NEW POLICY CHANGES ENCLOSED
You’ll find updated policies included with this issue of Details. These policy updates will be effective beginning September 1, 2014. We recommend that you keep a copy on hand for your office’s reference. For a complete list of policies and procedures, please refer to the Utilization Review Guidelines, available at deltadentalri.com. As a reminder, the guidelines contained in this manual explain the criteria that Delta Dental of Rhode Island uses to determine whether or not a procedure qualifies for coverage.

See the enclosed insert for a complete list of all policy changes effective September 1, 2014.

NEW DENTAL DIRECTOR
We are pleased to announce that Sharon A. Trahan, DMD, is our new Dental Director. Dr. Trahan graduated from the University of Connecticut School of Dental Medicine and received her undergraduate degree from Boston College. Since 1993, she has been a partner and owner of Attleboro Falls Family Dentistry in Attleboro Falls, Massachusetts. She will continue to maintain her practice while working part-time with Delta Dental. Dr. Trahan has been a dental consultant with us since 2005 and she is licensed in Rhode Island and certified by the National and Northeast Dental Boards. She is a member of the American Dental Association, the Massachusetts Dental Society and has earned her Fellowship (FAGD) in the Academy of General Dentistry.

As Dental Director, Dr. Trahan will provide clinical expertise and oversight for Delta Dental’s programs and will be our spokesperson for clinical and dental policy decisions. Dr. Trahan’s responsibilities also include assuring that services are reviewed according to clinical and procedural guidelines as well as chairing the Quality Management, Dental Advisory and Credentialing Committees.

TAPP PROGRAM LAUNCHES
In July, we launched the Technology and Performance Platform (TAPP) for general dentists and pedodontists. To qualify for the higher fee schedule you must meet the following criteria:

- Submit at least 80% of your claims and pre-treatment estimates via ECS
- Submit at least 80% of ALL attachments via NEA (including coordination of benefit information, treatment charts, narratives, periodontal charting, radiographs and photos, etc.)
- Be enrolled in Direct Deposit (EFT)*
- Be enrolled in electronic/paperless settlement statements (eCEOBs)*

*Please note: If you registered as an individual dentist, in order to enroll in EFT and eCEOBs you must also have either a business or a location registration.
ANNUAL NOTICE

Delta Dental Premier Annual Notice

The national Delta Dental Plans Association (DDPA) requires us to annually notify participating Delta Dental of Rhode Island 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.

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 fee allowance for members when the fee is not payable because of a deductible or for benefits with frequency limitations or waiting periods.

Please Note: The national PPO program is an optional program for participating dentists and a separate contract is required.

BILLING FOR SERVICES

For quadrant procedures such as 4341, 4240, 4260, etc., please be sure to denote the area of the dentition treated – UR, UL, LL or LR.

The value should be entered in section #25, Area of Oral Cavity, of the ADA claim form.

Please note: DDRI claims processing system does not support the use of 10, 20, 30 or 40 as quadrant identification.

PRODUCTIVITY TIP

Did you know?

You can look up a patient’s history of claims processed by Delta Dental of Rhode Island for a specific tooth/quadrant/procedure code? Simply go to the patient’s Benefits & Claims Information and select the Tooth History tab.

Information is provided only for claims processed by Delta Dental of Rhode Island.

CHANGES TO YOUR PRACTICE

Forms for your office can be found under the Forms and Resources section of our website: deltadentalri.com.

If and when the following changes occur, send all correspondence to Monique Mitchell, via email at mmitchell@deltadentalri.com or fax at 401-752-6070:

- A dentist joins or leaves your practice
- You change your business or payment address
- You are buying, selling or retiring from a practice

2014 Credentialing Meeting Schedule

If you anticipate adding a new dentist to your practice, please keep the following dates in mind:

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Application due by</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 24</td>
<td>September 17</td>
</tr>
<tr>
<td>October 22</td>
<td>October 15</td>
</tr>
<tr>
<td>November 19</td>
<td>November 12</td>
</tr>
<tr>
<td>December 17</td>
<td>December 10</td>
</tr>
</tbody>
</table>

Completed applications must be received 7 days prior to the scheduled meeting date. Only a completed application will be reviewed. Incomplete applications will be considered at the next available meeting date and only when all required documentation has been submitted.

2014 Holiday Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 11</td>
<td>Victory Day (Monday) *</td>
</tr>
<tr>
<td>September 1</td>
<td>Labor Day (Monday)</td>
</tr>
<tr>
<td>October 13</td>
<td>Columbus Day (Monday) *</td>
</tr>
<tr>
<td>November 11</td>
<td>Veterans Day (Tuesday) *</td>
</tr>
<tr>
<td>November 27</td>
<td>Thanksgiving Day (Thursday)</td>
</tr>
<tr>
<td>November 28</td>
<td>Thanksgiving Friday</td>
</tr>
<tr>
<td>December 25</td>
<td>Christmas Day (Thursday)</td>
</tr>
<tr>
<td>December 26</td>
<td>Day After Christmas</td>
</tr>
<tr>
<td></td>
<td>* Customer Service open</td>
</tr>
</tbody>
</table>
Policy/Procedure Changes

The following policy changes are effective September 1, 2014. 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. Please visit the Dentists section of our website for the new version of our Utilization Review Guidelines incorporating these changes.

RESTORATIVE

General policy for amalgam and composite restorations

If a restoration is placed with the intent that it is a “final restoration” and subsequently (within 24 months) the tooth requires a crown (i.e., fractured cusp), the procedure may be submitted for I.C. review to consider it as a core buildup.

Procedure Code D2950 – Core buildup, including any pins when required

If a core buildup (D2950) has been done and the tooth subsequently requires a post & core within the 60-month time frame, allow the D2952/D2954 with a deduction for the fee paid on the D2950 in history.

ENDODONTICS

General policy for apicoectomy/periradicular services

Procedure Codes D3410 – Apicoectomy – anterior; D3421 – Apicoectomy – bicuspid (first root); D3425 – Apicoectomy – molar (first root); D3426 – Apicoectomy (each additional root)) D3427 Periradicular surgery without apicoectomy, D3428, D3429 Bone graft in conjunction with periradicular surgery, D3430 Retrograde filling, D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery, D3432 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery, D3450 Root amputation, D3460 Endodontic endosseous implant, D3470 intentional reimplantation, D3920 Hemisection

The fees for biopsy (D7285, D7286), frenulectomy (D7960), and excision of hard and soft tissue lesions (D7410,D7411,D7450, D7451) are DISALLOWED when the procedures are performed on the same date, same surgical site/area, by the same dentist/dental office as the above referenced codes. Requests for individual consideration may be submitted by report for dental consultant review.
**PROSTHODONTICS, FIXED**

Procedure Code D5820 - Interim partial denture-maxillary, D5821 - Interim partial denture-mandibular
An interim partial is benefited when replacing missing permanent anterior teeth, 6-11 and 22-27. If criteria not met deny. If the interim partial is paid and is followed by a permanent prosthesis (i.e., second partial denture, an implant or a bridge) within 6 months, the amount Delta Dental paid for the interim partial will be deducted from the allowed amount for the permanent prosthesis (temporaries are considered as part of the permanent procedure). If the permanent prosthesis is placed after 6 months, pay with no deduction:

Temporary partial–stayplate denture D5820 or D5821 is a benefit for children 16 years of age or younger for missing anterior permanent teeth.
Rationale: Benefits are provided only for definitive treatment. Temporary appliances are contract exclusions.

**ADJUNCTIVE GENERAL SERVICES**

Procedure Code D9220 - Deep sedation/general anesthesia - first 30 minutes, D9221 - Deep sedation/general anesthesia - each additional 15 minutes, D9241 - Intravenous conscious sedation/analgesia - first 30 minutes, D9242 - Intravenous conscious sedation/analgesia - each additional 15 minutes
Anesthesia time over (2) hours requires DCM review of an operative report and/or narrative.
IV sedation time over 1.5 hours requires DCM review of an operative report and/or narrative.
Anesthesia will be allowed for certain covered surgical procedures and will be paid per tooth/site. Durations exceeding the following on the same date of service will be disallowed.

- One or two teeth: 30 minutes
- Three teeth: 45 minutes
- Four or more teeth: 60 minutes