

# BlueImpressions Provider Newsletter

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## WHAT'S HAPPENING?

### CareFirst Direct Enhancements

As a part of our ongoing effort to improve how your practice does business with us, we have recently introduced two new enhancements to CareFirst Direct to provide your office staff with the information they

need at their fingertips. After logging into CareFirst Direct, the new services are available under the Self Services tab.

*Get Fees* allows you to access fee schedules at any time. This may require updating your permissions, which can be done by following the instructions on [this document](#). When your permissions are properly set, your staff is able to retrieve full fee schedules and allowed amounts for specific sets of codes.

*Get Benefits* allows you to check the benefits and limitations of any codes included in a search inquiry. The system drills down to specific procedure codes and allows for a broadened benefit category search. Information on age limit, benefit limitation, coinsurance and deductible information, and dental history on file all contribute to a complete look at services for your patients.

## Dental Seminar a Success

The 2016 CareFirst Dental Seminar took place on April 1. Marjorie Jeffcoat, DMD, a periodontist, researcher and former Dean of the University Of Pennsylvania School Of Dental Medicine [presented “Oral Systemic Nexus – Ready for Action?”](#) to nearly 200 dental professionals. Highlights of Dr. Jeffcoat’s presentation include:

- Pregnancy gingivitis occurs in up to 90 percent of women with poor oral hygiene. The relationship of periodontal disease with pre-term and low birth weight has been confirmed in multiple random controlled clinical trials. Therefore, women who plan to become or are pregnant should have adequate preventive dental visits before and during pregnancy including prophylaxis, scaling and other dental care. Use of non-alcohol mouth rinses is encouraged. In cases where periodontal disease is present, effective treatment is essential. Cigarette smoking, alcohol and illicit drug use must be avoided. Dr. Jeffcoat’s take home message: There is strong evidence the successful treatment of active periodontal disease in pregnant women can significantly reduce the likelihood of their babies being born pre-term. Therapy involving scaling and root planing and/or non-alcohol containing mouth rinse is simple, safe and minimally invasive.
- The relationship of osteoporosis (risk factors include low peak bone mineral density, low body mass index, insufficient calcium intake, menopause, lack of estrogen, smoking, corticosteroids, lack of exercise) and periodontal disease. Patients with periodontal disease and osteoporosis have the highest rates of progression of alveolar bone loss.
- Diabetes is a serious chronic condition affecting over 25 million people in the United States with common complications (retinopathy, blindness, neuropathy, kidney disease, cardiovascular disease, altered wound healing). Studies based upon insurance claim data indicate medical cost for the diabetic are significantly higher for patients who also have some degree of periodontal disease.

Attendees earned five continuing education hours. Co-sponsors of this event were the American Diabetes Association (ADA), American Heart Association (AHA), National Kidney Association of Maryland, March of Dimes, DC Dental, GlaxoSmithKlein, Best Dental Studio, Hiossen, Crest Oral B, SECU, SOLUTIONREACH and XLEAR/SPRY.

## CareFirst's Dental Advisory Committee Has an Opening

Are you a progressive, highly motivated dentist? The Dental Advisory Committee has an opening on its panel, which meets three times each year. For more information, contact Dr. Robert Laurenzano, DMD, at [robert.laurenzano@carefirst.com](mailto:robert.laurenzano@carefirst.com) or at 410-528-7908.

## New Dental Medical Health Program in Development

CareFirst is developing a Dental Medical Health (DMH) program as part of its [Patient-Centered Medical Home \(PCMH\) program](#). Learn more about PCMH and look for more information on the dental aspect of this program in upcoming issues of BlueImpressions.

## Dental Provider Relations Specialist Mindy Kretschmer is Retiring Effective July 1

Chances are you have had the pleasure of interacting with Mindy Kretschmer. Mindy has been with CareFirst for 16 years and is one of the original Dental Provider Relations Specialists hired by CareFirst. If she is your Provider Relations Specialist, please join Provider Networks and Credentialing in wishing her the best as she transitions to her next step. We will be in touch regarding a new Specialist for your practice soon.

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## CLAIMS AND BILLING

### Federal Employee Program Dental Vouchers

Effective April 25, paper vouchers for the Federal Employee Program (FEP) Standard and Basic plans have been standardized using the format you currently receive for CareFirst business. The new vouchers are easier to read, and provide claim-by-claim details you are used to seeing on CareFirst vouchers, which reflects overpayments and adjustment information at the payment level. This level of information will be provided going forward, and cannot be provided for dates of service prior to April 25. If you have questions, contact FEP Provider Service using the following contact phone numbers.

Area Served	Phone
Providers in: -Washington, D.C. -Northern Virginia (east of Rt. 123) -Maryland: Montgomery & Prince George's Counties	202-488-4900
Professional Providers in all other Maryland counties	800-854-5256

## Data Elements Required in All Dental Claim Submissions

At CareFirst, we aim to process each claim upon its initial submission. You can help us with this by providing a complete dental submission, which includes the following data elements, required on all submissions, including DHMO claims:

- Patient information
- Patient date of birth
- Valid subscriber ID (claims containing social security numbers in this field are not acceptable and will be returned)
- Provider tax identification number (TIN)
- Signature of dentist or Signature on File
- Valid CDT procedure codes
- Teeth numbers and/or locations if applicable
- Charges (submit actual office charges by procedure)
- Primary Carrier's Explanation of Benefits (EOB), when CareFirst is the secondary payor

## Reminder: Payor IDs For Use When Submitting Electronic Claims

Submitting claims electronically saves your practice time and money. You can submit claims electronically for Regional Dental, DHMO and Federal Employee Program patients, as well as for your CareFirst Administrators and NCAS patients, by using the Payor identification numbers outlined on the chart below.

Learn more about submitting electronic claims through one of our clearinghouses at [www.carefirst.com/dentaledi](http://www.carefirst.com/dentaledi) or contact your [Provider Relations Specialist](#).

Entity	Payor ID
CareFirst BlueChoice (DC) CareFirst of Maryland (MD) Federal Employee Program The Dental Network	00580
CareFirst Administrators	75191
NCAS	75190

## Do You Have Changes to Provider Information?

When there are changes to your provider information, please let us know. To help, we've constructed a reference guide for some of our frequently occurring requests. More information is available online at [www.carefirst.com/dentalcredentialing](http://www.carefirst.com/dentalcredentialing).

**If your provider group needs to add a new practitioner:**

- CareFirst will need to determine if the practitioner being added has previously been credentialed with CareFirst. Once that is determined, Dental Provider Contracting can advise on which documents are required.
- Contact Dental Provider Contracting at 443-921-0676 or via email ([dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com)) to begin the process.

**If you are inquiring about the re-credentialing process:**

- Once a practitioner has been credentialed with CareFirst, our third party credentialing vendor VerifPoint will automatically initiate the re-credentialing process every two years. Practitioners have the option of either using [CAQH](#) or completing our [Dental Provider Application](#).

**If you are a credentialed practitioner, and are moving to a new location or being added to a new provider group:**

- Verify that your credentialing, liability insurance and licensure is up-to-date.
- Contact your [Provider Relations Specialist](#) to request an update to your information, or send a written request to Dental Provider Contracting at [dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com). You will also need to complete an updated [Dental Provider Application](#) and a [Billing Authorization form](#).

**If you recently bought or sold a practice:**

- Contact Dental Provider Contracting by phone at 443-921-0676 or by email at [dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com) and provide:
  - o The name of the practice you bought or sold, and its Tax Identification Number (TIN),
  - o Effective date of change,
  - o *If you recently bought a practice*, submit a W-9 and a completed [Dental Practice Questionnaire](#).

**If you need to change demographic information pertaining to your practice:**

- Complete our [Change in Dental Provider Information form](#) and return it to Dental Provider Contracting at [dentalcontracting@carefirst.com](mailto:dentalcontracting@carefirst.com) or by fax to 410-720-5080.

## **DHMO Transition Update**

As of May 1, we have successfully transitioned over 60 percent of our DHMO plans to our enhanced customer service and claims processing system. The remaining DHMO and Individual Select Preferred (ISP) business will be transitioned upon renewal, to allow for smoother implementation. The upgraded system is fully integrated with [CareFirst Direct](#) and [CareFirst on Call](#), and provides easy access to eligibility, benefit verification and claims status details. We appreciate your patience as we move forward with our DHMO Transition Project.

## Center for Disease Control Violations

[Center for Disease Control \(CDC\)](#) violations are not only a serious infraction of the Dental Practice Act and state and federal regulations; they are also a breach of patient trust and professional ethics. Dentists are required to maintain a safe workplace for their employees, and to ensure that their patients are protected from cross contamination and other harms. Please be familiar with, practice, and document the recommended infection control and other safety protocols in your office. Not doing so puts you, your patients and your staff at risk, and violations can lead to dental board fines, dental license censure, probation or suspension. CDC violations can result in termination from participation in the CareFirst network. CareFirst terminated three practices in 2015 and eight practices in 2014 due to CDC violations.

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## CODING CORNER

### Q&A: When Are Dental Services Covered Under Medical Plans?

1. *Should bone graft performed in conjunction with periodontal services (D4263, D4264), implants (D6104, D7951, D7952), or extractions (D7953) be submitted to medical or dental?*

Bone grafts done in conjunction with or related to implant services and tooth removal must always be submitted **to the dental plan**. These grafts are dental-in-nature, not medical. Implants and implant-related services are specifically excluded in medical plans. This also applies to grafting related to periodontal treatment.

If this service is submitted to medical, the graft (and implant, if also submitted to medical) will be denied as not a covered service or plan exclusion. Dental services are not covered under medical plans. Please note, denial of these services under medical does not permit the participating dentist to avoid accepting the contracted maximum allowable charge nor does it permit the provider to balance bill, except for any applicable deductible and co-pay.

Also, the participating provider may not elect not to submit a procedure in an attempt to secure higher fee payment from the member. Up-charging or not accepting the maximum allowable charge as payment in full for covered services is a violation of the CareFirst Participating Agreement and may result in termination of that agreement by CareFirst.

2. *Should computerized tomography (CT) or cone beam computerized tomography (CBCT) scans performed in conjunction with implants or other dental procedures be submitted to medical or dental?*

If the CT or CBCT scan is performed to diagnose or treat a dental condition, it must be submitted **to the dental plan**.

## **Behavior Management Update: D9920: behavior management, by report**

This service may be reported in 15-minute increments and may be reported in addition to treatment provided. The report should contain special circumstances, child's behavioral state and unique actions and or techniques used by the practitioner to modify the adverse behavior and improve outcome.

- Merely holding a young infant does not qualify as behavior management.
- Speaking to or reassuring a patient of any age, does not constitute behavior management.
- Holding a patient's hand does not warrant reporting and charging for behavior management.
- Having a dental assistant in the treatment room to help during a procedure is not behavior management.

Effective Sept. 1, CareFirst will no longer approve reimbursement for service code D9920 for patients under the age of 24 months. When reported on the same date of service and by the same provider, D9920 will deny as inclusive to the primary services performed.

## **Implant Removal Update: D6100: Implant removal, by report**

Although implant placement and longevity has a high degree of success (90-95 percent), implants can fail for a variety of reasons. Implants may fail early post-insertion due to operative error or complication, untreated oral inflammatory (i.e., periodontal) disease, uncontrolled diabetes or lack of osseo-integration, etc. Implants are also known to fail long-term at any time secondary to systemic disease, smoking, osteoporosis, etc. Implants have also been known to fail when subject to abnormal occlusal forces, poor oral hygiene or traumatic injury.

The general standard is that when an implant fails within the first year of placement, the provider who originally placed the implant assumes the responsibility for its removal and replacement. Members of CareFirst's Dental Advisory Committee report that usually, when an implant fails, the implant device manufacturer often provides a replacement fixture at no charge to the dentist.

When submitting a report regarding an implant failure, the report or letter of medical necessity should contain a description of the events leading up to the implant failure, a definitive diagnosis and the date of prior placement. Most dental plans contain a five-year replacement limitation on major services, including implant services.

CareFirst medical plans exclude dental implants with very specific and limited exceptions. [This chart outlines CareFirst's clinical policy](#) related to these and other updates.

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