

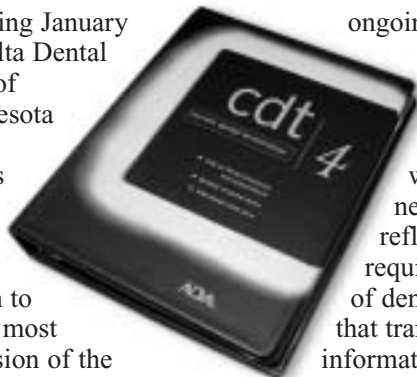
Special Edition

Spring 2003

Delta Dental moves to CDT-4 *New ADA Codes Required for Payment of Claim*

Beginning January 1, Delta Dental Plan of Minnesota (DDPM) updated its entire claims processing system to reflect the most recent version of the Code on Dental Procedures and Nomenclature, CDT-4. The grace period for using other versions of CDT-4 codes in effect since January 1, 2003 expired on April 1.

Delta Dental fully supports the ADA's revisions, including 52 new codes, 40 revised codes and 27 deleted codes. According to the ADA, the changes are



ongoing improvements to code and claims filing, as well as the new codes reflect all requirements of dental offices that transmit health information electronically and all payers, under HIPAA (Health Insurance Portability and Accountability Act of 1996).

DDPM regularly encourages dentists to make sure their offices are using the latest version of ADA codes through our newsletters as well as ongoing reminders inserted into our claims payments sent to dentists.

If you have not done so already, please make note of the following:

- To avoid disruptions and ensure prompt payment, Delta Dental Plan of Minnesota recommends that all participating dental offices immediately get up to date on CDT-4 codes. Claims have to be filed with CDT-4 codes in order to be paid.
- For more information or clarification about these new codes, contact the ADA at 1-800-621-8099, ext. 2753. To order a copy of the new CDT-4 code manual, contact the ADA at 1-800-947-4746 or visit www.ada.org. □

CDT-4 *Highlight on Recent ADA Changes*

To process your claims faster please make sure that you are using the correct ADA procedure codes and Current Dental Terminology, fourth edition (CDT-4) when submitting your claims. If you submit a non CDT-4 procedure code,

Continued on page 2 ...

Please make sure you are using the correct ADA procedure codes when submitting your claim. If you submit a non CDT-4 procedure code, the code will be denied as invalid and you will have to resubmit with the appropriate procedure code.

Please share this newsletter with your hygienists and administrative staff

Inside:

Product Changes

Legislative Update



HIPAA Update

Compliance Corner



Claims Tips

Out Front in Our Community And More...



Product Changes

New Patient I.D. Cards for Improving Service

Beginning May 1, Delta Dental will change the information on its I.D. cards by removing the patient's Delta Dental product name and replacing it with the provider network name to which their group belongs. Delta Dental chose to emphasize the network affiliation instead of the product name in order for you, the provider, to better understand: (1) whether you currently participate with the network and (2) that the services provided and covered under the patient's plan will be paid at the contracted network reimbursement rate. This new change does not in any way change the patient's coverage or terms of

reimbursement; therefore, providers should continue to deliver care in accordance with all terms of his/her Agreement. "We believe this change will simplify our patient I.D. cards and provide clearer direction for providers and our members," said Nancy McMorran, Senior Vice President of Professional Services.

This change will be implemented on I.D. cards issued on and after May 1st. Until the transition is complete, you will see



both the old and new versions of I.D. cards. To verify a member's eligibility status and benefits in a specific plan, contact Delta Dental Plan of Minnesota's customer

service at 651-406-5916 or 1-800-553-9536 or go online at www.deltadentalmn.org and click on dentist connection and login. □

CDT-4 continued ...

the code will be denied as invalid and you will have to resubmit with the appropriate procedure code. Some notable changes found in the CDT-4 manual, released in the third quarter of 2002, by the American Dental Association, are as follows:

Quadrant and Partial Quadrant periodontal codes

Quadrant is defined in the ADA CDT-4 book as four or more contiguous teeth or bounded teeth spaces. Partial Quadrant is defined in the ADA CDT-4 book as one to three teeth, per quadrant. When using the new codes, your claim form must indicate the teeth that

were treated. We will have trouble verifying history if you submit the partial quadrant codes with the full quadrant indicated on the claim form. Claims may be denied, due to lack of information.

Anesthesia—descriptor change

The following is the ADA's description of the different types of anesthesia.

General Anesthesia (codes D9220 and D9221):

A controlled state of unconsciousness, accompanied by a partial or complete loss of protective reflexes, *including loss of ability to independently maintain*

airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method or combination thereof.

Intravenous sedation/analgesia (codes D9241 and D9242):

A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring.

Resin based composites—Posterior

Benefits for posterior composite restorations are processed under new procedure codes.

Extractions—Non surgical

Benefits for non-surgical extractions are processed under new procedure codes.

Should you or your staff have any questions regarding the CDT-4 codes or descriptors, please contact the ADA directly at 1-800-621-8699, ext. 2753. Questions regarding the application of certain processing policies can be directed to Delta Dental's Customer Service Department at 651-406-5916 or 1-800-553-9536. □

Legislative Update

Over the past several months, Delta Dental has worked cooperatively with the Minnesota Dental Association and with interested legislators regarding proposed changes in the law that could affect dentists and dental care in Minnesota.

One bill involves a set of proposals that failed during the past two legislative sessions called the “Fair Contracting” bill. This year’s version went through many revisions from introduction to its current form, changes driven largely by medical insurers and allied health professionals rather than dentists. The bill is largely devoted to medical issues, as opposed to dental specific issues, and duplicated for medical providers the issues resolved in the dental disclosure act passed in 2000. As a result, the bill’s current form seems to have little impact on the status quo for the dental community and existing expectations of patients, dentists, employers and insurers should be largely unchanged.

After receiving clarification from legislative authors on the bill’s intent that the proposal would not require any pay or to release a maximum fee table and an amendment which prohibits individuals from sharing fee information in violation of antitrust laws, Delta Dental agreed to legislative language which, if passed, would permit prospective



Delta Dental is committed to keeping administrative costs down and premiums affordable so employers can continue to offer dental benefits.

dentists to receive information, when requested, about expected reimbursement prior to signing a provider agreement. Nothing in the bill would change the reimbursement methodology that Delta Dental currently employs.

As you know, Delta Dental currently identifies for a dentist his or her allowable fee for a particular procedure in a number of ways —with every EOB after the service is performed, through a pre-estimate prior to service, and at the request of a dentist for his or her top 20 procedures. The proposed law would not change these practices.

Some other provisions in the proposed legislation

were removed with regard to dental, recognizing that dental is different and that current dental specific regulation exists from the dental disclosure bill in 2000. Still other aspects of the bill, which potentially would have added to administrative costs, were removed for dental services covered under MN Health Care Programs. Additionally, the provisions increasing the notice period required for a dentist to withdraw from a network contract were stripped from the bill. As administrative costs increase, less of the premium dollar is available for reimbursement to providers. Delta Dental is committed to keeping administrative costs down and premiums affordable so

employers can continue to offer dental benefits.

The Minnesota legislature is scheduled to be in session for another month and we will continue to be involved in discussions with interested parties about dental issues. We hope to provide a recap of actual legislative changes in future communications. □

HIPAA Update

New Procedures Safeguard Data

The April 14, 2003 deadline for the HIPAA Privacy Rule has arrived and Delta Dental Plan of Minnesota is now compliant. This regulation brings with it some sweeping changes to the health care industry, for the purpose of heightening protections around the use and disclosure of patient data.

One change to expect — when you call our Customer Service, you'll be asked for information as part of our new caller verification procedure. This procedure is required to safeguard our members' protected health information according to HIPAA standards. Our caller verification policy requires that you provide us with the subscriber's first and last name, ID number, and date of birth. Then we will provide the information that

you need regarding the member in question.

While Delta Dental Plan of Minnesota is required to comply with the HIPAA Privacy Rule by April 14, 2003, you may not be affected by this deadline. Only those dentists who transmit a HIPAA-specified electronic transactions are

subject to its privacy and security regulations. These regulations require written policies and procedures (and training of all staff members) so that access to patient data is restricted and storage of patient data is safeguarded appropriately. Affected dentists must also make available a document

called a Notice of Privacy Practices to every patient and appoint a Privacy Officer for their organization. Business Associate agreements, however, are *not* required between dentists and claims payers such as Delta Dental, thanks to a specific exception in the regulations. □



EDI Rule

The EDI Rule of HIPAA is effective October 16, 2003 if you filed for an extension from the Department of Health and Human Services (HHS). The Rule applies to providers and health plans that send and receive electronic claims. When submitting electronic claims to Delta Dental Plan of Minnesota after October 16, 2003, the claim format must be in the HIPAA compliant format called the 837D.

In addition, an electronic Explanation of Benefit (EOB) will be available from Delta Dental Plan of Minnesota by October. This transaction, called the 835, is an optional alternative to a paper EOB for a provider. Check payments will continue to be sent via paper checks. □

Compliance Corner *DeltaUSA Processing Policies*

Handling the benefits of patients covered by DeltaUSA is easy if you keep a few pointers in mind. Delta Dental Plan of Minnesota is a member of Delta Dental Plans Association and as such participates in the DeltaUSA national program. As a national product, all of Delta Dental Plan of Minnesota's Premier Network (formerly known as MN PAR) contracts

require dentists to honor DeltaUSA and its processing policies. In all cases, a group's contract will take precedence over the processing policy. Since contractual limitations can vary among groups, if there is ever a question regarding the policy that has been applied, please contact the appropriate DeltaUSA control plan. The DeltaUSA control plan is the plan listed on the member's

DeltaUSA I.D. card.

Delta Dental Plan of Minnesota has also adopted many of the DeltaUSA processing policies that are not in conflict with our Minnesota group contracts to provide consistency within our provider network. We recently published these policies in our Dental Office Administrative Manual distributed to all participating dentists.

Typically the patient's Delta Dental plan issues identification cards to DeltaUSA enrollees that reflect both the patient's local benefit plan address and toll-free telephone number. Be sure to electronically transmit or mail the claim to the patient's appropriate Delta Dental Plan rather than your local Delta Dental plan unless, of course, the patient is covered by Delta Dental Plan of Minnesota. □

Claims Tips

ECS for Remote Processors

Employer groups may use an administrator of their choosing to assist in the administrative functions of employee programs. The following groups use a designated administrator to assist in the claim receipt, claim entry, and eligibility administrative activities of their employees' Delta Dental benefit plans. Claims for these groups may now be submitted electronically through ECS. The filing of claims via ECS is the same process that is currently used for all other groups covered under Delta Dental Plan of Minnesota.

The following is a list of the the groups that can be included in your ECS:

Minnesota Power & Light Company

0107 Minnesota Power & Light Company

Flex Compensation

0115 Asbestos Workers Local 34

Wilson McShane Corporation

0019 Food & Commercial Workers Union Local 0789

0296 Twin Cities Carpenters and Joiners, H&W Fund

0462 St. Paul Painting, H&W Fund

0556 Minneapolis Lathers, Plasterers & Cabinet Makers

1071 Twin City Iron Workers, H&W Fund

6028 Minnesota Teamsters Health and Welfare Fund

6053 Local 150, H&W Fund

6088 Felhaber, Larson, Fenlon & Vogt, P.A.

Zenith Administrators

6001 Bricklayers and Allied Craftworkers No. 1

6041 Sheet Metal No. 10 Benefit Fund

6046 Minnesota Cement Masons, H&W Fund

6047 Minnesota Laborers, H&W Fund

6049 Operating Engineers No. 49, H&W Fund

6221 MN Teamsters Construction Division

6596 Twin City Floor Covering Industry

More information about Electronic Claims filing can be found in the Electronic Claims Submission User Guide on our Web site at www.deltadentalmn.org and clicking on Dentist Connection. If you do not have access to the Internet, the ECS User Guide can be mailed to you by calling customer service at 800-553-9536. □

Submit for Cosmetic Services Only if Necessary

If you provide cosmetic services to a patient you do not need to submit a claim to Delta Dental Plan of Minnesota unless the patient requires a denied EOB to: (1) send to another carrier or (2) submit for the patient's personal flex dollar program. In cases where a denied claim is necessary, it is important to understand that special handling of the claim is required.

All claims for cosmetic services requiring a denial of payment from Delta Dental must be submitted to: Professional Review, Delta Dental Plan of Minnesota, 3560 Delta Dental Drive, Eagan, MN 55122.

If you or your patients have questions about their coverage or about the application of these policies, you may contact our Customer Service Department at 651-406-5916 or 1-800-553-9536. □

As always, continue to submit claims using ECS for the benefits of both cost savings and time.

Q&A Submitting for Onlay vs. Inlay

Q Do I report both an inlay and an onlay code when placing an onlay?

A No. The onlay code now is inclusive of the inlay. Only report one code for the onlay.

Delta Dental's claims processing follows this policy. Therefore, if an inlay and onlay are submitted together, only the onlay will be paid and the inlay will be disallowed. Please note that disallowed fees are not collectable from the patient by a participating dentist. Therefore, if your filed fees are not in line with this processing you will need to request an adjustment from our actuarial department. Requests must be made in writing to: Actuarial Dept., Delta Dental Plan of Minnesota, 3560 Delta Dental Drive, Eagan, MN 55122. □

The above information is from: CDT-4, 2002, American Dental Association.

News Bites

Tooth Fairy's Payment Slides Along With Economy



According to Delta Dental Plan of Minnesota's annual tooth fairy poll, even the Tooth Fairy could not escape the harsh realities of a sluggish economy and budget constraints.

The average "gift" a young child's tooth receives dropped by six cents, from \$1.60 last year to \$1.54—a decrease of 3.75 percent, according to a survey of almost 600 parents. The average gift from the Tooth Fairy dropped for the first time since Delta Dental started the survey several years ago. Overall, however, the Tooth Fairy did not fair as badly as some of the major market indices—most of which have dropped by about 25 percent over the past year." During the same time period, the NASDAQ dropped by more than 25 percent, the S&P 500 dropped by more than 25 percent and the Dow Jones Industrial Average (DJIA) dropped by just over 22 percent. □

Delta Dental Supports Child Abuse Prevention Month

During April, Delta Dental Plan of Minnesota supported the national Child Abuse Prevention Month through a partnership with Minnesota's Family Support Network. In 2000, nearly 12,000 children in Minnesota were abused and 18 children died from physical abuse.

Dental health professionals are in a unique position to help spot child abuse because they may see the physical signs of abuse and/or neglect when treating their young patients. National statistics show that 65 percent of child abuse injuries occur in the areas of the head, face, neck and mouth—areas that are routinely observed by dental professionals. Dentists are, by statute, mandated reporters and must report suspected child abuse or neglect to a county social services agency or law enforcement agency.

Delta Dental sent a letter to Minnesota's dental health providers in its networks reminding them to report potential abuse to appropriate authorities. Additional resource ordering information, a copy of Minnesota's statute on mandatory reporting, and tips for reporting were also included. For more information on child abuse, visit the Family Support Network website at www.familysupport.org or call 651-523-0099 or 1-800-CHILDREN. □

Dental Health Prevention and Management of Dental Caries

The prevalence, incidence and severity of dental caries in the United States population have decreased substantially during the preceding three decades. Changes also have occurred in the distribution and pattern of tooth decay. Today, especially for children and adolescents, dental caries occurs more frequently in tooth pits and fissures than on smooth tooth surfaces, and the rate of lesion progression through teeth is relatively slow for most people. These changes have important implications for diagnosing and managing incipient carious lesions, predicting caries risk and conducting effective caries prevention and management programs.¹

Improvement in Americans' oral health has been dramatic. Children have less dental caries than ever before. Comparisons of findings from four national surveys indicate that dental caries, the oral disease that historically required the most resources to treat, has declined. For the first time, recent research also demonstrates that reductions in caries have occurred among American adults.² If dental caries risk were to be dichotomized as either low or high and applied to the U.S. population, most persons would be classified as low risk at any given time. Although the vast majority of Americans enjoy excellent oral health, a significant subset—primarily from low-income

families—experiences a high level of oral disease.³ These findings illustrate the need for management of caries by individual risk assessment and by measures more specifically directed to high-risk people and populations.⁴

Today, dental caries is clearly recognized as a transmissible microbiological infection that has a number of identifiable factors involved in its initiation and progression.¹ Guidelines for the identification of dental caries susceptible individuals and for the treatment of caries as an infectious disease have been developed.

These guidelines take into consideration various factors such as past caries history/number of carious lesions in the last year, anatomy of tooth pits and fissures, oral hygiene, use of fluorides, regularity of dental visits, presence of white spot lesions and/or interproximal radiographic radiolucencies, frequency of fermentable carbohydrate intake (including bottle feeding/nursing habits), adequacy of salivary flow, mutans streptococci counts, physical/ mental illness and gingival recession. Use of

Continued on back cover ...

Out Front in Our Community

Toddler Tuesdays at Mall of America



Each Tuesday at the Mall of America hundreds of toddlers and their parents gather for free events, education and entertainment at the “Toddler Tuesdays” program. Every

Tuesday acts such as Cat in the Hat, Dora the Explorer, Arthur and Sponge Bob attend the event. During February, Children’s Dental Health Month, Delta Dental organized a special weekly

program where the Tooth Fairy welcomed children and Children’s Dental Services provided free oral health screenings.

In addition to parent’s receiving oral health care information, toddlers received oral health stickers, activity sheets, certificates for a healthy smile, and a special Winnie-the-Pooh toddler toothbrush. Children could also have their photo taken behind the “Totally Tubular Toothpaste” photo board, or play either the “Shoot for Healthy Teeth” basketball game or the “Floss’em Up Flossy bean bag toss.” □



The tooth fairy welcomes hundreds of children at the Mall of America.

Delta Dental’s Iron Range Food Drive A Success Raises Nearly 20,000 Pounds of Food, \$10,000 in Cash

In March, Delta Dental Plan of Minnesota kicked off a food drive in response to news highlighting the urgent need by Iron Range food shelves. “We were very concerned by the fall-out the Range’s unemployment situation has caused, especially in terms of how it affects the basic needs of individuals and families,” said Michael Walsh, President and CEO, Delta Dental Plan of Minnesota. “We have been doing business on the Range for the past several years. We were pleased to help out individuals and families on the Range in responding to this basic need. Both our employee response and the support of the general public was incredible.”



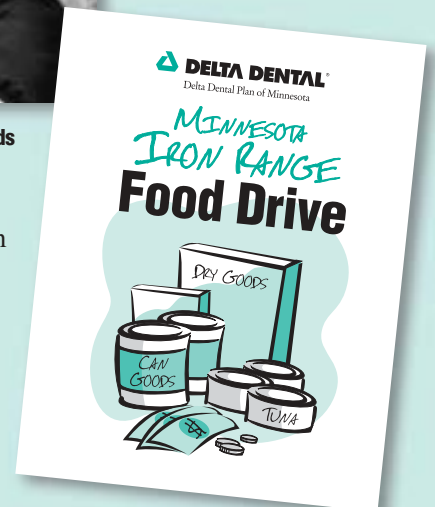
Local 120 Teamster Jack Perron helped deliver nearly 20,000 pounds of food to the Iron Range with a donated Teamster show truck.

The Iron Range Food Drive raised nearly 20,000 pounds of food and \$10,000 cash for the nine Iron Range Food Shelves, not including many donations made directly to Minnesota FoodShare or local food shelves. According to Sue Kainz, Minnesota

FoodShare’s annual food-drive campaign coordinator, “We were overwhelmed by the strong response the Delta Dental announcement generated. Not only did we receive dozens of

individual contributions, several other companies kicked off their own food drive for the Iron Range.”

The food collected at Delta Dental’s Eagan headquarters was transported to the Range in a truck donated by the Teamsters. □



Prevention and management of dental caries continued ...

these guidelines allows classification of child and adult patients into low-, moderate- and high-risk disease categories, and permits individualizing dental caries prevention and treatment to the unique needs of each patient.⁵

The foundation of any dental caries prevention program includes the appropriate use of various fluoride measures, including tooth brushing with a fluoride dentifrice and the application of dental sealants, if needed, to strengthen the resistance of tooth structure. Dietary measures to control the frequency and quantity of fermentable carbohydrate consumption, or to incorporate into patients' diets

noncariogenic sweeteners—especially products containing xylitol—are also important factors. Control of the dental caries etiologic agent through the use of chemotherapeutics, such as chlorhexidine, may be beneficial in high-risk individuals and families. Once demineralization of tooth structure has occurred, remineralizing enamel and reversing the carious process may be accomplished through the use of various chemotherapeutic agents, such as fluoride and chlorhexidine.³

The conceptualization of dental caries as a transmissible infectious disease allows dental health professionals to approach

the prevention and control of this condition in a new light. It permits progression from the traditional surgical model of dental caries management to one based on non-surgical strategies that preserve and conserve more tooth structure and provide a better oral health outcome for patients. □

Endnotes

1. National Institutes of Health Consensus Development Conference statement. Diagnosis and Management of Dental Caries Throughout Life, March 26–28, 2001. JADA 2001; 132:1153–61.
2. Brown LJ, Lazar V. The Economic State of Dentistry: Demand-side trends. JADA 1998; 129:1685–91.

3. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Washington; 2000 September.

4. Silverstone JD. The Science and Practice of Caries Prevention. JADA 2000; 131:887–99.

5. Caries diagnosis and risk assessment. JADA (Spec Iss) 1995; 126:1S-24S.

Special Edition

Special Edition is published by Delta Dental Plan of Minnesota. Send questions or comments to:

Ann Johnson
Corporate Communications
Delta Dental Plan of Minnesota
3560 Delta Dental Drive
Eagan, MN 55122
E-mail:
ajohnson@deltadentalmn.org



Delta Dental Plan of Minnesota

3560 Delta Dental Drive
Eagan, MN 55122-3166
www.deltadentalmn.org