PROVIDER EDUCATION TRAINING

Smiles For Children
June 2021

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Training Topics

- **Overview New Adult Benefits-go live July 1, 2021**

- **Office Reference Manual**

- **Best Practice for Record Keeping**

- **CareQuest Institute For Oral Health**

- **DentaQuest Links**

- **Reminders**

- **DentaQuest Virginia (VA) Provider Partner Team**

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ADULT BENEFITS-JULY 1, 2021

Adult Benefits Covered Services Overview

- Coverage for adults will include the following:
  - Diagnostic
  - Preventive
  - Restorative
  - Endodontics
  - Periodontics
  - Prosthodontics
  - Oral surgery
  - Adjunctive general services (all covered services that do not fall into specific dental categories.)

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Overview Adult Benefits Go Live-July 1, 2021

- Effective date July 1, 2021

- All enhanced adult benefits previously offered will end June 30, 2021 and there will be a smooth transition into the new comprehensive benefit under *Smiles For Children*

- Adults over age 21 who have full Medicaid and FAMIS benefits are eligible to receive appropriate comprehensive dental benefits (excluding Orthodontia) through Virginia's dental program, *Smiles For Children* (*SFC*)

- DentaQuest uses the 12-digit Medicaid ID number as the enrollee ID Number for the Adult Benefit

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VA Adult Managed Care Medicaid Plans- Terminate on June 30, 2021

VA Adult Managed Care Medicaid plans (Commonwealth Coordinated Care Plus (CCC) /Medallion 4.0) will no longer offer dental benefits for adult enrollees effective June 30, 2021. The DentaQuest Managed Care plans that will terminate are:

- Aetna Better Health Adult Medicaid
- Anthem HealthKeepers Adult Medicaid
- Magellan Complete Care of Virginia Adult Medicaid
- Optima Health Community Care Adult Medicaid
- Virginia Premier Health Plan Adult Medicaid

VA Adult Managed Care Medicaid Plans- Claim Submission and Processing

- Providers will have 180 days from the date of service to submit outstanding claims for all VA Managed Care Health Plans adult members to DentaQuest for processing and payment decisions.

- Questions regarding claims for dates of service on or prior to June 30, 2021 should be directed to the DentaQuest Customer Service Department. The phone number is 844.822.8109.

*The termination of these plans **does not affect with your participation with any other DentaQuest plans**. If you are currently a *Smiles For Children* provider, there is nothing you need to do to continue treating the adult members under the new expanded *Smiles For Children* benefit plan

Adult Dental Benefits-FAQ

Q: Will orthodontic services be covered?

A: No, Orthodontic services are not included in the benefits for adults.

Q: If I am credentialed with *Smiles For Children* now, do I need to provide any additional enrollment/credentialing paperwork to begin providing care to Medicaid adults?

A: No, there is no additional paperwork or credentialing needed. You will be able to provide care to Medicaid enrolled adults and be reimbursed starting July 1st, 2021.

Adult Dental Benefit-FAQ

Q: Will patients be required to sign waivers for services that are not covered?

A: All covered services are listed in the office reference manual. Participating Providers shall hold Members, DentaQuest, and DMAS harmless for the payment of non-Covered Services except as provided in this paragraph. A provider may charge an eligible **Smiles For Children** Member for dental services which are not covered services only if the Member knowingly elects to receive the services and enters into an agreement in writing to pay for such services prior to receiving them. Non-covered services include:

- Services not covered under the **Smiles For Children** plan

- Services for which prior-authorization has been denied and deemed not medically necessary

- Services which are provided out-of-network

Adult Dental Benefits-FAQ

Q: How is the pregnant women benefit impacted by the addition of the adult benefit?

A: Pregnant women will continue to receive the comprehensive pregnant women dental benefit (exhibit C) for the duration of their pregnancy and for 60 days post-partum. After the 60th day post-partum, pregnant women will transition into the new adult benefit (exhibit B). The benefits for these two groups are different. Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations.

Adult Dental Benefit-FAQ

Q: Are reimbursements remaining the same as they are now?

A: Reimbursement of dental procedures by CDT code will remain the same for under 21 and pregnant women. Benefit design will be changing **ONLY** for adults over 21.

Q: Will there be annual cost maximums for adult per year?

A: There will be no annual maximums (dollar amount) per member. However, there may be benefit limitations by procedure code.

Adult Dental Benefit-FAQ

Q: Is it possible for hygienists to be reimbursed by Medicaid even if the dentist is not a participant?

A: No

Q: Can volunteer dentists providing care at dental clinics be credentialed?

A: Volunteer dentist can be credentialed

Adult Dental Benefit-FAQ

Q: Will prior authorizations be required for covered services?

A: Please consult the Office Reference Manual for a listing of all covered codes and benefit limitations (exhibit B). Prior authorizations may be required for certain services. The Office Reference Manual will include all benefit details and will be available on the DentaQuest and DMAS websites.

Q: Some MCOs currently offer value-add dental benefits. Will these benefits remain, and how will the new adult dental benefit change what MCOs offer?

A: Effective July 1, 2021, MCOs will no longer offer enhanced dental benefits to Medicaid members.

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OFFICE REFERENCE MANUAL

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Reminder Office Reference Manual Changes- COVID-19

- **D9995 – teledentistry – synchronous; real-time encounter**
  - The following language has been removed from the benefit limitation - This code shall be reported in addition to other diagnostic procedures on the same date of service.

  -

- **D9996 – teledentistry – asynchronous; information stored and forwarded to a dentist for subsequent review**
  - The following language has been removed from the benefit limitation - This code shall be reported in addition to other diagnostic procedures on the same date of service.

Current Dental Terminology © 2021 American Dental Association. All rights reserved.

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Reminder Office Reference Manual Changes- COVID-19

The benefits below are still in effect. DentaQuest and DMAS will re-evaluate these benefits and provide 30 DAY advance notice of any changes.

- **D0140 – limited oral evaluation – problem focused**
  - Benefit limitation - relaxed
  - Documentation shall be maintained in the patient chart

- **D0170 – re-evaluation – limited, problem focused (established patient; not post-operative visit)**
  - Benefit limitation - relaxed
  - Documentation shall be maintained in the patient chart

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Reminder Office Reference Manual Changes-COVID-19

- **D9630 Changes** - Narrative of medical necessity waived. Drug or medicament must be documented on claim and in the patient record. Benefit limitation updated to include 2 per member per 6 months. Providers may dispense member individualized drugs or medicaments (oral antibiotics, oral analgesics, topical fluoride, 5000ppm toothpastes) for scheduled member pick-up. This does not include prescription writing nor administrative cost of mailing to members. Toothbrushes and toothpaste may be included but inclusion alone does not meet the code for reimbursement.

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Reminder Office Reference Manual Changes- COVID-19

- **Pregnant Women Benefit** - There will be <u>no termination</u> of dental benefits for pregnant women during this emergency period. Pregnant women will remain in the pregnancy aid category past their 60-day postpartum period. Providers should continue to state pregnant status and due/delivery date on claims. Providers should continue to verify eligibility for members on the DentaQuest provider portal or by calling Customer Service at 888.912.3456.

Adult Benefits Office Reference Manual – Benefit Limitations

Code	Description	Fee
D1110	prophylaxis - adult Three of (D1110) per 12 Month(s) Per Provider OR Location. Included scaling and polishing procedures to remove coronal plaque, calculus, and stains.	$47.19**Note: up to three times / year / provider by medical necessity
D1354	Interim caries arresting medicament application Two of (D1354) per 1 Lifetime Per patient per tooth. D1354 is allowable for up to two applications per tooth per lifetime for primary and permanent dentition. The first and second application of D1354 must be separated by no less than 91 days. Restorative, endodontic, and extraction procedures cannot be billed within 180 days of the D1354. If restorative, endodontic, and/or extraction services are medically necessary prior to 180 days, the fee for those services will be reduced by $12.00.	$12.00

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Adult Benefits Office Reference Manual – Benefit Limitations

Code	Description		Fee
Crowns-D2740 through D2794	Crowns- One per 60 Month(s) Per patient per tooth. PRIOR Authorization Required. Tooth must have evidence of endodontic treatment while covered by a Virginia Medicaid dental program.	**Crowns by pre-authorization on teeth that have been root canal treated while under the Adult Dental Plan**.	$500.00
D2920	re-cement or re-bond crown Not allowed within 6 months of placement.		$43.46
D2940	Protective restoration One of (D2940) per 12 Month(s) Per patient per tooth. Not allowed in conjunction with root canal therapy, pulpotomy, pulpectomy, or on the same date of service as a restoration.		$40.48

*Treatment of root canals is covered for initial root canal procedures only. Retreatment of an endodontically treated teeth is not a covered benefit.

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Adult Benefits Office Reference Manual – Benefit Limitations

Code	Description	Fee
D4341	**periodontal scaling and root planing - four or more teeth per quadrant** One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. Either D4341 or D4342. A minimum of four (4) affected teeth in the quadrant. Periodontal charting and pre-operative radiographs with claim for **pre-payment review.**	$93.14
D4342	**periodontal scaling and root planing – one to three teeth per quadrant** One of (D4341, D4342) per 24 Month(s) Per patient per quadrant. Either D4341 or D4342. One (1) to three (3) affected teeth in the quadrant. Periodontal charting and pre-operative radiographs with claim for **pre-payment review.**	$49.08
D4346	**scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation** One of (D1110, D1120, D4346) per 6 Month(s) Per patient. Should not be provided in conjunction with prophylaxis on the same date of service (D1110, D1120).	$47.19

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Adult Benefits Office Reference Manual – Benefit Limitations

Code		Fees
D4355	**full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit** One of (D4355) per 36 Month(s) Per patient. Only covered when there is substantial gingival inflammation(gingivitis) in all four quadrants. Cannot be billed on same day with D0150, D1110, D4346, or D4910. Not covered within 12 months following D1110, D4341 or D4342.	$78.28
D4910	**periodontal maintenance procedures** Four of (D1110, D4910) per 12 Month(s) Per patient. Any combination of D1110 (3) and D4910 (2) up to five (5) per 12 months. Covered following active treatment only (D4210, D4211, D4341, D4342, D4346).	$62.09

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Adult Benefits Office Reference Manual – Benefit Limitations

Code	Description Treatment aimed at restoring oral function, comfort, appearance, and health of patients with clinical conditions associated with missing or deficient teeth.		Fees
D5110	complete denture - maxillary One of (D5110) per 60 Month(s) Per patient.		$674.85
D5120	complete denture - mandibular One of (D5120) per 60 Month(s) Per patient.	Partial dentures may be a benefit with preauthorization after a course of preventive and periodontal maintenance treatment.	$674.85
D5211	maxillary partial denture-resin base One of (D5211 or D5213) per 60 Month(s) Per patient.		$660.65

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Best Practice For Record Keeping-
Most Common Types of Treatment Record Documentation Errors-Examples

- D7210 (surgical extraction)-No documentation to support that a tooth was sectioned and/or bone removed in conjunction with the extraction on a tooth by tooth basis and documentation must support the medical necessity for a surgical approach to these extractions.

- D7140- (extraction erupted)-Extraction, erupted tooth or exposed root (elevation and/or forceps removal) Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary. Ensure patient record are documented per definition.

Best Practice For Record Keeping-
Most Common Types of Treatment Record Documentation Errors-Examples

- D9920 (behavior modification): No documentation supporting the patient behavior issues requiring behavior modification; No documentation of what the provider did to modify the members behavior i.e. additional time, additional staff, immobilization.

- D9230 (nitrous oxide) – No documentation of start/stop time; No indication of level of nitrogen and oxygen administered; No documentation of time when member was receiving only oxygen at the end of the appointment.

Best Practice For Record Keeping-Most Common Types of Treatment Record Documentation Errors

- No treatment plans

- No documentation of next visit needs

- No existing conditions charting on initial visit

- Claims submitted for date of service- The claim is not accurate with the treatment records for that date of service

Best Practice For Record Keeping-Typical Content Of Records In Chart

- Identification data: Name, birth date, address, contact information

- Medical and dental histories, notes and updates

- Progress and treatment notes

- Conversations about the nature of any proposed treatment, the potential benefits and risks associated with that treatment, any alternatives to the treatment proposed, and the potential risks and benefits of alternative treatment, including no treatment

Best Practice For Record Keeping-Typical Content Of Records In Chart

- Diagnostic records, including charts and study models

- Medication prescriptions, including types, dose, amount, directions for use and number of refills

- Radiographs/dated/RL angle/patient name/date of birth
- Treatment plan notes

- Patient complaints and resolutions

Best Practice For Record Keeping-Typical Content Of Records In Chart

- Laboratory work order forms

- Mold and shade of teeth used in bridgework and dentures and shade of synthetics and plastics

- Referral letters and consultations with referring or referral dentists and/or physicians

- Patient noncompliance and missed appointment notes

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Best Practice For Record Keeping-Typical Content Of Records In Chart

- Follow-up and periodic visit records

- Postoperative or home instructions (or reference to pamphlets given)

- Consent forms

- Waivers and authorizations

- Conversations with patients dated and initialed (both in-office and on telephone, even calls received outside of the office)

Best Practice For Record Keeping-Typical Content Of Records In Chart

- Correspondence, including dismissal letter, if appropriate

- Description of work, including diagrams if needed

- The type and quality of the materials to be used

- Signature and address of the dentist

CAREQUEST INSTITUTE FOR ORAL HEALTH

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CareQuest Institute for Oral Health

DentaQuest Partnership for Oral Health Advancement is now CareQuest Institute for Oral Health, a nonprofit industry leader that shares the DentaQuest mission to improve the oral health of all. At the end of March, we took the DentaQuest Partnership nonprofit programming, expanded it greatly and launched a new large nonprofit with a complex portfolio that reaches across grantmaking, research, health improvement programs, policy and advocacy and education as well as dental benefits, care delivery and innovation advancements designed to improve the oral health system.

DentaQuest Partnership-Launched new website under CareQuest Institute for Oral Health

- Go to the NEW website and sign up to for newsletters, upcoming webinars, online CE courses, updates and to stay in touch

- https://www.carequest.org

- Register for webinars and recorded events

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Reminder
July Delayed Payment

Reminder July Annual Delayed Payment

- As a result of the Virginia Appropriation Act, the remittance that normally would be processed on Friday, June 25, 2021 will instead be processed on Friday, July 2, 2021. This means that all claims received between the dates of June 11, 2021 through June 21, 2021 will be processed and reflected in a single remittance dated July 2, 2021. **As a result of this remittance processing delay, no claim payments will be issued to providers during the week of June 28-July 2, 2021**. **Claim payments will resume the week of July 5-9, 2021.** A similar delay occurred in previous years.

- Providers should plan accordingly and prepare for this delay in claims payment. DMAS and DentaQuest **will not** issue advance pays associated with this delay.

ADDITIONAL RESOURCES LINKS

Resources Links

- COVID-19 Coding and Billing Interim Guidance published by the ADA:

https://success.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf

- Bona Fide Masks' Website for details and ordering:

https://bonafidemasks.com/kn95

- CDC website

www.coronavirus.gov

- U.S. Department of Health & Human Services

https://www.hhs.gov/coronavirus

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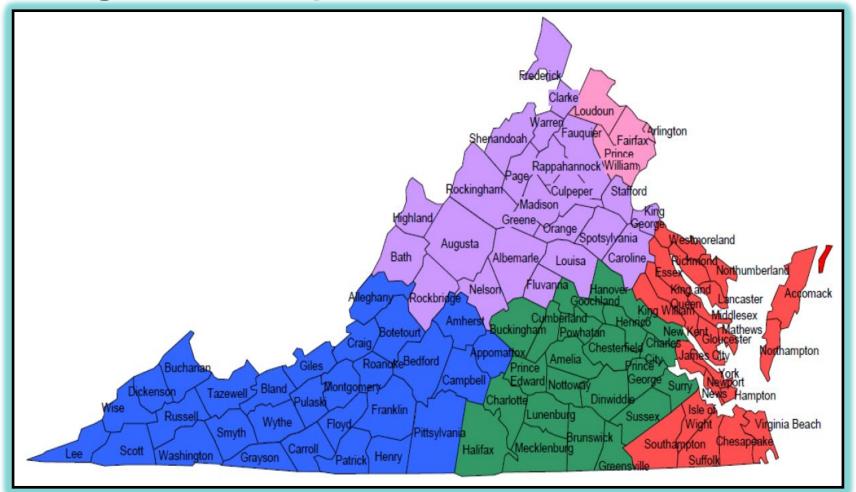
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DentaQuest Links

- DentaQuest microsite/page to help during COVID-19
  https://dentaquest.com/dentists/dentaquest-is-here-to-help/
  Mask: https://dentaquest.com/heretohelp

- Website: http://www.dentaquest.com/

- Provider Web Portal: https://govservices.dentaquest.com/

- AppCentral: www.dentaquest.com/dentists

- Recredentialing via AppCentral:
  http://dentaquest.com/dentists/recredentialing/

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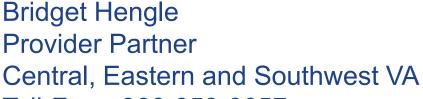# Virginia Provider Partners-County Assignments Map

Virginia Provider Partners Contact Information

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Questions and Answers

- Questions and Answers – TYPE your question in the chat box. **Keep your phone on mute so that all attendees can hear the answer to each question. Please do not place your phone on HOLD.**

- Target questions to these specific provider training topics only.

- For all non-training specific questions, contact the Provider Partner in your area directly for assistance.

- A copy of the training presentation will be available on the Provider Web Portal (PWP) under related documents within two weeks of the training session

Thank you for participating in the training and making a difference in oral health for all in your communities!

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