



In This Issue...

<i>Reducing Emergency Room Visits</i>	1
<i>Prior Authorization Reminder</i>	1
<i>ORM Availability</i>	2
<i>Dental Home Program</i>	2
<i>Referrals to Specialists</i>	2-3
<i>Patient Safety: Tongue Piercing</i>	3
<i>Paper Claims Reminder</i>	3-4
<i>The Importance of Dental Care During and After Pregnancy</i>	4-5
<i>DentaQuest IVR System</i>	5
<i>The Payor of Last Resort</i>	5-6
<i>Member and Provider Satisfaction Surveys</i>	6-7
<i>Retrospective Review</i>	7
<i>Need Assistance?</i>	7
<i>AAPD Periodicity Table</i>	8
<i>Contact Information</i>	9

Reducing Emergency Room Visits For Dental Treatment

Many patients in government-sponsored programs seek dental care in emergency rooms. As we in the dental community are aware, this is not the best place to seek dental care. Dental offices are best suited to handle most dental emergencies.

Many of these patients are chronic emergency room visitors, driving up program costs. These dental-related costs drain funds from those needed to run a workable program.

We have identified a number of factors on the part of the member that contribute to inappropriate emergency room visits:

- Failure to seek routine dental care
- Failure to follow a dentist's recommendations for treatment
- Failure to establish a dental home.

We need your help in limiting the unnecessary hospital emergency room visits. Here's a list of the things you can do to assist:

- Provide emergency care within 24 hours of contact from the patient
- Provide an after-hours emergency contact to address patient needs
- Offer routine care to patients following emergency visits
- Instill the need in your patients for comprehensive dental care
- Stress oral health as it relates to physical well-being
- Provide a well-thought out recall program

Thanks for helping us direct program funding toward the delivery of appropriate dental care.

Prior Authorization Reminder

Services requiring prior authorization differ with each plan. For the process to operate most efficiently, please note the following:

- Visit the web portal or refer to the office reference manual to confirm whether a service requires prior authorization.
- Confirm the items necessary to submit (radiographs, narrative, pathology report) and send them in their entirety. If required materials are not submitted, the authorization will be denied must be resubmitted.

For emergency services requiring prior authorization, services can be performed and authorizations can be reviewed retrospectively.



ORM Availability

As a reminder, it is important to reference the provider office reference manual (ORM) posted on our website at www.dentaquestgov.com. There are often changes to information contained in the ORM including benefits, benefit limitations, authorization requirements, etc. To ensure you always have the most up-to-date information, please use the online ORM. If you print a hard copy, we recommended that you also reference the online ORM or print out a new hard copy on a regular basis.

Dental Home Program

The AAPD's dental home policy supports the concept of a dental home for infants, children, adolescents and persons with special healthcare needs.¹ The medical home concept dates back 20 years, but the dental home concept is still considered new to most dental professionals. Numerous studies describe the benefits of medical home and how it promotes the use of services by children and their families.

A dental home provides children and families an "ongoing relationship between a primary care dentist and a patient. It includes comprehensive oral health care beginning no later than age one," pursuant to American Dental Association policy. The AAPD defines a dental home as "a place where a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated and family centered way by a licensed dentist."

Although the concept of a dental home is too new to have been studied as a predictor of oral health, it would seem its benefits would not be questioned in an era when access to care has received such emphasis as a solution to oral health disparities¹. Indirect measures suggest that dental homes yield benefits including the delivery of appropriate care, reduced treatment costs and access to otherwise unavailable services. A dental home is not just a building or a place, it is a philosophy of caring for children throughout all stages of oral health development.

Dental homes not only provide children with increased access for preventive oral health care and emergency and specialized care referrals, they can also help reduce disease disparities. The AAPD's Recommendations for Periodic Preventive Care² provide guidelines for dentists to consider.

DentaQuest is in the process of implementing the dental home program in a number of states. With the support of dental professionals, a system for significantly improving the oral and overall health of children can be established.

¹ Nowak, A, Casamassimo, P. *The dental home A primary care oral health concept. JADA, Vol. 133 January 2002.*

² *American Academy of Pediatric Dentistry. Recommendations for preventive pediatric dental care. Pediatr Dent 1999;21(special issue 5):80.*

Documentation of Referrals to Specialists: An Effective Risk Management Tool

The purposes of risk management are to avoid or reduce loss of resources and to minimize the effects of loss through planning, organization and administration. Management of risk liability seeks to minimize loss through the implementation of preventive measures. A major preventive measure used to avoid loss is Adequate Record Keeping. To that end, the following briefly reviews a system of documentation to use when referring a patient to another dentist for consultation/follow-up:

- When referring, document the referral (including the date and name of the dentist referred to and the reason for the referral) in the progress notes or in an area of the chart designated for referrals.
- Continue to track and document the status of the referral in the patient's chart, noting whether the patient has acted on the referral (sees the dentist) or has refused to do so.
- If the patient has acted on the referral, document/file all communications from the referred dentist in consecutive order in a designated section of the chart.

Referrals to Specialists (cont.)

- If the patient has not acted on the referral, document your continued emphasis on the importance of seeing the recommended dentist and the patient's response to such.

Referrals to specialists are a normal part of the process to manage patient treatment. Following the risk management principle of Adequate Record Keeping helps to avoid loss while improving quality of care. Patients needing to be treated by a specialist may call the customer service number on their ID card for assistance.

Tongue Piercing

Oral piercing has become fashionable over the last decade. While oral piercing can involve the lips, cheek and/or uvula, the tongue is most commonly pierced. Tongue piercing involves placing a "barbell"-type stud through the tongue.

There are several common risks associated with tongue piercing.

- Infection – This is possibly due to non-sterile techniques and/or improper care after the piercing. Treatment can include antibiotic therapy, localized cleansing (including removal of the tongue ring), and oral hygiene instructions. Serious infections involving sublingual, submandibular and submental facial spaces can require emergency medical treatment.
- Chipped or Broken Teeth – Usually occurs through biting the barbell, especially in new piercings with the initial longer barbell. To minimize the risk, a shorter barbell or one made of an acrylic material should be worn.
- Enamel Loss – Most commonly occurs at the back of the teeth through repeated rubbing against the jewelry. A shorter barbell or one made of a non-metallic material can also be worn to prevent enamel loss.
- Gingival Recession – Over time, repeated contact between the tongue ring and the gingiva can lead to significant gingival recession, especially when long stem barbells are used. Smaller tongue rings can reduce the risks of gingival recession. Removal of the jewelry might also be necessary.

When examining a patient who has a pierced tongue, the following additional patient instructions might be considered:

- Remove tongue jewelry daily, clean with detergent and wipe with alcohol.
- Clean the pierced site of the tongue with a brush and use antiseptic mouth rinse.
- Exercise conscious control of the movement of tongue jewelry during chewing or speech.
- Consider replacing the metallic jewelry ball with a non-metallic alternative.

Paper Claims Reminder

DentaQuest would like to remind you that in order to increase the speed of paper claim processing and to improve the accuracy of your paper claim, please follow these guidelines:

- Use a 2006 or newer ADA claim form, which can be found at www.ada.org
- Place the appropriate NPI number in Box 54
- On each submitted claim, indicate in Box 4 whether the patient has other dental coverage
- Mail claims instead of faxing them
- Submit original claims rather than photocopies
- Ensure your printer provides clear, dark copies
- Print or type all numbers legibly
- Line up information properly within the form
- Do not use dollar signs (" \$" can be confused with "5")
- Do not use unnecessary decimal points
- Do not use ink stamps or write notes on the body of the claim form

Paper Claims Reminder (cont.)

Additionally, please do not alter or enhance the 2006 or new ADA claim form in any way. Doing so impacts the readability of the claim form and can further delay the processing of that claim.

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 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.

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

The Importance of Dental Care During and After Pregnancy

It has come to our attention that some providers choose not to treat pregnant members due to the mistaken impression that dental treatment is unhealthy for the mother and the unborn child. The purpose of this article is to clarify the importance of dental care during and after pregnancy.

Oral Hygiene During Pregnancy

Routine cleanings and examinations during pregnancy are safe and recommended. During pregnancy, the rise in hormone levels can cause inflamed gingiva, leading to easy bleeding, puffiness and sensitivity (pregnancy gingivitis). Patients should be encouraged to maintain excellent oral hygiene and be forewarned that additional bleeding is expected and can only be controlled by meticulous and frequent brushing and flossing.

Occasionally overgrowths of gum tissue, called “pregnancy tumors,” appear on the gums during the second trimester. These localized growths or swellings are usually found between the teeth and are believed to be related to excess plaque. They bleed easily and are characterized by a red, raw-looking mulberry-like surface. They are often surgically removed after the baby is born.

Dental Treatment During Pregnancy

All elective dental work should be postponed until after the birth to avoid exposing the developing baby to even minimal risks. However, if emergency dental work becomes necessary (root canal therapy, extractions), taking precautions (thyroid collar, lead aprons) allows safe treatment to be rendered. It is generally accepted that the second trimester is the best time to render necessary treatment.

According to the American College of Radiology, no single diagnostic procedure results in a radiation dose significant enough to threaten the well-being of the developing embryo and fetus. Uterine doses for a full-mouth radiographic series have been shown to be less than one mrem. In comparison, the uterine doses from naturally occurring background radiation during the nine months of pregnancy can be expected to be about 75 mrem. However, every precaution should be taken to minimize radiation exposure by using protective thyroid collars and aprons.

Maternal Oral Health and Early Childhood Caries

Dental caries is the most prevalent chronic infectious disease of our nation’s children. Cariogenic bacteria

(*Streptococcus mutans*) are typically transmitted from mother or caregiver to child by behaviors that directly pass

The Importance of Dental Care During and After Pregnancy (cont.)

saliva, such as sharing a spoon when tasting baby food, cleaning a dropped pacifier by mouth or wiping the baby's mouth with saliva. Colonization can occur any time after the child is born, but the bacteria have the greatest potential for being retained in the mouth after a tooth erupts. The earlier that cariogenic bacteria occupy ecological niches in the child's mouth, the greater the percentage of the child's plaque that will be comprised of these bacteria. As the child grows older, *Streptococcus mutans* becomes less able to colonize within a child's mouth, as the available ecological niches are filled with other organisms. Since the mother is the most common donor, mothers who themselves have experienced extensive past or current caries have a particularly strong need for counseling on how to avoid early transmission of cariogenic bacteria to their offspring.



In conclusion, the role of the oral health professional includes providing preventive and treatment care and anticipatory guidance for pregnant women. It is hoped that obstetricians actively refer their patients for dental examinations and cleanings if they are not currently receiving them.

Sources: www.ada.org – Frequently Asked Questions

Oral Health Care During Pregnancy and Early Childhood – New York State Department of Health, August 2006

DentaQuest IVR System

When calling Provider Services for assistance, have you tried DentaQuest's self-service IVR system?

DentaQuest's self-service interactive voice recognition (IVR) system can benefit you and your office in answering some of your most common inquiries at your own convenience.

The IVR is a robust source of information that is available 24 hours a day, 7 days a week.

When you have your provider NPI number and last 4 digits of your tax ID number ready, you can retrieve information for your patients related to eligibility, benefits, procedure history, and both claim and authorization status. Just simply dial DentaQuest's Provider Services toll free phone number, enter your provider NPI number and the last 4 digits of your tax ID number. Then enter the patient/member's ID number and DOB and choose from the following options:

1. Eligibility – receive eligibility information for the date of service entered
2. Benefits
 - a. Benefit Summary – receive an overview summary of benefits for the patient/member
 - b. Benefit Details – receive benefit coverage information for the procedure code entered
 - c. Procedure History – receive the last date of service for the procedure code entered
3. Claims – receive status information for a claim for either the claim number entered or the date of service entered
4. Authorizations – receive status information regarding the authorization entered

Each of these functionality areas offer convenient FAX capabilities to allow the information you heard to be sent right to your office FAX. Menus throughout the IVR allow you to navigate back and forth and allow you to check multiple patient/members information without having the need to call back at a later time. And should you need additional assistance; the various menus within the IVR allow your call to be routed efficiently to the appropriate area. The next time you call DentaQuest, give the IVR a try and see for yourself the convenience that it can provide for you and your office.

The Payer of Last Resort

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.

The Payer of Last Resort (cont.)

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 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.

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2011 Member Satisfaction Survey

The surveys were conducted telephonically during 2011 and were completed using member eligibility data provided by the plans.

The overall results for the surveys were as follows:

Overall, how satisfied are you with your dentist? 95% Very and Somewhat Satisfied

Overall, how satisfied are you with the dental care that (you/your child) has received in the past 12 months? 94% Very and Somewhat Satisfied

Overall, how satisfied are you with your dental plan? 93% Very and Somewhat Satisfied

In your opinion, did the dentist or dental staff do everything they could to help (you/your child) feel as comfortable as possible during the visit? 96% Yes

Did the dentist or dental staff explain what they were doing while treating (you/your child)? 78% Always

Did the dentist or dental staff give you advice on how to avoid dental problems? 86% Yes

In general, how would you rate the overall condition of (your/your child’s) teeth and gums today? 78% Good or Very Good

DentaQuest will work with the individual plans, particularly where deficits were noted to improve member satisfaction.

2011 Provider Satisfaction Survey

The annual provider satisfaction survey was completed during 2011 and was conducted via written survey.

Satisfaction with DentaQuest 86% satisfied

How likely are you to continue begin a provider for DentaQuest in the coming year? 94% will continue

2011 Provider Satisfaction Survey (cont.)

Overall, would you say that DentaQuest compares to over Dental Plans?	90% the same or better
Usefulness and clarity of Office Reference Manual	72% good or better
Accuracy of payments	69% good or better
Ability to obtain accurate information from customer service call center representative	63% good or better
Payments received within the agreed upon time frame	69% good or better
Consistency in applying authorization criteria	58% good or better
Ability to obtain timely information from customer service call center representative	60% good or better
Turnaround time of authorization process	60% good or better
Ease of using the Provider Web Portal	91% good or better
Speed of answer when calling DentaQuest's customer service call center	50% good or better
Ease of using the Interactive Voice Response (IVR) phone system	79% good or better

ABCs of Retrospective Review

Retrospective review means a dentist has completed a service and submitted a claim to DentaQuest for review. All except orthodontic and outpatient services may be submitted for retrospective review.

When submitting a claim for retrospective review, please include documentation with your ADA form, including radiographs and medical necessity narratives.

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. 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.

ANNUAL DOCUMENTS

To receive a copy of the 2012 Q2 and UM annual documents, please contact us at 800.341.8478

Recommendations for Pediatric Oral Health Assessment, Preventive Services, and Anticipatory Guidance/Counseling

Since each child is unique, these recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations will need to be modified for children with special health care needs or if disease or trauma manifests variations from normal. The American Academy of Pediatric Dentistry (AAPD) emphasizes the importance of very early professional intervention and the continuity of care based on the individualized needs of the child. Refer to the text of this guideline for supporting information and references.

AMERICAN ACADEMY OF PEDIATRIC DENTISTRY	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination ¹	•	•	•	•	•
Assess oral growth and development ²	•	•	•	•	•
Caries-risk assessment ³	•	•	•	•	•
Radiographic assessment ⁴	•	•	•	•	•
Prophylaxis and topical fluoride ^{3,4}	•	•	•	•	•
Fluoride supplementation ⁵	•	•	•	•	•
Anticipatory guidance/counseling ⁶	•	•	•	•	•
Oral hygiene counseling ⁷	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling ⁸	•	•	•	•	•
Injury prevention counseling ⁹	•	•	•	•	•
Counseling for nonnutritive habits ¹⁰	•	•	•	•	•
Counseling for speech/language development	•	•	•	•	•
Substance abuse counseling				•	•
Counseling for intraoral/perioral piercing				•	•
Assessment and treatment of developing malocclusion			•	•	•
Assessment for pit and fissure sealants ¹¹			•	•	•
Assessment and/or removal of third molars					•
Transition to adult dental care					•

1 First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease. Includes assessment of pathology and injuries.

2 By clinical examination.

3 Must be repeated regularly and frequently to maximize effectiveness.

4 Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.

5 Consider when systemic fluoride exposure is suboptimal. Up to at least 16 years.

6 Appropriate discussion and counseling should be an integral part of each visit for care.

7 Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

8 At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.

9 Initially play objects, pacifiers, car seats; when learning to walk; then with sports and routine playing, including the importance of mouthguards.

10 At first, discuss the need for additional sucking: digits vs pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.

11 For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.



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 Options

Via Email

- Electronic Claims Setup and Questions
ddusa_providerrelations@dentaquest.com
- Claims Payment Questions
denclaims@dentaquest.com
- Eligibility or Benefit Questions
denelig.benefits@dentaquest.com

Utilization Review

800.294.9650

ddusa_um@dentaquest.com

Provider Relations

800.341.8478

Provider Web Questions

888.560.8135

www.dentaquest.com