radiographs to the office to be labeled which slows processing and your reimbursement. Including the actual teeth numbers is helpful, also.

With the old analog radiographs, providers were trained to read "bubble in" or "bubble out," but the bubble doesn't copy when the radiograph is attached to the claims. With digital radiographs, the panoramic image is usually labeled, but the periapicals are not included in some software programs.

Also, including the tooth numbers when submitting radiographs expedites their review. Below are examples of radiographs our consultants have received for review. The first set does not have teeth numbers listed, but the claim was for a post and core on number 9, which requires the tooth to have had root canal therapy for benefit consideration. The consultants could not determine which tooth was number 9. The second set was also for post and cores, but it does have the teeth numbers listed, which assisted the consultants in making an accurate benefit determination.



Affordable Care Act Update

Northeast Delta Dental will produce articles about the Affordable Care Act as pertinent updates are available. We will produce an annual article in the November issue that recaps any activities. There will no longer be an ACA article in every edition of the *Incisor*.