

# Special Edition

Fall 2003

## Claims Tips

**Important information for accurately submitting claims and receiving prompt payment**

Dental providers and their office staff will save time and avoid delays in payments by reviewing procedure codes to ensure they follow the American Dental Association's most current version of the Code on Dental Procedures and Nomenclature, or CDT-4. The ADA adopted the CDT-4 codes effective as of January 2003.



In order for dental claims to be paid under any Delta Dental Plan of Minnesota (DDPMN) Benefits Programs, the claims must be coded using CDT-4. Dental providers were notified through newsletters and mailings about this change.

With accurate coding, DDPMN is able to provide prompt claims payment.

The grace period for filing under old codes has ended. As of April 1, 2003, all claims and pre-estimates must be submitted using

**Avoid the Cost of Resubmitting Claims — Use New CDT-4 Codes**

CDT-4 codes, regardless of the date of service. DDPMN is concerned that we continue to receive large numbers of claims with invalid codes. Invalid claims are being denied, with rejection notices stating the following:

*“Invalid or no procedure code submitted on claim. Please resubmit with the most current ADA procedure code (CDT-4).”*

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## Delta Dental Plan of Minnesota Receives Re-affirmed Strong Financial Ratings

A.M. Best and Standard & Poor have reaffirmed ratings for Delta Dental Plan of Minnesota (DDPMN) as, respectively, 'A' (Excellent) and 'AA-', making DDPMN one of the highest rated dental plans in the country.

“We are pleased to receive a strong, independent affirmation of our financial stability, especially in the

context of today's economic environment,” said Michael F. Walsh, President and CEO of Delta Dental Plan of Minnesota.

The ratings were based on a number of characteristics found at DDPMN, such as:

- A strong identity and presence in the local dental market.

- An excellent infrastructure of information technology systems to support the organization.
- A strong core market business position.
- Very strong capitalization and modest debt.

Please share this newsletter with your hygienists and administrative staff

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Supporting the MN Dental Access Advisory Committee



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## Claims Tips continued ...

Some of the invalid coding indicates that dental offices may not have updated claim codes for several years. For example, a significant number of claims continue to be submitted under procedure codes 00110 and 00130, which were replaced with new codes over three years ago — in January 2000.

Among the more common procedures where invalid codes need to be replaced and updated are shown at right. □

**Questions about CDT-4 codes? Please contact the ADA at 1-800-621-8099, ext. 2753.**

## Invalid Codes for Some Common Procedures:

### Initial Oral Examination — 00110

This code was established under CDT-1 and is no longer valid.

### Emergency Oral Examination — 00130

This code was established under CDT-1 and is no longer valid.

### Resin Restorations — D2336 THROUGH D2388

The American Dental Association has eliminated the distinction between primary teeth and permanent teeth. As a result, all of the previous codes used for posterior resin restorations were deleted. You must now use CDT-4 codes: D2390, D2391, D2392, D2393, D2394.

### Extractions — D7110, D7120, D7130

These codes were replaced in CDT-4 with D7111 and D7140. Please review the descriptions in order to submit the claim with an accurate code.

### Reminder — Anesthesia codes

In order for anesthesia related claims to be processed, dentists must use these codes:

### Intravenous conscious sedation (IV sedation/analgesia) — D9241/D9242

This is the most common form of anesthesia provided as a dental service and can be performed in a dental office. Anesthesia services without these claims will be rejected. *Delta Dental Plan of Minnesota will no longer be benefiting for deep sedation/general anesthesia (D9220/D9221), which is performed in a hospital setting by a licensed anesthesiologist or certified nurse anesthetist and is usually covered under a group medical plan.*

## Identify Theft — Impact to the Dental Industry

**A**lthough cases of member fraud and identity theft are rare in the dental industry, the cases hurt the consumer and hurt the dentists who are operating legitimate practices.

The most effective means to address the problem is through consistent office processes. Delta Dental Plan of Minnesota (DDPMN) will continue to maintain our systems to stop instances of fraud. When there are possible cases of fraud, we are actively supporting investigations against the individuals involved. Over the last year or so, through the collective efforts of dental offices, local law enforcement and DDPMN,

we have been successful in those efforts.

Identity theft in the dental industry occurs in a variety of ways. In some cases, non-eligible DDPMN individuals are receiving dental benefits. The member may have knowledge of the fraud, by knowingly sharing their dental identification card or identifiable information. In other cases, a member's personal identifiable information has been compromised by an unknown individual. Examples of member fraud:

- Filing dental claims for services not rendered.
- Altering or forging bills or dental claim forms submitted to DDPMN.

- Use of another individual's dental insurance card and/or member identification number and date of birth.

### Processes to assist in preventing identity theft

Dental offices play a key role in fraud prevention. Two critical office process steps:

- At each visit, as an office policy, request the patient's current dental insurance card. Make a copy of it, date it and place it in the patient's chart.
- Request photo identification, at least for all new patients. It is imperative that this information also be copied and placed in the patient's chart.

It is in everyone's best interests to stop member fraud. Not only is DDPMN affected, but the dental office will be stuck with the unpaid portion of the individual's bill. Consumers are hurt because fraudulent claims raise the cost of health care benefits for everybody. This translates into higher premiums, increased out-of-pocket expenses and reduced benefits or coverage.

### How to report possible fraud

Call DDPMN's Fraud Hot Line at 651-994-5492, e-mail to [reportfraud@delta-dentalmn.org](mailto:reportfraud@delta-dentalmn.org) or write to us at: Delta Dental Plan of Minnesota, P.O. Box 9304, Minneapolis, MN 55440 Attention: Report Fraud. □

# Dental Education

## *The Use of Professionally Applied Fluoride for the Prevention of Dental Caries*

In August 2001, the Centers for Disease Control and Prevention (CDC) issued new recommendations on using fluoride to prevent dental caries. These recommendations are intended to provide guidance to health care providers, public health officials, policymakers, and the general public on how to achieve maximum dental decay protection while efficiently using dental care resources and minimizing any cosmetic concerns. The following information is an excerpt from the CDC recommendations that addresses the use of professionally applied topical fluoride.

**T**oday, all U.S. residents are exposed to fluoride to some degree, and widespread use of fluoride has been a major factor in the decline in the prevalence and severity of dental caries. Although caries have declined, these decreases in caries prevalence and severity have been uneven across the general population: the burden of disease now is concentrated among certain groups and persons.

Populations believed to be at increased risk for dental caries are those with low socioeconomic status (SES) or low levels of parental education, those who do not seek regular dental care, and those without dental insurance or access to dental services. Persons can be at high risk for dental caries even if they do not have these recognized factors. Individual factors that possibly increase risk include active dental caries; a history of high caries in older siblings or caregivers; root surfaces exposed by gingival recession; high levels of infection with cariogenic bacteria; impaired ability to maintain oral hygiene; malformed enamel or dentin; reduced salivary flow because of medications, radiation treatment, or disease; low salivary buffering capacity (i.e., decreased ability of saliva to neutralize acids); and the wearing of space maintainers, orthodontic appliances, or dental prostheses. Risk can increase if any of these factors are combined with dietary practices conducive to dental caries (i.e., frequent consumption of refined carbohydrates). Risk decreases with adequate exposure to fluoride.<sup>1-4</sup>

Risk for dental caries and caries experience exists on a continuum, with each person at risk to some extent.<sup>5</sup> Caries risk can vary over time — perhaps numerous times during a person's lifetime — as risk factors change. Because caries prediction is an inexact, developing science, risk is dichotomized as low and high in this CDC fluoride use recommendation report. If these two categories of risk were applied to the U.S. population, most persons would be classified as low risk at any given time.

**Children and adults who are at low risk for dental caries can maintain that status through frequent exposure to small amounts of fluoride (e.g., drinking fluoridated water and using fluoride toothpaste). Children and adults at high risk for dental caries might benefit from additional exposure to fluoride (e.g., mouthrinse and professionally applied products).**

In the United States, dentists and dental hygienists have been applying high-concentration fluoride compounds directly to patients' teeth for approximately 50 years. Application

procedures were developed on the assumption that the fluoride would be incorporated into the crystalline structure of the dental enamel and develop a more acid-resistant enamel. To maximize this reaction, a professional tooth cleaning was considered mandatory before the application. However, subsequent research has demonstrated that high-concentration fluoride compounds

(e.g., those in gel or varnish) do not directly enter the enamel's crystalline structure.<sup>6</sup> The compound forms a calcium fluoride-like material on the enamel's surface that releases fluoride for remineralization when the pH in the mouth drops. Thus, professional tooth cleaning solely to prepare the teeth for application of a fluoride compound is unnecessary; toothbrushing and flossing appear equally effective in improving the efficacy of high-concentration fluoride compounds.<sup>7</sup> High-concentration fluoride gel and varnish are effective in preventing

dental caries, but because application requires professional expertise, they are inherently more expensive than self-applied methods (e.g., drinking fluoridated water or brushing with fluoride toothpaste). For groups and persons at low risk for dental caries, professionally applied methods are unlikely to be cost-effective.<sup>8,9</sup>

High-concentration fluoride products can play an important role in preventing and controlling dental caries among groups and persons at high risk. Dentists and other health-care providers must consider the risk status and age of the patient to determine the appropriate intensity of treatment. Routine use of professionally applied fluoride gel or foam likely provides little benefit to persons not at high risk for dental caries, especially those who drink fluoridated water and brush daily with fluoride toothpaste. □



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# Grants to Improve the Health of Our Communities

**D**elta Dental Plan of Minnesota's corporate giving program recently awarded six grants toward the improvement of the health of our communities.

"I'm pleased that we contribute to positive change in our communities," said Michael Walsh, President and CEO of Delta Dental Plan of Minnesota (DDPMN).

One of the primary focuses of DDPMN's corporate giving is promoting oral health in

order to prevent the dental and oral diseases that burden some population groups who may lack the knowledge or resources to achieve good oral care.

Organizations funded include: The Minnesota HeadStart Association, Normandale Community College, Children's Defense Fund, Twin Cities Public Television, The Jeremiah Program, The Greater Twin Cities United Way.

Delta Dental Plan of Minnesota created a

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**"If we can raise the awareness on good oral health care, we will help shape a new generation of children and parents who know the basics of good oral health."**

**— Michael Walsh, President and CEO of Delta Dental Plan of Minnesota**

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Philanthropy Committee in 2000 to support initiatives in health, education, and community programs in Minnesota. DDPMN's philanthropic mission is to improve

health, especially oral health, of children and underserved populations. For additional information, visit our website at [www.deltadentalmn.org](http://www.deltadentalmn.org). □

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## Creating Healthy and Happy Smiles

### Back to School Smiles

**A**s part of Delta Dental Plan of Minnesota's (DDPMN) ongoing partnership with the Mall of America's Toddler Tuesday program, DDPMN organized a special weekly program during August to inform parents that the back-to-school month is a great time of the year to remind children about the importance of oral health and dental visits. Toddlers received a free oral health screening, a toothbrush, toothpaste, stickers, activity sheets, and a certificate for a healthy smile. Parents received oral health care information.

### Brush With Fame

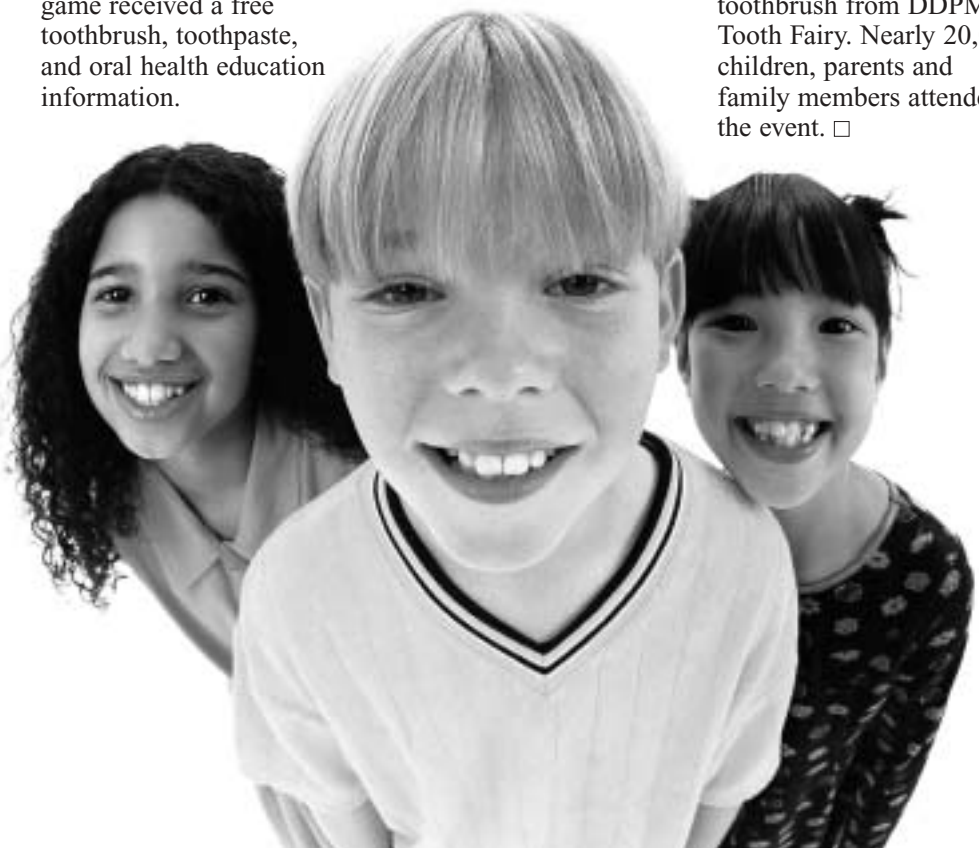
On June 18th, DDPMN teamed up with the St. Paul Saints and Mentadent (Unilever USA) to break the record for the most people

brushing their teeth at the same time. This "*Brush with Fame*" event is part of DDPMN's "*Creating Healthy and Happy Smiles*" oral health education awareness efforts. The first 5,000 people attending the game received a free toothbrush, toothpaste, and oral health education information.

### Como Zoo Boo

In a partnership with Radio Disney, DDPMN scared up some spooky fun for the 16th Annual Zoo Boo event. The grounds at Como Zoo were transformed into a place where children

tricked-and-treated at magical storybook stations along the zoo pathway. In addition to radio announcements encouraging "Trick or Treat, and Brush Your Teeth," children attending received a special fun Halloween-colored toothbrush from DDPMN's Tooth Fairy. Nearly 20,000 children, parents and family members attended the event. □



## **Changes in Public Program Benefits**

**O**ne impact of the State of Minnesota's tightened budget is new restrictions legislated for Minnesota Health Care Programs dental benefits. Among the changes made by Minnesota lawmakers:

- A \$500 maximum annual dental benefit for adults age 21 or older covered through Minnesota Health Care Programs: MinnesotaCare, Medical Assistance (MA), General Assistance Medical Care (GAMC), MinnesotaCare or Minnesota Senior Health Options (MSHO).
- The \$500 cap does *not* apply to pregnant women.
- The cap becomes effective October 1, 2003, with \$500 applied to 4th quarter 2003 and, after that, \$500 maximum each calendar year.
- Dentures, emergency services and extractions related to dentures are exempt from the cap.

Dentists who provide services to public program patients through the Delta Community Dental Care network or Medica network will receive more information from Delta Dental Plan of Minnesota about how we will administer these changes. This would include Blue Plus, First Plan Blue, Medica Choice Care, Medica MinnesotaCare and Metropolitan Health Plan. □

## **Medica's \$1 Million Access Project**

**M**edica has established a \$1 million fund to pay incentives to reward dentists who expand the number of state public program patients they serve. The Medica fund is in addition to the Minnesota Department of Human Services' dental critical access program.

Dentists in the Medica Choice Care (Medical Assistance or General Assistance Medical Care) or Medica MinnesotaCare are eligible to receive up to \$200 for each additional Medica state public program member that receives dental care. The rewards are intended for dental practices that maintain patient encounter levels for existing Medica state public programs members plus increase the number of new Medica state public programs members. The incentive pay will be distributed in Spring 2004. □

## ***Collaborative Effort Continues to Improve Dental Access***

**I**n a collaborative effort, Delta Dental Plan of Minnesota (DDPMN) continues to support the work of the Minnesota Dental Access Advisory Committee to identify effective ways to improve access to dental care. Delta Dental Plan of Minnesota is represented on that committee by Sheila Fuchs, Government Programs Administrator.

The advisory committee was created by the state Legislature in 2001 and re-approved by the Legislature during the 2003 session. The advisory board is based on philosophical consensus across the dental industry, encompassing dental plans and providers alike, that access to quality dental care is essential for individuals and communities.

A primary concern for DDPMN is access to preventive dental care. □

# Enhanced National Delta Dental® Site

The Delta Dental Plans Association (DDPA) is launching some exciting enhancements to its national Web site, [www.deltadental.com](http://www.deltadental.com), that are scheduled to go live this fall 2003.

A dentist search will be available so patients can find your information easily. You will be able to:

- Access your patients' information through a claims inquiry capability.
- Find out patient coverage with an eligibility and benefits inquiry.

Both of these new features will help you figure out when you'll get paid and if your patients are in or out of network.

Dentists with business in more than one state will be able to go to the 'Delta Dental Plans Association National Portal' Web site rather than going to multiple Delta Dental plan Web sites or customer service centers to find patient information. More details about the new portal Web site will be coming from the association. □

## New Security for [www.deltadentalmn.org](http://www.deltadentalmn.org)

New Web security measures will be in effect starting in October on the Delta Dental Plan of Minnesota's Web site ([www.deltadentalmn.org](http://www.deltadentalmn.org)). Please make note of these changes:



- Dentists logging in to use the Web applications will need to re-register.
- There will be a message on the Web site announcing the security changes.

If dentists or their staff have questions, they can call customer service at 1-800-553-9536 or 651-406-5916. □

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