New Policy Changes Enclosed

You’ll find updated policies included with this issue of Details. These policy updates will be effective beginning on August 15, 2013. 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 www.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.

Important Reminder: 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. 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 fee allowance for subscribers when the fee is not payable because of a deductible, or for benefits with frequency limitations or waiting periods.

Dental Volunteers Make 2013 RI Mission of Mercy a Huge Success

June 1-2, 2013 marked the second annual Rhode Island Mission of Mercy, a free dental clinic held at CCRI’s Flanagan campus. Thanks to the efforts of approximately 360 dental and medical professional volunteers, more than 900 needy patients were treated for more than $525,000 worth of dental care at no cost to them. For the second year in a row, Delta Dental was the premier funding sponsor with a $50,000 monetary donation and $10,000 in-kind donations. From volunteers to patients, there was no shortage of smiles at this year’s clinic.

Pictured left: Delta Dental of Rhode Island Board Member and volunteer dentist, Dr. James McManus, shares a smile with a patient following treatment at the 2013 Rhode Island Mission of Mercy.
Delta Dental members once again give high marks to network dentists

Every year, we survey our members about their satisfaction with their Delta Dental coverage, our overall performance and our dental network. As in past years, we’re pleased to say our members report high satisfaction when it comes to their experiences with their Delta Dental dentists. Take a look at their responses from the 2012 survey:

- 97% are very satisfied or satisfied with the availability of a plan dentist in their area
- 99% are very satisfied or satisfied with the length of time it took to schedule an appointment
- 100% are very satisfied or satisfied with the quality of treatment they received
- 99% are very satisfied or satisfied with the general appearance of his or her dentist’s office
- And, 95% are very satisfied or satisfied with our overall performance.

We know that network dentists are essential to helping us achieve such exceptional results. Thank you for the outstanding care you provide Delta Dental members each year.

Be sure to ask for a picture ID & Delta Dental identification card

Protect yourself and your patients!

We have seen more examples of members “loaning” their Delta Dental ID cards to friends and family. You can protect your office from this type of fraud by always asking for a member identification card and a photo ID for new patients. We suggest you make copies and place them in the patient’s chart. (Note: If payment is made to your office for a claim to a non-member using a Delta Dental card fraudulently, Delta Dental of Rhode Island will recover the money from a future settlement check.)

Delta Dental 2013 Planner: Credentialing and Holiday Schedules

To keep your calendar up-to-date, please make a note of the following dates when our corporate office will be closed in 2013, as well as our credentialing schedule for new dentists in your practice.

2013 Holiday Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
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<tbody>
<tr>
<td>August 12</td>
<td>Victory Day (Monday) *</td>
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<tr>
<td>September 2</td>
<td>Labor Day (Monday)</td>
</tr>
<tr>
<td>October 14</td>
<td>Columbus Day (Monday) *</td>
</tr>
<tr>
<td>November 11</td>
<td>Veterans Day (Monday) *</td>
</tr>
<tr>
<td>November 28</td>
<td>Thanksgiving Day (Thursday)</td>
</tr>
<tr>
<td>November 29</td>
<td>Thanksgiving Friday</td>
</tr>
<tr>
<td>December 25</td>
<td>Christmas Day (Wednesday)</td>
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* Customer Service open

Credentialing Meeting Schedule for remainder of 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Application due by:</th>
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<tbody>
<tr>
<td>August 28</td>
<td>(August 21)</td>
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<tr>
<td>September 25</td>
<td>(September 18)</td>
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<tr>
<td>October 23</td>
<td>(October 16)</td>
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<td>November 27</td>
<td>(November 20)</td>
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<tr>
<td>December 18</td>
<td>(December 11)</td>
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</tbody>
</table>

If you anticipate adding a new dentist to your practice, please keep in mind that applications must be completed 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 www.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.
**IMPORTANT UPDATE: Policy/Procedure Changes for 2013**

The majority of the following policy changes are required by the Delta Dental Plans Association to ensure consistent claims processing standards and will be effective August 15, 2013. 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.

**DIAGNOSTIC**

**Procedure Code D0210 - Intraoral - complete series of radiographic images**

**CDT:** A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.

A full-mouth series (or panoramic film) is covered once every 36 or 60 months in accordance with the group’s benefits. A full mouth series includes bitewings and all necessary periapicals (minimum of 10). If bitewings and FMX are taken in the same calendar year, the fee will be adjusted accordingly.

A full series of x-rays taken on children under the age of 12 will be disallowed. A participating dentist may not charge the patient for this service.

**Limitation:**

Patients with double Delta Dental of Rhode Island coverage are allowed an additional full mouth series in the three or five year period:

1. Current active perio therapy consisting of D4341 at a minimum
2. History of more than 3 root canals
3. Third molars still present and a history of treatment for pericoronitis
4. History of cysts of the jaw

Delta Dental will recognize that periodontal full-mouth x-rays include more films than those taken by a general dentist (16 films vs. 20-24 films) and will allow an additional payment for each film over 16 films. The patient will not be billed for any balances. A narrative must be submitted for DCM to review. If no narrative, the claim will deny up front.

An intraoral complete series or panoramic radiographic image is covered in accordance with the group contract.

1. If bitewings/intraoral complete series are taken within the same calendar year by the same dentist/dental office, the fee for the bitewings will be deducted from the intraoral complete series. If the bitewings are submitted after the intraoral complete series has been paid, but during the same calendar year, the bitewings should be DISALLOWED for the same dentist/dental office.
2. When benefits are requested for D0330 in conjunction with D0210 by the same dentist/dental office, fees for the D0330 are DISALLOWED as a component of the D0210 on the same date of service.
3. A complete series of radiographic images taken on children under the age of 12 is DISALLOWED. In order to be considered for payment, the dentist must submit a copy of the radiographic images and a narrative stating the reason the images were taken.
Exception: Patients with double Delta Dental of Rhode Island coverage are allowed an additional intraoral complete series in the three or five year period if they meet at least one of the following criteria for dental necessity:
1. Current active perio therapy consisting of D4341 at a minimum
2. History of more than 3 root canals
3. Third molars still present and a history of treatment for pericoronitis
4. History of cysts of the jaw

Procedure Code D0220 - Intraoral periapical - first radiographic image
Procedure Code D0230 - Intraoral periapical - each additional radiographic image

Definition: A diagnostic film taken prior to a procedure in a limited area of the mouth. Routine working and final treatment x-rays are part of the complete procedure and not a separate benefit. Individually listed intraoral radiographs by the same dentist/dental office are considered a complete series if the fee for individual radiographs equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for a full mouth series of radiographs is disallowed.
Proc. code D0220 performed on the same date of service as a crown insertion will be DISALLOWED. (Update 1/1/06)

Definition:
A diagnostic radiographic image taken prior to a procedure in a limited area of the mouth. A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.

1. Individually listed intraoral radiographic images by the same dentist/dental office are considered an intraoral complete series if the fee for the individual radiographic images equals or exceeds the fee for a complete series done on the same date of service. Any fee in excess of the fee for a full mouth series of radiographic images is DISALLOWED.

2. Routine, working and final treatment radiographic images taken for endodontic therapy by the same dentist/dental office are considered a component of the complete treatment procedure and separate fees are DISALLOWED on the same date of service.

Proc. code D0220 performed on the same date of service as a crown insertion will be DISALLOWED.

Procedure Code D0240 - Intraoral –occlusal radiographic image
Two occlusal films radiographic images are allowed in a 12-month period.

Procedure Code D0270 - Bitewing - single radiographic image
Procedure Code D0272 - Bitewings - two radiographic images
Procedure Code D0273 - Bitewings - three radiographic images
Procedure Code D0274 - Bitewings - four radiographic images

One set of bitewings (2, 3, 4 or vertical) is allowed per calendar year. A maximum of 6 films (periapical/occlusal/bitewings) are allowed in a calendar year for the same provider. Example: 4 BWX (D0274) equate to one film. (Additional films beyond six (6) for the same par dentist will be disallowed; denied to same non-par dentist). If a different dentist does additional films, allow.
Bitewing x-rays are considered to be part of the FMX when taken in the same calendar year, by the same provider. Bitewing x-rays taken on the same date of service as a panoramic film by the same provider should be disallowed for participating dentists/ denied for non-participating dentists. If bitewings and a panoramic film are taken on the same date of service by the same dentist/dental office, an allowance of an FMX will be made. A single bitewing taken for emergency purposes (D9110) is allowed.
Patients with double Delta Dental of Rhode Island coverage are allowed an additional set in a calendar year if they meet at least one of the following criteria for dental necessity: 1) History of active caries. Previous series of x-rays resulted in treatment of at least 2 interproximal lesions. 2) Active periodontal therapy consisting of regular periodontal probings and receiving at least service D4910 (and all more aggressive perio therapy). 3) Radiation therapy to the head and neck during the previous six months. A narrative must be submitted for DCM to review. If no narrative, the claim will deny up front.

Bitewing, periapical and/or occlusal x-rays taken on the same date of service as a panoramic film by the same provider should be considered a complete series (D0210) for time limitations and any fee in excess of the fee for an FMX is DISALLOWED for participating providers or DENIED for non-participating providers.

Bitewings (2, 3, 4 or vertical) are covered in accordance with the group contract.

1. If bitewings and intraoral complete series are taken within the same calendar year by the same dentist/dental office, the fee for the bitewings will be deducted from the intraoral complete series. If the bitewings are submitted after the intraoral complete series has been paid, but during the same calendar year, the bitewings should be DISALLOWED for the same dentist/dental office.

2. If the fee for the bitewing and the occlusal radiographic images is equal to or exceeds the fee for a full mouth series, it would be considered a full mouth series for payment benefit purposes and time limitations. Any fee in excess of the fee for the full mouth series is DISALLOWED on the same date of service.

3. The fee for any type of bitewings submitted with a full mouth series are considered part of the full mouth series for payment and benefit purposes. Any fee in excess of a full mouth series is DISALLOWED on the same date of service.

4. If bitewings and a panoramic radiographic image are taken on the same date of service by the same dentist/dental office, process as a complete series - an allowance of an intraoral complete series will be made.

**Exception:** Patients with double Delta Dental of Rhode Island coverage are allowed an additional set of bitewings in a calendar year if they meet at least one of the following criteria for dental necessity:

1. History of active caries. Previous series of radiographic images resulted in treatment of at least 2 interproximal lesions.

2. Active periodontal therapy consisting of regular periodontal probings and receiving at least service D4910 (and all more aggressive perio therapy).

3. Radiation therapy to the head and neck during the previous six months. A narrative must be submitted for DCM to review. If no narrative, the claim will DENY up front.

**Procedure Code D0277 - Vertical bitewings - 7 to 8 radiographic images**
**CDT:** This does not constitute a full mouth intraoral radiographic series.

Vertical bitewings are considered bitewings for benefit purposes and are subject to the time limit frequencies for bitewing radiographic images in the contract. If the fee for the vertical bitewings is equal to or exceeds the fee for full mouth series, it would be considered a full mouth series for payment benefit purposes and time limitations. Any fee in excess of the fee for full mouth series of radiographic images is DISALLOWED on the same date of service.

**Procedure Code D0330 - Panoramic radiographic image**

A panoramic film is covered once every 36 or 60 months in accordance with the group’s benefits. If bitewings and a panoramic film are taken on the same date of service by the same dentist/dental office, an allowance of an FMX will be made.

**Limitations:**

Bitewing, periapical and/or occlusal x-rays taken on the same date of service as a panoramic film by the same provider should be considered a complete series (D0210) for time limitations and any fee in excess of the fee for
an FMX is DISALLOWED for participating providers or DENIED for non-participating providers. For all dentists, a panoramic film taken on the same date of service as an FMX is disallowed as part of the FMX for participating providers or DENIED for non-participating providers. Benefits for subsequent panoramic radiographs taken by the same dentist/dental office within the contractual time limitation for a full mouth series are denied and chargeable to the patient.

1. An intraoral complete series or panoramic radiographic image is covered in accordance with the group contract.
2. A panoramic radiographic image, with or without supplemental radiographic images (such as periapicals, bitewings and/or occlusal), is considered a complete series for time limitations and any fee in excess of the fee allowed for D0210 is DISALLOWED on the same date of service.
3. When benefits are requested for D0330 in conjunction with D0210 by the same dentist/dental office, fees for the D0330 are DISALLOWED as a component of the D0210 on the same date of service.
4. Benefits for subsequent panoramic radiographic images taken within the contractual time limitation for a full mouth series are denied.

PREVENTIVE

Procedure Code D1351 – Sealant - per tooth

Benefit is subject to a 24 month time limitation (per contract) per unrestored tooth and includes all necessary repair or replacement. If repair/replacement is submitted within 24 months from initial application, disallow to the same participating dentist/denied for non-par or different dentist. For those contracts with a 36 month time limitation: If repair/replacement is submitted from 0-24 months from initial application, disallow to the same participating dentist/denied for non-par or different dentist. If repair/replacement is submitted from 24-36 months from initial application, deny.

For those contracts with a 24 month time limitation: If repair/replacement is submitted within 24 months from initial application, DISALLOW/same participating dentist/dental office; DENY/non-par or different dentist/dental office For those contracts with a 36 month time limitation: If repair/replacement is submitted from 0-24 months from initial application, DISALLOW/same participating dentist/dental office; DENY/non-par or different dentist/dental office. If repair/replacement is submitted from 24-36 months from initial application, DENY.

RESTORATIVE

Procedure Codes D2950 - Core buildup, including any pins; D2952 - Post and core in addition to crown, indirectly fabricated; D2953 - Each additional indirectly fabricated post-same tooth; D2954 - Prefabricated post and core in addition to crown; D2957 - Each additional prefabricated post-same tooth

Unless necessary as a crown repair for caries or fracture, the fee for an amalgam or composite restoration following a core buildup or post and core is DISALLOWED.

ENDODONTICS

Procedure includes the pulp test, pulpotomy, palliative treatment, and all x-rays working and final treatment radiographic images when performed on the same date of service. A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.

For RI dentists: exam performed the same date of service is included in the fee for the RCT. Exception: D0140 Limited oral evaluation-problem focused is benefited. Any exam performed the same date of service as RCT is benefited for all dentists.
PERIODONTICS

Procedure Code D4265 - Biologic materials to aid in soft and osseous tissue regeneration

The tooth/teeth must qualify for osseous surgery and exhibit vertical wall defects. The procedure is limited to a 24 month time limitation.

General policy for all periodontal surgical procedures

Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations for three months, as well as re-entry for 24 months. When this procedure is billed within three months of the initial surgical procedure, this procedure is DISALLOWED to the same par dentist/DENIED to the same non-par dentist. From 4 months to 24 months DISALLOW-par/DENY-nonpar.

Periodontal surgical procedures include all necessary postoperative care, finishing procedures, evaluations for three months, as well as any surgical re-entry, except soft tissue grafts, for 24 months. When a surgical procedure is billed within three months of the initial surgical procedure by the same dentist/dental office, the fee for the surgery is DISALLOWED. In the absence of documentation of extraordinary circumstances, the fee for additional surgery by the same dentist/dental office for 24 months is DISALLOWED. If extraordinary circumstances are present, the benefits will be DENIED and is chargeable to the patient up to the approved amount for the surgery.

ADJUNCTIVE GENERAL SERVICES

Procedure Code D9120 - Fixed partial denture sectioning

Present Documentation Requirements: Tooth number, post-operative x-ray and narrative.
New Documentation Requirements: Tooth number, pre-operative x-ray and clinical treatment notes.

CRITERIA FOR RESTORATIVE CROWNS

Cast restorations include all models, temporaries, final x-rays radiographic images and other associated procedures.
Gingivectomy, in conjunction with and for the purpose of placement of restorations/crowns, is included in the fee for the restoration; a separate charge may not be made to the patient. Exceptions: Allow a gingivectomy when performed on the same day as crown/onlay insertion if the tooth is broken below the gumline. A digital photograph is required. This policy pertains to crowns/onlays fabricated with Cerec.
Benefits are payable when the treatment is complete. For crowns, this is on the insertion/cementation date of the permanent crown, not the date of preparation.
If a root canal appears to be inadequately filled, incomplete or unsuccessful in a tooth that is being treated with major restorative procedures, DENY. DISALLOW/same participating dentist who performed the root canal; DENY/non-par or different dentist.
Attrition/Erosion/Abrasion/Abfraction/Corrosion and TMD Cases: Treatment to restore tooth structure lost due to attrition/erosion/abrasion/abfraction/corrosion and TMD is a contractual limitation and not a covered benefit. A Dental Consultant will review each case individually. Benefits for crowns will be made only for teeth that are in imminent danger of pulpal exposure. It will be solely the judgment of the Dental Consultant to determine “imminent pulpal exposure” from radiographs radiographic images and any information provided by the treating dentist.
Criteria for Crown Coverage
   Anterior teeth
   Must exhibit at least two of the following:
At least 50% of the incisal angle must be filled or fractured off; or
The existing restoration must be within 2mm or less of the pulp; or
There must be large existing restorations involving both mesial and distal surfaces, encompassing at least 50% of tooth structure

Posterior teeth
Must exhibit at least two of the following:
Large area of decay on additional surface; or
Extensive recurrent decay; or
Evidence of cuspal fracture
Premolars must show evidence of at least one entire cuspal fracture.
Molars must show evidence of a large restoration with a single cuspal fracture

Molars with minimal or no restoration present, with a single cuspal fracture do not qualify for crown coverage.
Exception: Maxillary molars with fracture of the mesial portion of the palatal cusp will qualify for coverage.

OR
Documentation must show the entire cusp missing (fractured off). Pre-operative radiographic image, clinical treatment notes and/or photograph are necessary for review.

Cracked Tooth Syndrome: Crowns for teeth with Cracked Tooth Syndrome will be considered on an I.C. basis.
The patient’s clinical treatment notes must include the following documentation:
Conservative treatments attempted to make the tooth asymptomatic
Sensitivity to cold AND sensitivity to occlusal load that ceases when pressure is withdrawn
Reasonable length of time that tooth is symptomatic (3-12 months)
Fracture line should be able to be probed with explorer tip
Evidence of light transmission into the dentin as confirmed by intra-oral photograph

Documentation necessary for review:
Clinical treatment notes treatment chart indicating history of cracked tooth syndrome and the conservative treatment(s) that have been attempted to make the tooth asymptomatic.
Treatment chart indicating history of cracked tooth syndrome, and the conservative treatment(s) that have been attempted to make the tooth asymptomatic.
Narrative documenting clinical findings for the diagnosis of cracked tooth
X-ray (if apparent on film) Pre-operative radiographic image
Photograph
Quadrant impression (if applicable)

Replacement: Benefits are allowed for one crown per tooth in a 60-month period. If a new crown is placed on the same tooth by the same par provider within 60 months of the original placement, deny. The group contract determines the time limitation for crown replacement. If the crown is replaced within the time limitation, the fee for the crown is the patient’s responsibility.

Upon appeal, the Consultant has two options:
1. DISALLOW (quality of care cases)
   Open margin of the original crown
   Open contact of the original crown
   Insufficient crown length for proper retention of the original crown
   Porcelain fracture within 3 months of original crown placement
   RCT needed within 3 months of original crown placement
2. DENY
   Recurrent decay when crown has properly fitting margins
   Porcelain fracture after 3 months of crown placement
   New crown needed because RCT needed after 3 months of crown placement
   Patient unhappy with aesthetics of original crown