Welcome to Delta Dental of Rhode Island
Delta Dental of Rhode Island is pleased to welcome the following dentists who have joined our network and are approved as participating dentists by our credentialing committee:

Hassan Aboukhater DMD
Comfort Dental

Rochelle Akradi DMD
Paolucci Dental Associates

Juyoung An DMD
Providence Community Health Centers

Shawn Bushey DMD
Dr. Matrullo & Associates

Nelfa Cespedes DDS
New England Dental

Jonathan Enright DMD
East Bay Dental Associates

Aaron Ercole DDS
Ocean State Oral Surgery Center

Gary Galovic DMD
Professional Dental Associates

Brian Goldstein DDS
Thundermist Health Center

Abhishek Kapoor DDS
Thundermist Health Center

Dongho Kim DMD
Sunny Smile Group

Jeffrey Kozlowski DDS
Mystic Westerly Orthodontics

Derek Nobrega DMD
Prospect Chartercare

Kevan O’Neill DDS
Lifespan Physician Group

Rhode Island Hospital

Mark Paolucci DMD
Paolucci Family Dentists

Hugo Sotelo DMD
Providence Community Health Centers

Richard Stengel DMD
East Bay Community Action Program

Joetta Stewart DDS
WellOne Primary Medical & Dental Care

Toni Waters DDS
Crestview Dental Associates

Pamela Wetherington DDS
Providence Community Health Centers

Nicole Yates DMD
East Bay Community Action Program

Elizabeth Zebian DDS
Capalbo Dental Group of Wakefield

Coastal Dental Associates

New Policy Changes Enclosed
We’ve recently updated our policies, and these changes will become effective on September 1, 2015. You can learn more about these policy changes in the enclosed insert. For a complete list of all Delta Dental of Rhode Island policies and procedures, see our Utilization Review Guidelines at deltadentalri.com. These guidelines explain the criteria we use to determine whether a procedure qualifies for coverage.

Policy Spotlight: Cracked Tooth Syndrome
Among the policies we’ve recently updated is our policy on treating Cracked Tooth Syndrome. Learn more about this important policy change on page 3 inside.

Meet Our Professional Relations Team
We’d like to introduce you to our professional relations team — Director of Professional Relations Dennis Martell and Senior Professional Relations Representative Kelsey MacKinnon. The professional relations team’s role is to support dentists in successfully working with us to improve the oral health of all patients.

As Director of Professional Relations and Network Development, Dennis develops and maintains our provider networks, identifies trends and works with providers to address their concerns.

You can reach Dennis at 401-752-6465 or by email at dmartell@deltadentalri.com.

Kelsey MacKinnon, Senior Professional Relations Representative, is the liaison between Delta Dental of Rhode Island and the dental community. She communicates our corporate policies and procedures to dentists, answers dentists’ questions and manages the credentialing and re-credentialing process.

You can reach Kelsey at 401-752-6227 or kmackinnon@deltadentalri.com.
Meet Our New Dental Director

A. Thomas Correia, D.D.S. recently joined Delta Dental of Rhode Island as our Dental Director. Dr. Correia oversees the development and management of dental policies, and renders clinical opinions on quality-of-care matters. In addition, Dr. Correia is our liaison to the Rhode Island dental community.

Dr. Correia, who previously served on Delta Dental of Rhode Island’s Board of Directors, also provides expert guidance on the company’s Pay for Performance program, as well as its reporting and management of oral health measures.

Dr. Correia earned a Bachelor of Science in biology from Villanova University and earned a Doctor of Dental Surgery (D.D.S.) from Georgetown University. He is a Fellow in both the Academy of General Dentistry (FAGD) and the American College of Dentists (FACD). He was selected as one of Rhode Island’s Top Dentists and currently has his own practice in East Providence, RI.

News and Notes

Golf Fundraiser to Support Dentist’s Volunteer Mission Trip

Dr. John Kerwin of Warren Dental Associates, who along with a team of 12 volunteers provided anterior fillings and extractions to more than 800 patients at a free dental clinic in Panama earlier this year, has traveled with the dental division of the Northeast Volunteer Optometric Services to Humanity (NEVOSH) for many years. “It’s something I look forward to each and every year,” he says, adding that a golf tournament fundraiser will be held on the first Monday in October to support the foundation’s work and pay for supplies, transportation and translators. Dr. Kerwin also volunteered at the 2015 RI Mission of Mercy clinic.

For information about the golf tournament, call Warren Dental Associates at 401-245-5825.

Delta Dental to Match Donations to Donated Dental Services

Since 2003, Delta Dental has donated a 50% match through our Challenge Grant Program for Rhode Island Donated Dental Services (RI-DDS), a program that provides critical oral health care to Rhode Island’s disabled and elderly populations. We are pleased to announce that we will now match 100% of dentists’ donations, up to $25,000, to help those most in need. So far this year, we have matched $10,415 in your contributions. We thank those who have made a donation, as well as those who have donated their time to provide professional services, and we encourage others to consider a donation to this great cause so we can leverage the entire challenge grant to help more patients in need.
Protecting kids from tooth decay

A recent survey by the Pew Charitable Trusts shows many states should do more to expand dental sealant programs in high-need schools. Sealants are an effective strategy in reducing tooth decay among children and Delta Dental was pleased to lend support to recently passed state legislation (S-683 and H-5953) that will help improve access to sealants. To read the Pew report and fact sheet, visit www.deltadentalri.com/sealants.

Policy Spotlight: Cracked Tooth Syndrome

Diagnosing and treating teeth with Cracked Tooth Syndrome (CTS) can be a challenge. Delta Dental of Rhode Island has recently updated its guidelines for approval and protocol for treating these problem teeth.

Here are some important points to note from our updated guidelines:

- Required documentation must be in the patient’s treatment notes, not simply provided as a narrative. Be sure to include treatment notes from the date the patient first reported the problem.
- Answers to diagnostic questions and I/O photos taken before and after removal of the restoration will help confirm your diagnosis and the need for treatment.
- The waiting period for treatment has changed. Teeth with minimal or no restorations now require a monitoring time of two to four weeks. There is no waiting period for teeth with larger restorations.

We hope that you will find these revised guidelines helpful for case approval and treatment. Please refer to the comprehensive set of guidelines on treating Cracked Tooth Syndrome, as well as other recent policy changes, in the enclosed insert.

Reminder: Help Keep Our Records Accurate

We know things change, and we rely on you to let us know when changes happen in your practice. Please contact Kelsey MacKinnon in our Professional Relations department at 401-752-6227, email kmackinnon@deltadentalri.com or fax to 401-752-6060 when:

- Your office changes its business name or tax identification number (TIN)
- A dentist joins or leaves your practice
- You change your business or payment address
- Your direct deposit account changes
- You are selling your practice or retiring

Keeping this information up to date helps us process your claim quickly and accurately.
DDRI Supports Mission of Mercy in Treating Nearly 800 Patients

Nearly 100 dentists, including many Delta Dental of Rhode Island participating dentists, volunteered at CCRI’s Flanagan campus in Lincoln on May 30 and 31 to treat approximately 800 patients during the fourth annual Rhode Island Mission of Mercy (RIMOM) free dental clinic, an initiative of the Rhode Island Oral Health Foundation. DDRI, a premier sponsor for the event, supported the clinic with both a $60,000 donation and its largest-ever team of employee and family volunteers.

More than 3,380 procedures were performed by volunteer dentists and hygienists during the two-day event, totaling more than $493,888 in donated services.

Delta Dental of Rhode Island has been a premier sponsor of the Rhode Island Mission of Mercy for the past four years, supporting DDRI’s mission to improve the oral health and wellness of all Rhode Islanders.

For more information, visit rimom.org.

In Memoriam

The Delta Dental of Rhode Island family expresses its condolences to the family and friends of:

Dr. Kerry Christopher Callery, who practiced in Tiverton and passed away on Feb. 13, 2015

Dr. Bruce N. Sunderland, who practiced in Newport and passed away on July 8, 2015

Delta Dental 2015 Planner: Holiday Schedule

Please make note of the following Delta Dental of Rhode Island corporate office closures, as well as the credentialing meeting schedule for the remainder of the year:

<table>
<thead>
<tr>
<th>Date</th>
<th>Holiday</th>
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<tbody>
<tr>
<td>August 10</td>
<td>Victory Day (Monday) *</td>
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<tr>
<td>September 7</td>
<td>Labor Day (Monday)</td>
</tr>
<tr>
<td>October 12</td>
<td>Columbus Day (Monday) *</td>
</tr>
<tr>
<td>November 11</td>
<td>Veterans Day (Wednesday) *</td>
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<tr>
<td>November 26</td>
<td>Thanksgiving Day (Thursday)</td>
</tr>
<tr>
<td>November 27</td>
<td>Thanksgiving (Friday)</td>
</tr>
<tr>
<td>December 25</td>
<td>Christmas Day (Friday)</td>
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</tbody>
</table>

* Customer Service open

2015 Credentialing Meeting Schedule

Meeting: Application due by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Application due by</th>
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<tbody>
<tr>
<td>August 26, 2015</td>
<td>August 19, 2015</td>
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<tr>
<td>September 23, 2015</td>
<td>September 16, 2015</td>
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<tr>
<td>October 28, 2015</td>
<td>October 21, 2015</td>
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<tr>
<td>November 25, 2015</td>
<td>November 18, 2015</td>
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<tr>
<td>December 23, 2015</td>
<td>December 16, 2015</td>
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<tr>
<td>January 27, 2016</td>
<td>January 20, 2016</td>
</tr>
</tbody>
</table>

We must receive your completed application seven days prior to the scheduled meeting date. The credentialing committee will review only completed applications. Incomplete applications will be considered at the next available meeting date and only when all required documentation has been submitted.

Applications and contracts are available at deltadentalri.com. Click on the Dentists tab.
Policy/Procedure Changes for September 1, 2015

The following policy changes will be effective September 1, 2015. 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

Criteria for Crown Coverage

**Anterior teeth must exhibit at least two of the following:**

1. At least 50% of the incisal angle must be filled or fractured off or
2. The existing restoration or caries must be within 2mm or less of the pulp or
3. 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:**

1. Large area of decay on additional surface or
2. Extensive recurrent decay or
   - must have at least a three surface restoration leaving very thin buccal/lingual walls or
3. Must have at least a three surface restoration a restoration encompassing at least two thirds of the occlusal surface leaving very thin buccal/lingual walls or as documented with photograph(s) or
4. Depth of The existing restoration or caries must be within 2mm of the pulp radiographically OR

Documentation must show the entire more than half of the 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 document all of the following documentation:

1. The date of onset of symptoms and all follow-up reassessment appointments relating to the original diagnosis of cracked tooth syndrome.
2. Any conservative treatments attempted to make the tooth asymptomatic which may include time monitoring the symptoms.
3. 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)
4. If fracture line is present, it should be able to be probed probable with explorer tip.
   - Evidence of light transmission into the dentin as confirmed by intra-oral photograph.
Documentation necessary for review:
Clinical treatment notes indicating history of cracked tooth syndrome and the conservative treatment(s) that have been attempted to make the tooth asymptomatic:
- Pre-operative radiographic image
- Photograph
- Quadrant impression (if applicable)

Other documentation necessary for review:
1. Pre-operative periapical radiographic image
2. Pre-operative photograph(s) showing crack(s) and possible light transmission into dentin.
3. If relevant, photograph(s) after removal of the existing restoration showing cuspal/pulpal fracture lines.

TEETH WITH MINIMAL OR NO RESTORATIONS REQUIRE TIME MONITORING: 2-4 WEEKS OR MORE.

Procedure Code D2950 – Core buildup, including any pins when required
If an endodontically treated anterior tooth does not qualify for a core buildup, an alternate benefit of a one surface lingual composite restoration, procedure code D2330, to repair the access opening will be benefited. Patient is responsible for the difference up to dentist’s charge.

Procedure Code D2952 - Post and core in addition to crown, indirectly fabricated, Procedure Code D2954 – Prefabricated post and core in addition to crown
Post and core is a benefit once in 60 months provided the tooth has been successfully treated endodontically and includes all pins and core necessary to complete the procedure. In order to qualify for coverage, anterior teeth must have radiographic evidence of 50% or more of tooth structure missing or evidence of fracture. All teeth submitted for post and core should have a favorable endodontic and periodontal prognosis.

a. An indirectly fabricated or prefabricated post and core in addition to crown is payable only on an endodontically treated tooth. Fees for post and core are DISALLOWED when radiographs indicate an absence of endodontic treatment, incompletely filled canal space, or unresolved pathology associated with the involved tooth. Unresolved radiolucencies should be evaluated based on the time since the completion of the endodontic services and co-joint signs and symptoms.

b. An indirectly fabricated or prefabricated post and core is a benefit in anterior teeth only when there is insufficient tooth structure to support a cast restoration, otherwise an alternate benefit will be made of a one surface lingual composite restoration, procedure code D2330, to repair the access opening.

c. When radiographs indicate more than half of the coronal tooth structure remains, fees for post and cores are DISALLOWED as optional.

Criteria CEREC crown and a core buildup are submitted with the same date of service
If a CEREC restoration and a core buildup are submitted with the same date of service, the claim must be accompanied by the patient’s clinical treatment notes:
1. If treatment notes do not reveal two distinct procedures were performed, i.e.: the documentation indicates the core buildup and crown is milled as 1 unit, DISALLOW – par/DENY – non par, the core
2. If there is no entry in the treatment notes for the core buildup, disallow the procedure. Rationale: If the procedure is not documented in the treatment notes, it was not performed. The guidelines regarding a CEREC crown and a core buildup submitted with the same date of service are deleted.

**PERIODONTICS**

Procedure Code D4270 - Pedicle soft tissue graft procedure

If one or two contiguous teeth are grafted, a benefit of one tooth segment (a tooth segment is defined as two contiguous teeth) will be allowed. If a third contiguous tooth is grafted, it will be benefited an additional 50% of the Delta allowance for a tooth segment. If a fourth contiguous tooth is grafted, it also will be benefited an additional 50% of the Delta Dental allowance for a tooth segment. No additional allowance is made after the fourth contiguous tooth (in one quadrant) and the patient may not be billed any difference.

Allow up to two teeth per quadrant, same date of service. No additional allowance is made after the second tooth (in one quadrant) and the patient may not be billed any difference.

Procedure Code D4341 - Periodontal scaling & root planing - four or more teeth per quadrant

Periodontal maintenance (D4910) or prophylaxis (D1110) is disallowed on the same day as scaling and root planning (D4341).

Procedure Code D4910 - Periodontal maintenance

A 3 month waiting period after the D4341 or D4260 is generally required.

Fees for D4910 when billed within three months of periodontal therapy by the same dentist/dental office are DISALLOWED.

D1110/D4910 generally should be 90 days following D4341 or periodontal surgery. The 90 day period starts on the date of the first quadrant completed.

D1110/D4910 generally should be 90 days apart.

**ORAL SURGERY**

Procedure Code D7310 - Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant

a. Alveoloplasty is included in the fee for surgical extractions (D7210-D7250).

b. Generally DISALLOW the fee no matter how many surgical extractions are performed in the quadrant.

c. Separate fees for these procedures are generally DISALLOWED if performed by the same dentist/dental office, in the same surgical area on the same date.

Procedure Code D7311 - Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

a. Alveoloplasty is included in the fee for surgical extractions (D7210-D7250).

b. Generally DISALLOW the fee no matter how many surgical extractions are performed in the quadrant.

c. Separate fees for these procedures are generally DISALLOWED if performed by the same dentist/dental office, in the same surgical area on the same date.