



October 2015

LIBERTY Dental Plan Quarterly

National
Volume 5, Issue 2

In this issue

Scaling and Root Planing Codes2

Contact Us2

Greater New York Dental Meeting3

Tips & Resources3

Authorization or Referral Request4

Medicare Opt-In Status4

Protecting HIPAA Privacy4

Cultural Competency Corner5

New York Providers - FIDA Training Required5

Compliance Connection6

Language Assistance6

**Texas Providers: Medicaid
Provider Re-Enrollment**7

Upcoding?8

Get the Facts8

After-Hours Coverage8



Scaling and Root Planing (“SRP”) vs. Adult Prophylaxis

By Dr. Richard Darsky, LIBERTY Nevada Dental Director

The appropriate use of codes **D4341** and **D4342**:

Scaling and root planing codes (i.e., D4341 and D4342) are for reporting the treatment of periodontal disease, consistent with professional standards, and LIBERTY’s clinical and diagnostic guidelines. In reviewing pre-authorizations, referrals and claims, LIBERTY’s Dental Consultants look for evidence of radiographic changes in the alveolar crest bone. While the radiographic evidence and documentation of pocket readings 4 mm or more, and/or the radiographic presence of calculus may contribute to the provider’s justification and LIBERTY’s benefit determination process, LIBERTY requires radiographic evidence of changes in the alveolar crest bone, and doesn’t consider pocket readings resulting from gingival hyperplasia without apical migration of the epithelial attachment (i.e., pseudo-pockets), as true periodontal pockets. Thus pocket readings alone do not determine the benefit for SRP. In the presence of gingival inflammation, pocket measurements may mis-represent the health of the alveolar crest bone. In the absence of radiographic evidence and documentation of changes in the alveolar crest bone, LIBERTY will decline pre-authorizations, referrals and claims for D4341 and D4342; however, an adult prophylaxis, code D1110, may be approved as an alternate benefit. An adult prophylaxis, D1110, is currently described by the ADA as “removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.” Thus the mere presence of calculus alone does NOT justify SRP. Also, the removal of deposits from “tooth structures” does not limit the removal to just the clinical crown or the anatomical crown, and some deposit removal on the root surface is included in the adult prophylaxis procedure.



Contact Us



Online Access

www.libertydentalplan.com

- Eligibility
- Claims Submission
- Claims Status
- Benefits Confirmation

Professional Services

Toll Free Office:

Florida: **888.352.7924**
California: **800.268.9012**
Nevada: **888.700.0643**
All other States: **888.352.7924**

- Contracting
- Provider Education

Toll Free Fax:

Florida: **888.401.1129**
California: **800.268.0154**
Nevada: **888.334.6034**
All other States: **888.401.1129**



Did You Know?

According to the National Health Care Anti-Fraud Association (NHCAA), Code **D4341** is the most highly abused dental code? The NHCAA finds that dentists often perform a Prophy (D1110) and then bill for Periodontal Scaling and Root Planing (D4341 or D4342).

© 2015 LIBERTY Dental Plan, Inc.
340 Commerce, Suite 100, Irvine, CA 92602
Toll Free: 800.268.9012
Fax: 800.268.0154 www.libertydentalplan.com

Greater New York Dental Meeting (GNYDM)

LIBERTY is proud to announce that our very own, **Gary Dougan, DDS, MPH**, *National Dental Director*, will be conducting a seminar at the upcoming **Greater New York Dental Meeting** at the Jacob Javits Convention Center in New York City on November 29, 2015.

Course 3420: Achieving Success in the Medicaid Dental Practice

Practicing in the Medicaid space has its own set of challenges including: the need to be even more astute with time management; claim submission efficiency; and attention to the various regulatory agencies that seek to affect how providers administer the benefits in their practices. This program looks at how to avoid claim denials to enhance first time claim payment. In addition, some of the various state program differences are discussed and how health care reform is affecting the look and feel of Medicaid dental programs now and in the coming years.

Learn:

- **To understand common claim denial reasons and how to prevent, avoid or minimize them**
- **About dental quality measures and how Medicaid participating providers may be expected to measure and comply with desired threshold levels**
- **Important driving policies established for states related to the federal CMS oversight of Medicaid programs and how they are playing out for the dental programs**

> **To find out more information or to register for this premier event, please visit www.gnydm.com.**



Tips & Resources

Provider Resource Library

- > <http://www.libertydentalplan.com/Providers/Providers.aspx>
- > Select Providers Resource Library from the sidebar menu,
- > Select Your State,
- > Then click continue



Authorization or Referral Request

There are a few ways to submit a request for an authorization or referral to LIBERTY: online, e-mail, fax or mail.

For Referrals, Referral Resubmissions or Hospital Cases, please use:

Email: referralfax@libertydentalplan.com

Fax: 949.270.0104
949.253.0096

Mailing address for referral requests:

LIBERTY Dental Plan
PO Box 26110
Santa Ana, Ca. 92799-6110

For Claims, Pre-Estimates, Non-referral resubmissions, W9 forms attached to claims, and Ortho Transition of Care cases, please use:

Email: claims@libertydentalplan.com

Fax: 949.270.0103

Mailing address for claims requests:

LIBERTY Dental Plan
PO Box 26110
Santa Ana, Ca. 92799-6110

Online

Online authorization and referral online tools offer quick and easy submission and status tracking of prior authorizations, referrals, etc.

Registration at <http://www.libertydentalplan.com/Providers/Providers.aspx> is required for providers and staff to use the tools. Visit our registration page to sign up today.

Checking the ID Cards every time may prevent HIPAA privacy incident

Did you know that an error in claims submission can easily lead to a HIPAA privacy incident? Submitting claims accurately protects your patient's information and ensures timely payment. We recommend that you review the patient's ID card during every visit so that claims are submitted with correct subscriber ID. Even if a patient reports no change in coverage, important information on the ID card may have changed.



Medicare Opt-In Status

ALL PROVIDERS MUST COMPLETE THE MEDICARE OPT-IN NO LATER THAN JUNE 1, 2016.

If you don't successfully Opt-In as a Medicare provider by June 1, 2016, you will: (1) be removed from LIBERTY's government program network and (2) even if you aren't a Medicare provider, your Medicare eligible patients will not be able to fill the Medicare Part D prescriptions that you prescribe for them.

LIBERTY administers several Medicare Part C "Medicare Advantage" plans in conjunction with health plans. To participate as a dental provider in LIBERTY's government network plans, you must successfully Opt-In as a Medicare provider. LIBERTY's Credentialing Department verifies that its network providers are not on the Medicare Opt Out list.

Cultural Competency Corner

Cultural Competency Provider Training

LIBERTY recognizes the importance of serving Members in a culturally and linguistically appropriate manner.

Increasing cultural competence empowers health care providers to be respectful and responsive to the health beliefs, practices and the cultural and linguistic needs of our diverse patient base. LIBERTY has created a Cultural Competency Training resource to help You as a provider, and your staff, increase your cultural awareness. We feel that trainings such as this ensure the needs of culturally diverse populations are being met. In some areas, this training is required. However, LIBERTY feels that providing this training resource to all our providers will undoubtedly assist them with the variety of cultures that are faced in the dental office today.

The goal of this training is to:

- Provide the tools to communicate successfully about health care across social boundaries
- Build understanding and trust between provider and patient
- Work with patients to develop treatment plans that are effective and culturally relevant

Even if a provider does not speak a patient's preferred language, he or she can take steps to ensure successful patient-provider communication and sensitivity to how various cultures face health care decisions. This is aimed at reducing the risk of dangerous misunderstandings.

You may find the Cultural Competency training in the Provider Portal or by following <https://www.libertydentalplan.com/Providers/Cultural-Competency-Provider-Training-1.aspx>. LIBERTY's online cultural competency and sensitivity training meets requirements in several states, including Michigan's new requirement.

Attention Michigan Providers:

By virtue of our agreement with Fidelis to provide dental benefits to Fidelis members, all Michigan LIBERTY providers are expected to log on and take the cultural competency and sensitivity training by 12/31/15.

New York Providers - FIDA Training Required

A new Federal requirement for providers who treat Fully Integrated Duals Advantage (FIDA) participants in the state of New York requires dentists to take a provider training course through the Resources for Integrated Care website: <https://fida.resourcesforintegratedcare.com/my.policy>.

Administered by the Lewin Group, there are five required **training modules which are posted to the FIDA training portal from the web link appended above**. These courses are as follows:

- FIDA Provider
 - Overview Behavioral Health
 - Cultural Competency
 - Disability Awareness
 - Recovery and Wellness
- (continued on page 7)

Compliance Connection



Compliance Program

LIBERTY is committed to establishing and maintaining its business operations in compliance with ethical standards, contractual obligations, and all-applicable statutes, regulations and rules, including those pertaining to the federal CMS regulations (when applicable), Medicaid, MMA and Medicare programs, and state regulatory agencies, where pertinent.

In most states, LIBERTY activities are governed and regulated by each state's Department of Insurance. In California, LIBERTY activities are governed by the Department of Health Care Services (for government programs) and the Department of Managed Health Care (for commercial products).

HIPAA 101: Protecting Patient Privacy in Open Areas

When you are talking to or about a patient, do you give much thought to who might be listening? While HIPAA does not require that all risk of possible disclosures be eliminated, dentist offices, clinics, health plans, and other entities covered by HIPAA must have "reasonable safeguards" in place to avoid prohibited disclosures of protected health care information (PHI) and to limit incidental disclosures (disclosures that are an unavoidable by product of an otherwise permitted disclosure).

Reasonable and appropriate safeguards must be in place to protect patient privacy even in the office.

LIBERTY recommends that you assess the potential risks to patient privacy and impacts on patient care in your own practice, as well as any administrative or financial burden from implementing any particular safeguard as follows.

Consider steps that other prudent health care professionals take to protect patient privacy. Examples that may be considered as reasonable safeguards include:

- Asking waiting patients to stand a few feet back from a counter used for discussing patient information
- Using cubicles, dividers, shields, curtains, or similar barriers in an area where multiple patient-staff communications routinely occur
- Ensuring patient files are supervised or locked

Please be mindful of privacy rules and guidance. When speaking with a patient about information and/or instructions that are personal and should be private, keep in mind who might be listening and take care to have reasonable safeguards in place to avoid prohibited disclosures.



Language Assistance

Can You Communicate in Your Patient's Language?

With nearly 2.8 million LIBERTY members, we are keenly aware that many of our members may speak one of more than 150 languages in our service area. This diversity of spoken language creates an opportunity for LIBERTY to partner with you to effectively communicate with your patients. Many LIBERTY clients require LIBERTY to offer no-cost translation or interpretation to our members. In some cases, LIBERTY may offer interpretation at provider offices. Not all members are eligible for this service.

To request a telephonic, or, in some cases, a face-to-face interpreter for dental visits for LIBERTY members, please call our Member Services Department at **888.352.7924** at least 2 business days prior to the patient's appointment. Some states and programs require that eligible members be able to arrange for telephonic interpreters 24/7.



Texas Providers: Medicaid Provider Re-Enrollment

Providers participating in Texas Medicaid must comply with the provisions of the Federal Affordable Care Act of 2010 (ACA). **Providers who originally enrolled before January 1, 2013, must be fully RE-ENROLLED in the Medicaid system by March 24, 2016. Medicaid providers who are not re-enrolled prior to the March 2016 deadline will likely experience:**

Medicaid providers who are not **re-enrolled** prior to the March deadline will likely experience:

- Interruption in reimbursement for Medicaid services
- Denial of claims for Medicaid services
- Removal from managed care organization (MCO) or dental maintenance organization (DMO) networks

You can learn more about the Medicaid re-enrollment process by going to the TMHP web page at <http://www.tmhp.com/Pages/Topics/ACA.aspx>. Please see below specific link to the application or Frequently Asked Questions (FAQ).

Medicaid Applications are available at:
http://www.tmhp.com/Provider_Forms/Provider%20Enrollment/Texas%20Medicaid%20Provider%20Enrollment%20Application.pdf

Frequently Asked Questions (FAQ)
http://www.tmhp.com/TMHP_File_Library/ACA/Affordable%20Care%20Act%20FAQs.pdf

You can also access these documents directly from LIBERTY's website at www.libertydentalplan.com and click on the links to start the re-enrollment process. Once you are fully enrolled, please submit a copy to LIBERTY for our file. You can either email to prinqueries@libertydentalplan.com or fax to **800.268.0154**

New York Providers - FIDA Training Required

(continued from page 5)

Dentists may also complete the training offline and submit a spreadsheet attesting to the individuals on their staff who completed the training. Staff members are highly encouraged to take this course in addition to the Dentists in each office. Instructions for this off-platform training are located at: https://www.resourcesforintegratedcare.com/FIDA_Downloadable_Provider_Training.

New York Providers: New York Providers: If you have not yet completed this training, please be sure to do so to ensure that you remain in compliance.

Thank you in advance for your ongoing commitment to ensure that quality care is delivered to FIDA participants. If you have any questions, please contact our Provider Relations Department at **888.352.7924 x576** or **x5181**.

Upcoding?

Providers are reminded that upcoding, or billing for more expensive services than are actually provided, is considered fraudulent activity. Examples of upcoding include, but are not limited to:

- Billing for additional surfaces on a restoration (e.g., submitting a claim for an MOB amalgam when an MO amalgam was performed).
- Billing for more complex procedures than were actually performed (e.g., submitting a claim for a surgical extraction when a simple extraction was performed).
- Billing for one to four quadrants of scaling and root planing when a prophylaxis was actually performed).

LIBERTY is committed to providing members, employers, and dentists an environment that is free of fraud. If it is determined that a provider is billing for services not rendered or for services more costly than those actually performed, LIBERTY's may require that the provider comply with prior authorization and/or special claims review, may pursue recovery of overpayments, and may be required to refer the provider's billing issues to the Attorney General's Office and/or the State Dental Board, in compliance with applicable regulations and LIBERTY's Potential Fraud, Waste and Abuse Program.

Get the Facts



When referring a patient to an Oral Surgeon, providers should be placing an actual diagnosis such as "pericoronitis" instead of "pain." For a tooth to have "pericoronitis" it must be at least partially erupted into the oral cavity, and therefore D7240 full-bony impaction would not be a correct procedure code to submit.

Also specificity in tooth number is essential, especially when addressing 3rd molars. Many times providers submit a referral for extraction of all 3rd molars noting pain as the reason; however the panorama radiograph shows 4 unerupted and undeveloped 3rds that have not even emerged from the crestal bone. Some LIBERTY plans may limit coverage for asymptomatic 3rd molar extractions. It should also be noted there are generally no benefits for orthodontic related extractions of bicuspid.

LIBERTY published its Clinical Criteria, Guidelines and Practice Parameters annually, and posts them to the website for our contracted providers. Please take the time to become familiar with LIBERTY's Clinical Criteria Guidelines and Practice Parameters as this may prevent misunderstandings for members and providers alike.

Provided by: Dr. Richard Darsky, LIBERTY Nevada Dental Director

After-Hours Coverage

Having a system in place to inform and direct patients after hours is essential to providing complete patient care and establishing a "dental home." As a service to your patients and to meet compliance standards or client requirements for After-Hours Accessibility, please review your protocol and update it as necessary.

The ADA Principles of Ethics and Code of Professional conduct states that "Dentists shall be obligated to make reasonable arrangements for the emergency care of their patients. In most cases, the patient is best served by the treating dentist, by someone who works with the treating dentist or by another dentist in the community who is, or may easily become familiar with the patient's treatment history. A patient injured as a result of inadequate after-hours coverage may allege that the treating dentist, facility or both abandoned them. To reduce the risk of potential liability, the office should make every effort to provide coverage.

Acceptable After-Hours Methods include:

- An answering machine with an emergency telephone number to contact yourself or a participating doctor in your office, or a dentist "on call" to cover your emergencies
- An answering machine outgoing message may refer patients to the Emergency room for after-hours care for "life-threatening" or "medical emergencies" or for patients that have not been treated in the office before
- An answering service
- For offices that take a message via a service or an answering machine, there should be a clear message as to when the member would receive a call back.
- A member who is a patient-of-record in your practice, or is assigned to your office as their primary care dental facility, should expect to receive a call back in a reasonable time frame – generally 1-3 hours.
- Patients with true dental emergencies should be seen within 24 hours, or sooner if medically indicated.

If you have any questions regarding the standards for After-Hours Accessibility, please contact our Provider Relations Team at 888.352.7924.



Making members shine, one smile at a time™