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### LETTER FROM STEVE

In 2012 DentaQuest will pursue membership opportunities in all regions of the country. We will support the business objectives of organizations in both government and commercial sectors by providing broad range of products, including Medicaid, Medicare, CHIP, group and individual offerings. More than ever, DentaQuest will be counting on the contributions of its dentists as it seeks to improve the oral health of Americans regardless of their socioeconomic status.

Just as we do with our clients, we will support your business objectives in 2012 and beyond by making it easy for you to participate in our networks. We provide you with the technological tools that will simplify day-to-day tasks for your office staff. You'll also enjoy prompt service that permits you to keep pace with your patient load. We want you to think that joining DentaQuest's network represents a good business decision, in addition to representing a personal contribution to your community.

Your feedback in 2011 helped us find better ways to support you. Please continue to let your voice be heard in 2012 in our annual provider survey and also in your interactions with your provider service representatives. The more satisfied you are, the more successful our programs are going to be.

As health reform measures unfold, Americans will find new ways to obtain their dental benefits. What's not going to change, however, is the important role dentists play in the process. We look forward to working with you this year in assuring that more Americans receive the care they need to enjoy bright oral health futures.

Sincerely,

Steven J. Pollock  
COO



## THE IMPORTANCE OF QUALITY RADIOGRAPHS

DentaQuest requires submission of radiographs for a variety of clinical review situations. We use these radiographs to evaluate treatment necessity during pre-authorization, retrospective review, provider and member appeals, and in our utilization review process. It is imperative that quality diagnostic radiographs are submitted the first time to avoid unnecessary staff time and expense to both the provider and DentaQuest, and avoid unnecessary delay in treatment of the member.



Documentation requirements in the member record include quality and medically necessary radiographs used for diagnosis and treatment of the member's dental conditions. Radiographic technique regarding angulation, developing and image capture are key to this documentation. Many administrative and clinical denials are the direct result of poorly developed film, cone cuts, overlapping images, poor angulation, or the missing apex of a tooth on the periapical radiographic image. If the radiographs submitted are substandard for a third party to make a qualitative benefit decision, it would be best to re-take the radiograph at no cost to the program or member and avoid the denial.

As part of sound risk management it is imperative to keep the patient's treatment record intact, including the original radiographs. Submission of original radiographs is risky for many reasons, including the separation of the radiographs from the patient record by your staff, handling of the radiographs by the US postal system and by DentaQuest. Duplication of radiographs is one possible solution however duplicated radiographs are rarely of sound diagnostic quality. The use of radiographic doubles is a better option. It avoids unnecessary patient exposure to radiation and misplacement of these radiographs would not compromise the original patient record. Digital radiographs and scanning technology have advanced the process of radiograph submission but printed copies are not always of the highest diagnostic quality. Finally, electronic submission of radiographic images through a clearing house provides the most cost effective way to submit radiographs and assure diagnostic quality on the initial submission. The cost of this service will be offset by elimination of mailing costs and staff time utilized in duplication, re-filing, etc.

## TREATING THE HEARING-IMPAIRED PATIENT

It is important that hearing-impaired patients are properly informed about their disease, treatment options and prognosis. They have the same right to full information as other patients. The following article includes ideas for improving communication with the hearing-impaired, including those who use hearing aids, sign language and/or lip-reading to communicate. It also includes a note regarding interpreters and the law.

Regardless of their mode(s) of communication, the main barriers to communication for the hearing-impaired are as follows: (1) The attitude adopted by others which may affect the doctor-patient relationship, (2) The hearing-impaired may be wrongly assumed to have a learning disability, and (3) Time pressure may lead to not making sufficient effort to learn what modes of communication best relate to a certain patient.

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Patients with hearing aids:

Eliminate any background noise.

Avoid sudden noises that may alarm the patient, especially noises coming from behind the patient.

Notify the patient when treatment (especially involving rotary instruments) will begin, as he or she may prefer to turn off his/her hearing aid.

If any communication is necessary during treatment, signify this so the hearing aid can be turned on.

Patients who use lip reading:

Maintain eye contact.

Call attention with a light touch or signal before beginning to speak.

Never speak if the patient is not looking at you.

Be sure there is enough light on your face for the patient to adequately see you.

**Be sure that your face mask is off whenever you are speaking to the patient.**

Position the patient at the same level as you, ideally sitting up in the chair.

Speak calmly, slowly, pleasantly and clearly without exaggerating or shouting.

If necessary, use gestures or words/drawings with pencil and paper.

Have written sheets available explaining planned dental procedures (an additional benefit since the patient can take them home and review).

Sincerely ask whether the patient understands what has been said and whether there are any questions.

Patients who use sign language and have an interpreter:

Talk directly to the patient, not to the interpreter.

Speak slowly and clearly, using body language and facial expressions (which form part of sign language).

Interpreters:

An interpreter can greatly increase the patient's ability to fully and accurately understand and the doctor's ability to explain treatment to be rendered, including obtaining informed consent.

The Americans with Disabilities Act states that dentists have a legal duty to provide effective communication, using auxiliary aids and services (including interpreters), as necessary, to ensure that communication with hearing-impaired people is as effective as communication with others (unless doing so would cause an undue burden). The law does not require that an interpreter be retained for all such patients or for all of their visits. An individualized approach needs to be taken to assess a particular patient's communication needs and the complexity of the communication in question.

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## APPOINTMENT STANDARDS

In order to better serve your patients, please note that there are access to care standards outlined in your contract. It is important that appointments are offered in a timely manner for routine/initial, urgent and emergent care. These standards are typically state requirements and are audited by DentaQuest and its clients.

In addition, DentaQuest requires that providers shall ensure twenty-four hour coverage.

Coverage can include the following:

- Answering service that gives the member a timeframe to expect a call back from the provider
- Answering machine that gives the member a timeframe to expect a call back, or includes a page/telephone number where the provider can be reached for emergencies

These tips will be appreciated by your patients and will help ensure that your contractual obligations are met.

Please remember to comply with our audit/survey so that DentaQuest can determine practices that are not meeting the standards. If the care cannot be provided in the timeframe specified, an alternative appointment can be made. If your office is experiencing difficulty in reaching the above standards, please inform DentaQuest.

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The dentist is not required to use an interpreter of the patient's choice; in fact, the law is interpreted as advising against using family members as interpreters, for reasons including potential conflicts and confidentiality. If an interpreter is deemed necessary, the dentist must retain and reimburse the interpreter for his or her services. The cost of the interpreter is not to be charged to the patient requiring assistance; rather the law mandates that the cost be borne by the dentist, effectively shared by all patients in the practice.

If a dentist contends that the cost of the interpreter constitutes an "undue burden", the burden must be demonstrated relative to the practice's overall financial ability to pay (and the dentist must still furnish an alternative auxiliary aid or services that would not result in an undue burden). The Americans with Disabilities Act provides for a tax credit of 50 percent of the cost of interpreter services from \$250 to \$10,250 expended in a given year.

For more information, please contact the ADA website at <http://www.usdoj.gov/crt/ada/adahom1.htm>.

#### *List of References*

Sfikas, P. Serving the Hearing-impaired. JADA May 2001, Vol. 132: 681-3

Sfikas, P. Treating Hearing-impaired People. JADA Jan 2000, Vol. 131: 108-110

Alsmark SSB, Garcia JN, Martinez MRM, Lopez NEG How to improve communication with deaf children in the dental clinic. Med Oral Patol Oral Cir Bucal Dec 1:12(8):E576-81

## **MEMBERS WITH MULTIPLE INSURANCES**

Occasionally offices will encounter a situation in which a member has additional insurance coverage. The reasons for this can vary. As a contracted provider with the Medicaid program there are some key policies that you need to be aware of. If a member has benefits under another insurance policy, Medicaid is the "Payer of Last Resort" and the other insurance the primary carrier.

What this means is that any other insurance must be billed prior to Medicaid. If the amount paid by the primary insurance is more than the rates listed in the office reference manual or provider contract no additional payment will be made by DentaQuest.

If you think Medicaid will pay an amount over the primary insurance payment you can send a claim to DentaQuest for consideration once

## **NEED ASSISTANCE? HELP IS JUST A CLICK OR CALL AWAY!**

This is to remind you that you can receive 24-hour service, 7 days a week, by accessing our website at [www.dentaquestgov.com](http://www.dentaquestgov.com). Use our website to check member eligibility and history or to submit claims and authorizations free of charge. Should you need additional assistance or wish to use our interactive voice response system, please contact us at the toll free number listed in your office reference manual.

As always, thank you for partnering with us to provide needed dental care to our members.

## **PEER-TO-PEER COMMUNICATIONS**

Providers may request to speak to the dental director who issued an adverse determination on a peer-to-peer basis. DentaQuest encourages provider-dental director discussions at all times during regular business hours. In the event a call is received outside regular business hours, the dental director or a back up dental director will return the call on the next business day. To request to speak to a dental director, please call customer service at the toll free number listed in your office reference manual.

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payment is received from the primary insurance. A copy of the primary insurance explanation of benefits must be attached to the claim. DentaQuest will review the claim and consider whether additional payment is due.

Please remember that protecting each member's personal health information is very important. If you are submitting claims to DentaQuest and including a copy of an EOB from the member's primary insurance carrier, please make sure it only contains information for that member. If there are other members listed on the EOB, please blacken out the appropriate areas so their public health information is not visible.

If you have additional questions about how to coordinate benefits for multiple insurances, please contact DentaQuest's provider relations department at 800.341.8478.

## DOWN WITH UPCODING

Upcoding is the practice of billing for a more complex procedure when a less complex procedure has been completed.

DentaQuest employs several methods to detect upcoding. A statistical evaluation is done to measure relationships among dental procedures, comparing treatment outcomes of one office with the average outcomes of all offices in the network. For example, a report can be created showing how many teeth are extracted shortly after they have received restorations. Or, a report can show how many teeth require root canal therapy after having had crowns placed.

DentaQuest measures 75 dental procedure codes for frequencies per individual dentist and per 100 members in the entire network. These codes account for 95 percent of all procedures submitted. A report is compiled which ranks dentists by their variance level, selecting the top five offices with the highest aggregate numbers for further review.

To further explore any issues, DentaQuest contacts the offices in question and requests relevant patient records for review to verify the accuracy of treatment. Any coding or apparent quality of care issues are noted, followed by further investigation or a corrective action plan, if appropriate. All investigations are strictly confidential. Dentists have no indication that an inquiry is underway until there is conclusive evidence.

Some procedures that frequently appear to be upcoded are:

- Doing a one-surface restoration (occlusal) and billing for a multi-surface restoration (occlusal-buccal-lingual)
- Doing a prefabricated post and core (Code D2954) and billing for a cast post and core (Code D2952)
- Doing a sealant (Code D1351) and billing for a one-surface composite (Code D2391)
- Doing a routine extraction (Code D7140) and billing for a surgical extraction (Code D7210)

In conclusion, DentaQuest encourages dentists to accurately document the care they provide to patients and bill for services actually provided.

Kathryn J. Arena, DDS

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## WHAT CAN YOU DO TO REDUCE NO-SHOWS?

No-show rates can adversely affect productivity. To help reduce the no-show rate, incorporate best practices to reduce broken appointments. Suggested examples of best practice strategies are as follows:

- Mail appointment reminders.
- Make reminder phone calls 48-72 hours in advance of an appointment.
- Adjust office hours to best accommodate your patient population.
- Open your schedule to accept for walk-in and emergency appointment requests to cover open chair time due to no-shows.
- Consider open access scheduling. Open access scheduling allows the patient to schedule an appointment with the provider in a timely manner. Appointments are scheduled within days of the appointment requested at a time that is convenient for both the patient and the provider. This is different from the usual way appointments are scheduled, which is usually at the time of the current visit.
- Establish a policy for all repeat no-shows. Provide a written copy of the policy to patients and keep a signed copy in the patient record. Post the policy in the waiting room or registration area.
- Educate members verbally and in writing about what may happen as a result of missed appointments.

Characteristics of practices that experience an increase in broken appointments are:

- Unexplained in-office wait times, which indicate that the dentist does not respect patients' time.
- A schedule that sets appointments too far in advance. This may cause the patient to go elsewhere.
- One that does not currently follow up with patients that miss appointments.
- A dental office that frequently cancels patient appointments at the last minute.

Implementing some or all of the aforementioned best practice strategies will result in less frustration for your staff, a significant decrease in broken appointments, an increase in patient treatment and a positive impact on annual revenue.

## NON-INCENTIVES FOR CONSULTANTS

DentaQuest prohibits interfering with the clinical decisions of its dental directors and benefit examiners by any kind of financial incentives or any other encouragement. This ensures that each member's benefit is considered individually according to established practice guidelines.

### ANNUAL DOCUMENTS

To receive a copy of the 2012 QI and UM annual documents, please contact us at 800.341.8478.



## CONTACT INFORMATION

### DentaQuest Provider Service

800.341.8478

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility and History
- Press 3 for Claims and Payment Questions

### Via Email

- Electronic Claims Setup and Questions  
[ddusa\\_providerrelations@dentaquest.com](mailto:ddusa_providerrelations@dentaquest.com)
- Claims Payment Questions  
[denclaims@dentaquest.com](mailto:denclaims@dentaquest.com)
- Eligibility or Benefit Questions  
[denelig.benefits@dentaquest.com](mailto:denelig.benefits@dentaquest.com)

### Utilization Review

800.294.9650

[ddusa\\_um@dentaquest.com](mailto:ddusa_um@dentaquest.com)

### Provider Relations

800.341.8478

### Provider Web Questions

888.560.8135

[www.dentaquestgov.com](http://www.dentaquestgov.com)