IMPORTANT: New CDT Codes Coming!

CDT-2013 takes effect on January 1, 2013. CDT-2013 includes 35 new procedure codes and 12 existing codes have been deleted.

Of special note, procedure codes D1203 and D1204, topical application of fluoride, and D4271 free soft tissue graft, will no longer be valid codes as of 1/1/2013.

The above codes will be replaced by the following:

NEW: D1208 – topical application of fluoride

NEW: D4277 – free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft

NEW: D4278 – Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth position in same graft site

The following policy changes will be effective October 1, 2012. In accordance with RI Law, the policy changes are presented in a “red line” version. New language is underlined and deleted language is shown as a strikethrough.

Procedure code D9110 - Palliative (emergency) treatment of dental pain-minor procedure.

Palliative treatment in conjunction with root canal therapy by the same dental office is included in the fee for the root canal and is not separately billable.

Palliative treatment when performed by the same dentist/dental office on the same date of service as a root canal is disallowed.

Amalgam/resin restorations performed within 6 months of a crown/onlay/abutment.

Payment for restorations (D2140-D2394, D2951) performed by the same dentist/dental office within six months of the placement of a crown/onlay/abutment is deducted from the allowance for that major restorative procedure.

Administrative Reminders

SERVICE COMPLETION DATES:
Please report the appropriate service completion date for the following:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Date to Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Root canal therapy</td>
<td>Completion date</td>
</tr>
<tr>
<td>Crowns, inlays/onlays, veneers, bridges</td>
<td>Cementation date</td>
</tr>
<tr>
<td>Dentures</td>
<td>Delivery date</td>
</tr>
</tbody>
</table>

(continued inside)
PALLIATIVE TREATMENT
We continually receive questions regarding the use of procedure code D9110 – Palliative (emergency) treatment of dental pain – minor procedure

- Code D9110 should only be reported when the dentist has relieved the patient from dental pain; i.e. a limited occlusal adjustment or application of desensitizing medicaments.

- Code D0140 should be used for problem focused evaluations which includes examinations, prescribing medications, or referring patients to specialists.

- Code D9310 may be used when another dentist has referred a patient to you to evaluate a specific problem.

- Palliative treatment should NOT be reported for prescribing medications.

CLAIM SUBMISSION TIP: PLEASE SPECIFY TREATING DENTIST
Regardless of the manner in which your claims are submitted (paper, web or ECS), the claim must indicate the name, NPI and license number of the treating dentist to correspond with your treatment records. Reimbursement will be made to the business name and TIN that we have on file.

Got a patient who needs coverage? Find out about our AAA Member Dental Plan
In today’s challenging economy, it’s often difficult for patients to acquire — and maintain — proper dental coverage. But with our AAA member dental plan, patients who are not covered through an employer group have additional options. AAA Southern New England members living in RI can get benefit details, rate information and sign up for coverage at deltadentalri.com.

Credentialing Meeting Schedule for remainder of 2012

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Application due by</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 26</td>
<td>(October 17)</td>
</tr>
<tr>
<td>November 28</td>
<td>(November 21)</td>
</tr>
<tr>
<td>January 2, 2013</td>
<td>(December 19)</td>
</tr>
</tbody>
</table>

If you anticipate adding a new dentist to your practice, please keep in mind that applications must be complete and received 7 days prior to the meeting date in order to be considered for participation. Applications and contracts are on the Dentists section of deltadentalri.com. If there have been any changes to your practice contact Monique Mitchell at (401) 752-6402 or via email at mmitchell@deltadentalri.com immediately.
AN OVERVIEW —
How to appeal a Utilization Review determination

If a denial is based on a failure to meet DDRI Utilization Review Guidelines, we allow two levels of internal appeal as well as one external appeal. At each level of review, a different dental consultant will reconsider your case.

- You or the insured have 180 calendar days from the initial review denial notice to initiate the first level of appeal in writing (unless it is deemed a medical emergency).
- If the first appeal is sustained, you or the insured have 180 calendar days from the date you receive the first appeal denial notice to initiate the second level of appeal.
- If the second appeal is sustained, you or the insured have 60 calendar days from the date you receive the second appeal denial notice to request an external appeal.

EXTERNAL APPEAL

Delta Dental and the appellant share the cost of the external review, which is currently $420. The appellant’s check for $210 should be made payable to MAXIMUS, Inc. Neither Delta Dental nor the appellant can add any information to the file that will be sent to the review agency.

The insured also has the right to bring a civil action. This right is given under Section 502(a) of the ERISA Act. To exercise this right, the internal appeals process must be exhausted first. The insured does not have this right if he/she is a member of a governmental plan, church plan, or a plan not established or maintained by an employer.

Send appeals to: Delta Dental of Rhode Island, Attn: Appeals, P.O. Box 1517, Providence, RI 02901-1517.

Your appeal should ask for reconsideration and should include a copy of the Explanation of Benefits or Pre-Treatment Estimate notice, the patient’s name, the subscriber identification number, the reason why you believe the claim was wrongly denied, and any other information you believe supports your claim. (Examples of supportive documentation include patient clinical treatment notes, additional x-rays, narratives, charting, photos, etc.)

A complete description of the appeal process accompanies every Consolidated Explanation of Benefits you receive.
COMPLETED CLAIM DEFINITION
Delta Dental of Rhode Island requires that all claims – whether electronic or paper – must be complete before they can be processed. A claim is considered complete if the following conditions are met:

- Paper claims must be legible and on a current ADA claim form.
- Electronic claims must be in a HIPAA compliant format.
- The subscriber/patient information (name, date of birth and Delta Dental ID number) must be accurate and match Delta Dental’s records for the subscriber/patient.
- Treatment must be billed using the appropriate CDT code.
- There must be a date of service for each procedure.
- The provider’s charge for each procedure must be noted on the claim.
- The treating dentist and complete address of the treatment location must be indicated on the claim and match the information that Delta Dental has in its records.
- The provider’s TIN and individual NPI must match the information that Delta Dental has in its records.
- If Coordination of Benefits is required, the appropriate documentation from the other carrier must be included.
- If the procedure is eligible for clinical review, the appropriate documentation must accompany the claim in accordance with the Utilization Review Guidelines as listed in the Dentists Section of the Delta Dental of Rhode Island website (deltadentalri.com).
- If x-rays are submitted, they must be less than 2 years old and of diagnostic quality showing the entire treatment site. They must be mounted, labeled with the patient’s name, the date they were taken and if applicable, right or left must be indicated.
- Any treatment notes, narrative or charting submitted with a claim must be legible and contain no abbreviations.
- The payer has no reason to believe that the claim was submitted fraudulently or there is no material misrepresentation.

If the above conditions are not met, a claim is not considered to be a complete claim and is therefore not subject to applicable statutory/regulatory prompt pay provisions.

DELTA DENTAL PREMIER ANNUAL NOTICE
The national Delta Dental Plans Association (DDPA) requires us to annually notify participating Delta Dental of Rhode Island Premier dentists that they are automatically part of the national Delta Dental Premier program. As a participant in this national program, you must accept the payment and claims processing policies set forth by the Delta Dental Plans Association. Please note: The national PPO program is an optional program for participating dentists and a separate contract is required. Rhode Island participating Delta Dental Premier and Delta Dental PPO dentists are not allowed to balance bill beyond their approved maximum fee allowance (based on each product) except for non-covered services, services over the maximum or for alternate benefits.

Participating dentists must accept their approved maximum plan allowance for subscribers when the fee is not payable because of a deductible, or for benefits with frequency limitations or waiting periods.