**IMPORTANT REMINDERS**

**Delta Dental’s Utilization Review Guidelines Online**

As a reminder, Delta Dental of Rhode Island’s detailed Utilization Review Guidelines, which include policies and procedures for submitting claims as well as our treatment guidelines, are available in the “Dentists” section of our website at: www.deltadentalri.com.

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

**Treatment Chart Entries**

All treatment chart entries – paper or electronic – MUST be signed by the treating practitioner on the date the service was performed. If a procedure is performed and is not documented in the treatment notes, it did not legally occur; therefore, no payment will be made.

**CDT 2014**

Dental Procedure Codes

**New CDT Codes Take Effect January 1**

*Learn more about upcoming code changes to minimize disruption to your practice.*

CDT 2014 is the reference manual published by the American Dental Association (ADA) that contains the Code on Dental Procedures and Nomenclature (CDT Code). This version of the CDT Code is effective for services provided on or after January 1, 2014.

**CDT 2014 features the following changes:**
- 29 new codes
- 18 revised codes
- 7 changes to subcategories
- 4 deleted codes

**How to Order CDT 2014 for your Office**

It’s important that your office stays current on the 2014 code changes to minimize any disruption to your practice. To learn more about CDT 2014 or to order new CDT materials for your office, visit www.adacatalog.org.

Remember, these codes are used by all insurers to achieve uniformity, consistency and specificity in accurately reporting dental treatment.
The Affordable Care Act (ACA) and Dental Benefits

Effective January 1, 2014, health plans offered by employers with 50 or fewer benefit eligible employees must include 10 “Essential Health Benefits (EHB),” including pediatric dental coverage. The pediatric dental EHB is being incorporated into existing small groups’ benefits at their renewal dates throughout 2014 and for new groups enrolling on and after January 1, 2014.

Remember – Always Check Benefits for Each Patient

In the coming year, it will be extremely important for you/your staff to confirm benefits for each Delta Dental of Rhode Island member before every visit as many of our members – both children and adults – will have benefit changes in 2014.

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 2014 Planner: Holiday and Credentialing Schedules

To keep your calendar up-to-date, please make a note of the following dates when our corporate office will be closed in 2014, as well as our credentialing schedule for new dentists in your practice.

2014 Holiday Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
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<tbody>
<tr>
<td>January 1</td>
<td>New Year’s Day (Wednesday)</td>
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<tr>
<td>May 26</td>
<td>Memorial Day (Wednesday)</td>
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<tr>
<td>July 4</td>
<td>Independence Day (Friday)</td>
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<tr>
<td>August 11</td>
<td>Victory Day (Monday) *</td>
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<tr>
<td>September 1</td>
<td>Labor Day (Monday)</td>
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<tr>
<td>October 13</td>
<td>Columbus Day (Monday) *</td>
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<tr>
<td>November 11</td>
<td>Veterans Day (Tuesday) *</td>
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<tr>
<td>November 27</td>
<td>Thanksgiving Day (Thursday)</td>
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<tr>
<td>November 28</td>
<td>Thanksgiving Friday</td>
</tr>
<tr>
<td>December 25</td>
<td>Christmas Day (Thursday)</td>
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<tr>
<td>December 26</td>
<td>Christmas Friday</td>
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| * Customer Service open |

2014 Credentialing Meeting Schedule

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>Application due by:</th>
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<tbody>
<tr>
<td>January 22</td>
<td>January 15</td>
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<td>February 26</td>
<td>February 19</td>
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<td>March 26</td>
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<tr>
<td>December 17</td>
<td>December 10</td>
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</table>

Completed applications must be received seven 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.

Applications, contracts, and add and remove location forms are available on the Delta Communication link found in the “Dentists” section of www.deltadentalri.com.
The following policy changes are not related to CDT-2014. They are required by the Delta Dental Plans Association to ensure consistent claims processing standards and will be effective January 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.

**IMPORTANT UPDATE: Policy/Procedure Changes for 2014**

**DIAGNOSTIC**

*Procedure Code D0145 – Oral evaluation – patient under 3 years of age and counseling with primary caregiver*

a. D0145 is not a comprehensive oral evaluation. Therefore, a comprehensive oral evaluation (D0150) is allowed for the same patient and by the same dentist/dental office at a subsequent date.

b. Benefits for D0145 when billed on the same date and by the same dental office as a comprehensive oral evaluation (D0150) are considered to be included in the D0150 as the more inclusive procedure.

*Procedure Code D0350 – Oral/facial photographic image obtained intraorally or extraorally*

Benefits are available for orthodontic diagnosis only. The fee for orthodontic photographs is included in the overall orthodontic case fee and cannot be billed separately (includes intra and extraoral images).

Limitation: Benefits are available for orthodontic records only when the patient elects not to start treatment. This must be documented in the treatment chart.

Rationale: Diagnostic photographs/images are considered part of ortho records and are not separately billable to the patient or to DDRI.

a. Benefits for oral/facial images may be paid once per case as orthodontic records. Fees for additional oral/facial images by the same dentist/dental office are DISALLOWED once per lifetime.

b. Benefits for oral/facial images for other procedures are DENIED.

*Procedure Code D0460 – Pulp vitality tests*

Pulp tests are payable per visit, not per tooth, and only for the diagnosis of emergency conditions. Therefore, fees for pulp tests are DISALLOWED when performed on the same date as part of any other definitive procedure on the same day, by the same dentist/dental office except D0140 limited oral evaluation - problem focused, D9110 palliative treatment, radiographic images (D0210 - D0391), consultation (D9310) and sedative filling (D2940).

**PREVENTIVE**

*General policy for prophylaxis in conjunction with periodontal procedures*

If scaling and root planing (D4341 or D4342) or osseous surgery (D4260 or D4261), is submitted in conjunction with any type of a full mouth prophylaxis (including D1110, D4910), the scaling and root planing or osseous surgery should be paid as submitted if it qualifies. The prophys should be pro-rated excluding the quadrant(s) that were already benefited for other periodontal procedures.

A prophylaxis done on the same date by the same dentist/dental office as a periodontal maintenance, scaling or root planing or periodontal surgery is considered to be part of and included in those procedures and the fee is DISALLOWED.
**General policy for topical fluoride treatment**

Using prophylaxis paste containing fluoride or a fluoride rinse or swish in conjunction with a prophylaxis is considered a prophylaxis only. A separate fee for this type of topical fluoride application is DISALLOWED on the same date of service.

**Procedure Code D1206 – Topical application of fluoride varnish**

Application of fluoride varnish, delivered on a single visit, and involving the entire oral cavity. Benefits for topical fluoride treatments are defined by subscriber contract. Benefits for topical fluoride varnish when used for desensitization or as cavity liner are DENIED.

**Procedure Code D1351 – Sealant – per tooth**

Fees for sealants completed on the same date of service and on the same surface as a restoration by the same dentist/dental office are DISALLOWED as a component of the restoration.

**Procedure Code D1352 – Preventive resin restoration in a moderate to high caries risk patient – permanent tooth**

Covered only when specified by group subscriber contract. If covered, follow the benefit guidelines of a sealant: 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/dental office-DENY for non-par or different dentist.

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**RESTORATIVE**

**General policy for amalgam and composite restorations**

General Policy - If an indirectly fabricated restoration is performed by the same dentist/dental office within 6 24 months of the placement of an amalgam or composite restoration, the benefit and patient co-payment allowance for the amalgam or composite restorations will be deducted from an indirectly fabricated restoration benefit. *If a restoration is placed with the intent that it is a “final restoration” and subsequently (within 6 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.

**General policy for amalgam and composite restorations**

Replacement of Restorations – 24 Month Rule: All amalgam and resin restoration procedures (D2140- D2394) will be checked for any occurrence of an amalgam or resin restoration done by the same dentist on the same tooth within 24 months. Exact match on surfaces will be disallowed in total (policy change 8/2/04). Any restoration that involves the replacement of a surface previously restored within 24 months will be adjusted according to the prior surfaces/current surfaces and paid with any reductions as necessary.

General Policy - Fees for the replacement of amalgam or composite restorations within 24 months are DISALLOWED if done by the same dentist/dental office. Benefits may be allowed if done by a different dentist/dental office. Special consideration may be given by report.

**Procedure Code D2910 – Recement inlay, onlay, or partial coverage restoration**

A recementation performed after 6 months of delivery by the same or different dentist/dental office is benefited once per 60 months. Recementations are benefited for permanent prosthesis only.

- If recementation is paid in history, the crown is replaced and then recemented within 60 months of the 1st recementation – pay.
- If recementation is done within 6 months of delivery and is done by a different dentist – pay.
- If recementation is done within 6 months by the original dentist – DISALLOW - par/DENY - non-par.
a. Fees for recementation of inlays, onlays, or partial coverage restorations are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.
b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the inlay, onlay, or partial coverage restoration or performed the previous recementation.

**Procedure Code D2915 – Recement cast or prefabricated post and core**

a. Fees for recementation of casts or prefabricated post and cores are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.
b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the cast or prefabricated post and core or performed the previous recementation.

**Procedure Code D2920 – Recement crown**

A recementation performed after 6 months of delivery by the same or different dentist/dental office is benefited once per 60 months. Recementations are benefited for permanent prosthesis only.
- If recementation is paid in history, the crown is replaced and then recemented within 60 months of the 1st recementation—pay.
- If recementation is done within 6 months of delivery and is done by a different dentist—pay.
- If recementation is done within 6 months by the original dentist—DISALLOW—par/DENY—non-par.
a. Fees for recementation of crowns are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.
b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the crown or performed the previous recementation.

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

The fees for core builds are DISALLOWED when performed in conjunction with inlays, ¾ crowns, onlays and bridges.

**ENDODONTICS**

**Procedure Code D3220 – Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament**

Benefits are allowed on primary and permanent teeth. If a root canal is completed within 30 days by the same dentist, deduct the amount allowed for the pulpotomy from the root canal allowance. If the root canal is completed by a different dentist or is completed 30 days after the pulpotomy, no deduction will be made. The benefit for therapeutic pulpotomy is limited to primary teeth. If provided on permanent teeth, process as palliative treatment (D9110) and hold to the fee for D9110.

**Procedure Code D3221 – Pulpal debridement, primary and permanent teeth**

Allow as a separate benefit to a root canal if performed on a different date of service. If performed on the same day by the same dentist, disallow.
The relief of acute pain is benefited as gross pulpal debridement (D3221) for reimbursement purposes. It is not considered a separate procedure when performed by the same dentist/dental office on the same day the root canal is completed.
**Procedure Code D3222 – Partial pulpotomy for apexogenesis – permanent tooth with incomplete root development**

a. Covered only on permanent teeth with incomplete root development.
b. **DISALLOW** the fee for D3222 when performed on the same day or within 30 days on the same tooth by the same provider/dentist/dental office as root canal therapy (D3310 - D3330), retreatment of previous root canal (D3346 - D3348) or apexification/recalcification procedures (D3351-D3353).

**Procedure Codes D3346 – Retreatment of previous root canal therapy – anterior**

- **D3347** – Retreatment of previous root canal therapy – bicuspid
- **D3348** – Retreatment of previous root canal therapy – molar

An allowance for retreatment will be made when a root canal previously completed by another dentist has failed and retreatment is indicated. Retreatment within 24 months by the same dentist must be reviewed by the Dental Consultant. Benefits can be approved, however, if determined to be a quality of care issue, **DISALLOW** – par dentist/DENY – non par.

Retreatment of root canal therapy or retreatment of apical surgery by the same dentist/dental office within 24 months is considered part of the original procedure. Fees for the retreatment by the same office are **DISALLOWED**. This procedure may include the removal of a post, pin(s), old root canal filling material, and the procedures necessary to prepare the canals and place the canal filling. This includes complete root canal therapy. Separate fees for these procedures by the same dentist/dental office are **DISALLOWED** 30 days prior to retreatment as included in the fees for the retreatment.

**Procedure Codes D3351 – Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)**

- **D3352** – Apexification/recalcification – interim medication replacement
- **D3353** – Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)

Apexification is only benefited on permanent teeth with incomplete root development or for repair of a perforation. Procedures include all working and post-operative x-rays, bacteriologic cultures, local anesthesia and routine follow-up care. Any exam performed the same date of service as an apexification/recalcification is benefited for all dentists. A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit.

**Procedure Codes D3410 – Apicoectomy – anterior**

- **D3421** – Apicoectomy – bicuspid (first root)
- **D3425** – Apicoectomy – molar (first root)
- **D3426** – Apicoectomy (each additional root)

Procedures include the exam, all pre-operative, operative & post-operative x rays, bacteriologic cultures, local anesthesia and routine follow-up care. Retreatment by the same dentist within 24 months is considered part of the original procedure **DISALLOW** - par dentist/DENY - non par.

If an oral exam (any of codes D0120-D0180) is submitted in conjunction with an apicoectomy on the same date of service, the exam should disallow regardless of the specialty of the provider. Reason: the exam is considered part of the apicoectomy.

Procedures include all working and post-operative x-rays, bacteriologic cultures, local anesthesia and routine follow-up care. Retreatment by the same dentist/dental office within 24 months is considered part of the original procedure **DISALLOW** - par dentist/DENY - non par. Any exam performed the same date of service as an apicoectomy is benefited for all dentists. A diagnostic radiographic image taken to ascertain the presence of pathology is a separate benefit. 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.
PERIODONTICS

General policy for all periodontal surgical procedures

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 24–36 months. When a surgical procedure is billed within three months of the initial surgical procedure in relation to both natural teeth and implants 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 24–36 months is DISALLOWED. If extraordinary circumstances are present, the benefits will be DENIED and are chargeable to the patient up to the approved amount for the surgery.

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

Same criteria as D4266, D4267 guided 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. Covered only when specified by group contract.

Does not include surgical entry and closure, wound debridement, osseous contouring and the placement of graft materials and/or barrier membranes:

a. Benefits are available only when billed for natural teeth. Benefits for these procedures when billed in conjunction with implants, ridge augmentation, extraction sites, periradicular surgery, etc. are DENIED as a specialized or elective technique.

b. Allow D4265. Biologic materials may be eligible for standalone benefit when reported with periodontal flap surgery.

c. DENY other modifiers as investigational when submitted for periodontal regenerative purposes.

d. When submitted with a D4263, D4264, D4266, D4267, D4270, D4271, D4273, D4275, or D4276, or D6103 in the same surgical site, the fee for the D4265 is DENIED.

e. When D4265 is reported with an extraction, DENY benefits as a specialized technique. If reported with codes D7950/D7955, refer to medical or DENY.

Procedure Code D6080 – Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments

DENY unless subscriber contract covers implants. If subscriber contract covers implants approve with a maximum allowable fee and pay per visit. Allow prophylaxis on the same date. Allow once every three years, otherwise by report.

IMPLANT SERVICES

Procedure Code D6092 – Recement implant/abutment supported crown

A recementation performed after 6 months of delivery by the same or different dentist/dental office is benefited once per 60 months. Recementations are benefited for permanent prosthesis only.

- If recementation is done within 6 months of delivery and is done by a different dentist—pay.
- If recementation is done within 6 months by the original par dentist—DISALLOW/non par dentist—DENY.

a. Fees for recementation of crowns are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.

b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be
paid when billed by a dentist/dental office other than the one who seated the crown or performed the previous recementation.

**Procedure Code D6093 – Recement implant/abutment supported fixed partial denture**

A recementation performed after 6 months of delivery by the same or different dentist/dental office is benefited once per 60 months. Recementations are benefited for permanent prosthesis only.

- If recementation is done within 6 months of delivery and is done by a different dentist – pay.
- If recementation is done within 6 months by the original par dentist – DISALLOW / non par dentist – DENY.

a. Fees for recementation of fixed partial dentures are DISALLOWED if done within six months of the initial seating date by the same dentist/dental office.

b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the crown or performed the previous recementation.

**PROSTHODONTICS, FIXED**

**Procedure Code D6930 – Recement fixed partial denture**

A recementation performed after 6 months of delivery by the same or different dentist/dental office is benefited once per 60 months. Recementations are benefited for permanent prosthesis only.

a. The fee for recementation of a fixed partial denture by the same dentist/dental office within six months of the seating date is DISALLOWED as a component of the fee for the original procedure.

b. Benefits may be paid for one recementation after six months have elapsed since the initial placement. Subsequent requests for recementation by the same dentist/dental office are DENIED. Benefits may be paid when billed by a dentist/dental office other than the one who seated the bridge or performed the previous recementation.

**ORTHODONTICS**

**Procedure Code D8693 – Rebonding or recementing of fixed retainers**

A separate fee for rebonding or recementing, and/or repair, as required of fixed retainers by the same dentist – disallow / different dentist – deny.

If no history of payment of the orthodontics - pay.

This procedure is included in the orthodontic case fee. A separate fee is DISALLOWED anytime following placement of the fixed retainer to the same dentist/dental office. In cases where there are excessive or continuous repairs, recements and rebonds, individual consideration can be given.

In the case where a different dentist/dental office is repairing/recementing/rebonding the fixed retainer a separate benefit may be given once in a lifetime; then it becomes the responsibility of the patient.