

Delta Dental of Alaska Dental Provider Handbook

A guide for dental office staff



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WELCOME

Helping dentists since 1955

It is our goal to help dentists provide the best possible care to their patients. We hope this handbook will be a helpful link between your office and Delta Dental of Alaska.

As you can see from the table of contents, this handbook provides information on important topics such as Current Dental Terminology (CDT) codes, claims processing policies and attachment guidelines.

We have provided progressive dental prepayment programs for more than 50 years. ODS is the Delta Dental Plan of Alaska and, as such, directs Delta Dental of Alaska and other Delta Dental Plan patients to the practices of participating dentists like you.

As a participating dentist, your name and contact information will appear in printed provider directories for Alaska subscribers as well as on the Delta Dental of Alaska and national Delta Dental website.

We want to thank you for participating. We know you have a choice, and we are pleased that you have joined other Alaska dentists who participate.

Sincerely,



Dr. Teri Barichello DMD
VP, Chief Dental Officer

HANDBOOK INTRODUCTION

The Delta Dental of Alaska Provider Handbook has been prepared to help dental offices understand Delta Dental of Alaska operations. We recommend a careful study of this manual by anyone who will be involved in discussing insurance matters with patients. We especially recommend reviewing the section on claims.

We will continue to update information periodically. The most recent version of this handbook is available online at <https://www.modahealth.com/dental/handbooks.shtml>.

Comments are welcome and should be addressed to:

Dental Professional Relations
Delta Dental of Alaska
PO Box 40384
Portland, OR 97204
888-374-8905
Email: dpr@odscompanies.com

ODS AND THE DELTA DENTAL NETWORK

Oregon Dental Service (ODS) was established by the Oregon Dental Association (ODA) in 1955 for the “promotion and improvement of dental health and dental hygiene in the State of Oregon, to formulate and administer plans and programs for making dental services available to wider segments of the public on a basis which assures high quality of dental care at costs which can be afforded.” This mission was extended to Alaska where ODS administers Delta Dental of Alaska plans and through our affiliation with Moda Health, provides medical insurance products. .

Our affiliation with the Delta Dental Network allows us to provide dental coverage for companies that are based in Alaska but have employees who live and work at facilities in different states. In addition, it provides companies based in other states that have employees living in Alaska with access to quality Alaska dentists.

By participating with Delta Dental of Alaska, you are automatically a participant in the national Delta Dental Network and agree to abide by the Delta Dental Processing Guidelines set forth by the Delta Dental Plans Association. A copy of the Delta Dental Processing Guidelines is available on the web after logging on to Dental Benefit Tracker.

Delta Dental plans of other states are required to issue benefits based on Delta Dental of Alaska filed fees and allowables. In addition, your practice will be listed in the national provider directory.

RULES FOR PARTICIPATING DENTISTS

Participating dentists agree to abide by the requirements set forth in this handbook, as well as the following rules of Delta Dental of Alaska:

1. To submit a complete and current American Dental Association (ADA) standard dental claim form to Delta Dental of Alaska at no charge to the patient.
2. To accept Delta Dental of Alaska benefit payments for services provided.
3. To submit a list of fees to be filed with Delta Dental of Alaska for payment of dental services provided to Delta Dental covered patients. Any change in fee schedules is limited to once a year. It is necessary for each dentist to agree to accept fees that are at or below the Maximum Plan Allowance in order to participate on the Delta Dental of Alaska panel.
4. To keep accurate and complete financial and patient records in a manner that meets generally accepted practices.
5. To allow Delta Dental of Alaska access at reasonable times upon request to inspect and make copies of the books, records and papers relating to the dentist's fees charged to his or her patients, to the services provided to patients, and to payments received by the dentist from such patients.
6. To not charge a Delta Dental patient an amount in excess of the copayment, deductible, the dentist's accepted fee or the Delta Dental of Alaska allowed amount.
7. To not submit charges to Delta Dental of Alaska for payment for treatment that is not completed.
8. To not submit charges to Delta Dental of Alaska for services for which no charge is made or for which a charge increased because insurance is available (for example; treatment of the dentist's family member or employee).
9. To have the patient statements reflect the same billed charges as the amount submitted to Delta Dental of Alaska. For example, if a discount is offered to a patient, the discount needs to be reflected in the claim submitted to Delta Dental of Alaska.
10. If Delta Dental of Alaska fails to pay for covered healthcare services as set forth in the subscriber's evidence of coverage or contract, the subscriber is not liable to the provider for any amounts owed by Delta Dental of Alaska.
11. To provide accurate and complete information to Delta Dental of Alaska.
12. To notify Delta Dental of Alaska immediately of changes in service location, payment address, taxpayer identification number (TIN) or other W-9 information. This procedure helps ensure that patients can find you in our directories and that checks are promptly received.

13. Comply with all applicable state and federal laws governing the provision of dental care.
14. To ensure that all dentists in a practice (same TIN) have the same par status. If a new associate is not yet credentialed we ask that they not see Delta Dental of Alaska patients until credentialing is approved. We strongly encourage submitting credential paperwork in advance of hire date (to ensure a smooth process).
15. To ensure a clear and accurate directory listing, provider owned practice locations in the states of Oregon and Alaska will maintain the same participation status regardless of tax identifier.

PARTICIPATION LEVELS

Thank you for participating in Delta Dental of Alaska Delta Dental Networks. Below is an outline of the networks Delta Dental of Alaska offers:

Delta Dental Premier (traditional fee-for-service)

Delta Dental Premier is a fee-for-service plan. This plan allows patients to choose from the widest possible list of participating dentists. Dentists are reimbursed at their accepted filed fee or the Delta Dental of Alaska allowed amount.

Delta Dental Preferred Provider Option (PPO)

The Delta Dental PPO plan offers a select group of dentists who have contracted with us at the preferred rate. This plan offers a higher level of reimbursement for patients who use the services of a preferred dentist. Patients covered under the PPO plan who seek services from a dentist not participating in the PPO plan typically have higher copayment amounts. The plan provides employers with a lower-cost option by using a specific fee schedule with PPO dentists.

CREDENTIALING REQUIREMENTS

Credentialing is the process of verifying elements of a licensed practitioner's training, experience and current competence. Credentialing is based on healthcare industry standards and helps ensure that Delta Dental members have access to a high-quality dentist within the Delta Dental provider network. The Delta Dental of Alaska credentialing program is based on the standards of national, federal and state accrediting and regulatory agencies.

A practitioner is credentialed when initially joining the Delta Dental of Alaska dental provider network and is recredentialed every three years thereafter. Practitioners complete an application that attests to their ability to practice and provides proof of liability insurance.

Delta Dental of Alaska verifies the information provided on the application and refers the application to a committee of peers for final review and participation decision. All information provided during the credentialing and recredentialing process is kept confidential. If we do not have current credentials on file for the treating dentist, the claim may be paid at the out of network level or may be returned to your office.

At all times while participating with Delta Dental of Alaska, dentists must have and maintain in good standing all licenses, registrations, certifications and accreditations required by law to provide dental care in Alaska as applicable. Each participating practitioner must promptly notify Delta Dental of Alaska in writing of any formal action against any licenses or, if applicable, against any certifications by any certifying boards or organizations. Participating practitioners also must notify Delta Dental of Alaska of any changes in practice ownership or business address, along with any other facts that may or will impair the ability of the participating practitioner to provide services to members of Delta Dental of Alaska.

Dental practitioners have the right to appeal a Delta Dental of Alaska decision to restrict, suspend or take other adverse action against the dental practitioner's participation status.

PROFESSIONAL LIABILITY INSURANCE

Delta Dental of Alaska requires professional liability coverage in the minimum amount of \$500,000 per claim and a \$1 million annual aggregate for participation in our network. This professional liability coverage is to be primary and must insure against claims for damages arising by reason of personal injury, including bodily injury or death, directly or indirectly, in connection with the acts or omissions of the participating dentist, its agents or employees with the exception of general liability. Each participating dentist must provide at least 30 days prior written notice to Delta Dental of Alaska of any reduction in or elimination of this professional liability coverage. The participating dentist will provide Delta Dental of Alaska with evidence of such insurance upon request.

FEE FILING

Filed Fees and Maximum Plan Allowance (MPA)

Participating dentists must file their fees with Delta Dental of Alaska for all procedure codes performed by their office. Fees that are filed at or below the Delta Dental of Alaska filed fee Maximum Plan Allowance (MPA) are accepted. Fees filed at a rate higher than the Delta Dental of Alaska MPA will be revised to the Delta Dental of Alaska MPA. Your fees are effective once you have submitted your fee proposals and they are either accepted or revised to the MPA.

Delta Dental of Alaska group contracts state that payment will be made to participating dentists based on their filed and accepted fees with Delta Dental of Alaska. You commit to not bill Delta Dental of Alaska patients more than your filed fee or the MPA. It is acceptable to have a higher billed charge, but the provider discount must be applied prior to billing for patient responsibility.

Filed fees apply even if a claim for a covered service is not paid by Delta Dental of Alaska due to the application of provisions regarding member financial responsibility, deductible, limitations, frequencies, annual maximums, consultant review or waiting periods.

The Maximum Plan Allowance is statewide and does not differ by region or ZIP code. The MPAs developed by this method are reviewed at least annually. Because dentists file fees individually, results in the range of accepted filed fees among dentists may differ for the same service. In addition, specialists are allowed higher fees for procedures related to their specialty.

Filed fee updates are allowed annually and we recommend filing fees for all services performed in your office even if you perform them only occasionally.

HOW TO FILE FEES

Dentists have two options for filing fees

Electronic Fee Filing System - Dentists have the option of submitting filed fees online for real-time results. This system gives you immediate feedback on the fees you have updated, allows you to view your current accepted filed fee values at any time and shows your next eligible date to update fees. Dentists simply log on to Benefit Tracker through the Delta Dental of Alaska website at www.modahealth.com/dental to access the Electronic Fee Filing System.

Paper — Survey of Charges - Dentists also have the option to complete a paper version of the Confidential Survey of Charges and fax or mail the information to the dental professional relations department. Dentists are notified via mail of their accepted Delta Dental of Alaska fees. If this form is required, please download a copy from <https://www.modahealth.com/dental/forms.shtml> or contact dental professional relations at 503-265-5720 or toll-free 888-374-8905.

Regardless of the method selected, a dentist is limited to one filing submission. After this one submission, the fees will either show as accepted or revised to allow the Maximum Plan Allowance (MPA) if the fee proposal was higher than the MPA. This applies to dentists who are newly participating with Delta Dental of Alaska and existing participating dentists who are submitting revised fees. New dentists are not participating until their fees are accepted or revised to the MPA. As a participating dentist, you may file your fees annually.

FEE AUDITS

Delta Dental of Alaska has a responsibility to subscribers, the groups who pay the premiums and all participating dentists to verify fees and provider discounts on a periodic basis. All fee audit and provider discount reviews are kept confidential.

SUBMITTING CLAIMS

Filing a claim

Participating providers agree to bill Delta Dental of Alaska directly for services provided to Delta Dental members.

Use your provider number

In order for claims to be processed correctly, each claim must include the correct taxpayer ID number (TIN), license number and National Provider Identifier (NPI). If you are a clinic with multiple dentists or providers, the name of the individual who provided the service must also be noted. If this information is not provided, the claim may be returned for resubmission with the missing information.

Acceptable claim form

Please file all claims using the most current ADA Dental Claim form. If you would like information on billing claims electronically, please contact our Electronic Data Interchange (EDI) department at 800-852-5195 or 503-228-6554

Timely filing guidelines

Delta Dental of Alaska requests that all eligible claims for covered services be received in our office within three months after the date of service. Claims received later than 12 months after the date of service shall be invalid and not payable. If a payment disbursement register (PDR) is not received within 45 days of submission of the claim, the billing office should contact Delta Dental of Alaska Customer Service or check Benefit Tracker to verify that the claim has been received. Please verify if your initial claim was received prior to submitting a duplicate. When submitting a claim electronically using an electronic claims service or clearing house, check the error report from your vendor to verify that all claims have been successfully sent. Lack of follow-up may result in the claim being denied for lack of timely filing.

All information required to process a claim must be submitted in a timely manner (e.g. X-rays, chart notes). Any adjustments needed must be identified and the adjustment request received within 12 months of the date of service.

Corrected billings

All claims resubmitted to Delta Dental of Alaska, as corrected billings to previously submitted claims need to be clearly marked in the remarks section of a paper claim as a "corrected billing." In addition, dental records need to accompany the corrected billing if the change involves a change in procedure or the addition of procedure codes.

How to bill for patient discounts

Offices offer various types of patient discounts. Perhaps your office gives new patient discounts or senior discounts. When reporting a discount, the net fee is to be listed on the claim form. For example, if your normal charge is \$100, but you have a 10 percent senior discount, you would bill Delta Dental of Alaska for only the \$90. Fee reductions for up-front payment of the patient's responsibility or special credits are also discounts reportable to insurance. On a related note, co-insurance and deductibles are part of a plan's benefit design, and it is not acceptable to waive those fees.

Discounts given prior to billing the insurance are a business decision for each office. We don't need to know why you have given a discount as long as we are billed the fee after the discount is applied. Please contact our customer service department if you have any questions on discounts or other billing issues. Your software vendor should be able to assist you with setting up discounts on your billing system.

ELECTRONIC TRANSACTIONS

Administrative Simplification: Delta Dental of Alaska and the use of electronic transactions

Delta Dental of Alaska has successfully implemented the most recent version of the federally required transactions. These include electronic claims, eligibility inquiries, benefit inquiries and claim status. We encourage you to use these transactions and to work with Delta Dental of Alaska in understanding what information we could provide you electronically to give a more complete answer, allowing your office staff to focus on other tasks.

Real Time Eligibility and Benefits. The Eligibility and Benefits Inquiry and Response (known in the industry as the 270/271) is a transaction which supports the following:

- The ability to inquire on a patient's eligibility and benefits and
- The ability to receive information about patient eligibility for the previous 12 months as well as financial responsibility including co-payment, coinsurance and deductibles.

The 'real time' implementation allows you to inquire on a single individual and receive a response in just a few seconds. This could be used to inquire on someone who is coming into your office on an emergent or urgent basis. You could also use this transaction to verify eligibility for those with planned visits.

Later this year, we will have available the 'batch' version of this which will allow you to submit an inquiry including several individuals and receive a response within 24 hours. This may be particularly appropriate to checking out your office schedule two to three days in advance of the seating date.

Real Time Claim Status. Delta Dental of Alaska has implemented the federally required transaction for Claim Status Inquiry and Response (known in the industry as the 276/277). This will allow an office to inquire on a single claim, all claims for a specific patient or a specific service/line item in a claim.

The 'real time' implementation allows you to inquire on a single individual, claim or line item and receive a response in just a few seconds. This could be used to inquire on a claim that may be of particular concern to your office.

Later this year, we will have available the 'batch' version of this which will allow you to submit an inquiry including several individuals and their claims and receive a comprehensive response within 24 hours. This may be particularly appropriate to verifying claims and expected payment at 10 days after submission, 20 days after submission etc.

Electronic Claims. Delta Dental of Alaska offers three electronic claims types – dental, professional and institutional. Administrative time can be reduced and payment turnaround time can be shortened by submitting claims electronically.

If you are an office that is not currently able to do electronic claims due to your office management system, please contact the EDI Department at edigroup@modahealth.com. We may be able to provide alternatives for electronic entry of claims data.

Administrative time can be reduced and payment turnaround time can be shortened by submitting claims electronically.

Delta Dental of Alaska is able to accept claims from the following electronic connections:

- Dentist Management Corp. (DMC)
- APEX EDI Inc.
- Claims Processing System (CPS)
- EDI Health Group Inc. (EHG)
- Tesia- PCI Corp.
- Quality Systems Inc. (QSI)

Electronic Remittance Advice/Electronic Funds Transfer – Direct Deposit (ERA/EFT). Delta Dental of Alaska is offering Electronic Funds Transfer and Electronic Remittance Advice. Please note if you choose to move to an Electronic Remittance Advice (ERA) currently known in paper as the Provider Disbursement Register (PDR), it is also necessary to accept Electronic Funds Transfer (instead of a paper check.) Delta Dental of Alaska releases the EFT and ERA on the same day. We also provide the data required in both the ERA and the EFT so you can easily re-associate the EFT arriving at your bank and the ERA that you receive either directly or through your clearinghouse. You may request an ERA/EFT enrollment form by contacting Delta Dental of Alaska Dental Professional Relations at (888) 374-8905. Provider may also access the ERA/EFT enrollment form by contacting their clearinghouses/practice management or below website: https://www.modahealth.com/pdfs/eft_era_enrollment_form.pdf.

DDOR is currently sending ERAs to below list of clearinghouses and/or practice management:

- DMC (Dentist Management Corporation)
- APEX EDI
- EHG (EDI Health Group, Inc.)
- TESIA/PCI Corp.
- TRIZETTO/ Gateway EDI

Where do I go for help related to ERA/Direct Deposit?

Did not receive Direct Deposit	EDI
Did not receive the ERA	Provider clearinghouse and/or practice management
I am having difficulty tying the ERA and Direct Deposit together (re-associating the 2 documents)	EDI
To discuss the payment	Customer Service
To discuss the payment codes	Customer Service
To discuss payment reversal and corrections	Customer Service
I want to change banks/bank accounts	Complete the EFT enrollment form and fax to EDI

I want to enroll in ERA/EFT	Complete the ERA/EFT enrollment form and fax to EDI
I want to dis-enroll from ERA/EFT	Send email to EDI
I am changing clearinghouses	Complete the ERA enrollment form and fax to EDI
I am changing practice management systems	EDI
I am going to a new practice/group and want to keep ERA and Direct Deposit active	Complete the ERA/EFT enrollment form

What is Electronic Remittance Advice?

Electronic Remittance Advice (ERA) is an electronic format of your Payment Disbursement Register (PDR) you receive from Delta Dental of Alaska outlining the way claims for your patients have paid. Your software vendor may be able to allow auto posting of the remittance advance, after your review and approval, to save processing time.

What is Direct Deposit?

Direct Deposit is the method used to send a payment to a bank account electronically. It replaces the paper check.

Can I keep my paper PDR and only opt-in to Direct Deposit?

Delta Dental of Alaska does not offer that option, we offer combined direct deposit and electronic PDR.

What if I also want a Paper PDR?

You would work with your programming staff or vendor to develop this document based on the information received in the electronic file. Delta Dental of Alaska does not supply paper PDR's once you are in production with ERA/Direct Deposit.

How do I know this works?

Once your request for ERA/Direct Deposit is accepted and set up you will receive both ERA and paper PDR for 31 days or three payment cycle as required by the Federal law. This is called dual delivery. The purpose of this is to allow you to compare the current information you are receiving on paper with that information that you will receive electronically. The information including contractual amounts, patient responsibility, or other discounts will match.

The paper PDR will be turned off after 31 days and you will be receiving only ERAs at that point. If you wish to cancel the paper PDR before the 31 days or three payment cycle, please send a request to edigroup@modahealth.com

How often will I be paid?

Delta Dental of Alaska makes payments weekly and this will remain the same after you've signed up for ERA/Direct Deposit.

What about ‘zero pay’ claims?

You will receive ERA’s for claims where no payment is made. This will allow you to update your billing system.

How do I sign up?

Contact our EDI department for specific information. You will need to provide banking information including account numbers and routing numbers for your accounts.

You are required to have appropriate National Provider Identifier’s (NPI) in order to receive ERA/Direct Deposit transactions. We will validate NPI’s as part of the setup process. In addition, Delta Dental of Alaska requires that outstanding overpayments are resolved prior to starting the ERA/ Direct Deposit process.

The Electronic Data Interchange (EDI) department at Delta Dental of Alaska will work with your office to advise you of the options available.

For information on setting up this process, please contact:

Delta Dental of Alaska
EDI Department
PO Box 40384
Portland Oregon 97204
Phone: 503-228-6554
Toll Free: 800-852-5195
E-mail: edigroup@modahealth.com

HELPFUL HINTS FOR FASTER CLAIMS PROCESSING

Prior to rebilling a claim, first do one of the following.

- Check Benefit Tracker to confirm status of the claim
- Call customer service to verify receipt of claim.
- Check 276/277 for Claim Status Inquiry

Include subscriber or recipient identification (ID) number on all claims. If a zero is entered as the letter “O” or vice versa, our system will not be able to identify the subscriber. This typo is one of the leading reasons why a claim cannot be processed. Our subscribers have alphanumeric IDs, and they will have printed cards with that number.

Verify the patient’s name, date of birth, relationship to the subscriber and gender. Benefit Tracker can be used to confirm that information, allowing more of your claims to go through our automated claims system.

Use the current and appropriate CDT code for the services provided.

1. Posterior composite codes should be used for all back teeth, including bicuspid. Anterior codes, i.e., D2330, should not be used for a posterior tooth.
2. Confirm that the number of surfaces reported matches the code description, i.e., D2392 MO — this is another leading cause of why a claim cannot be processed.
3. Endodontic codes should match the tooth description, not the number of canals. For example:
 - a. Tooth number 8 (anterior) — D3310
 - b. Tooth number 5 (bicuspid) — D3320
 - c. Tooth number 3 (molar) — D3330

If a molar has only two canals, the code should still be D3330

Quadrant-level procedures should have the area reported in the oral cavity section, not in the tooth surface column. We will accept UR or 01/10, UL or 09/20, LL or 17/30, and LR or 25/40. Do not use entries such as “33” or “A” in the surface field to indicate a full-mouth procedure.

The area of oral cavity only needs to be reported in the oral cavity box if the procedure code being billed relates to a portion of the oral cavity that is not identified any other way. Do not report it if:

- The procedure code already has the location in the descriptor, i.e., D5110 complete denture — maxillary.
- The procedure code is not limited to a specific area, i.e., D9230 inhalation of nitrous oxide/analgesia, anxiolysis.
- The procedure code requires a specific tooth or range of teeth be identified, i.e. D2940 sedative filling.

Predeterminations are optional for Delta Dental of Alaska policies. If submitting a paper predetermination, mark the box at the top of the form titled “Request for Predetermination/Preauthorization.”

We currently receive the majority of our claims electronically. Electronic claims are processed more quickly than paper claims, with 75 percent being processed within 24 hours of receipt. For more information, contact our EDI department at edigroup@modahealth.com, 503-228-6554 or 800-852-5195.

If submitting paper claims, please use the most recent ADA claim form.

- Use black or dark blue ink only. Other ink colors do not scan well.
- Faint ink or misaligned type may delay claims while the information is being verified.
- Be aware that watermarks on claim forms are often not able to be scanned and will result in an unreadable area.
- Do not use highlighters on claims — the scanning process is unable to scan through highlighted areas and will display as a blackened area.

If Delta Dental of Alaska is the secondary carrier and the primary carrier has already made payment on the claim, the primary payment amount can be submitted electronically on the claim form without the Explanation of Benefits (EOB). If submitting the claim by paper, please attach a copy of the primary payment EOB, along with policyholder's full name, date of birth and identification number used to bill claims so that coordination of benefits can be established.

If the patient is covered by more than one Delta Dental of Alaska policy, submit one claim form with the other coverage section of the claim form filled out.

Your office information on the claim should match the information on file with Delta Dental of Alaska, including license number, name, address and taxpayer identification number, and appropriate NPI number(s). Any changes in business status, such as adding dentist partners or a new taxpayer identification number, should be communicated with the Delta Dental of Alaska Professional Relations Department.

Include the treating dentist's name and license number on the claim.

National Provider Identifiers (NPIs) are required with claims submitted by Health Insurance Portability and Accountability Act (HIPAA)-covered entities.

PROFESSIONAL REVIEW

The professional review department reviews selected claims to determine if a service is necessary and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury. When a claim is selected for review, your office will be notified via a letter. You can then send in the chart notes, referencing the claim number on the letter. It is important to send the recommended information and ensure your X-rays are of diagnostic quality and clearly labeled to expedite the process.

By selecting claims randomly and based on practice and billing patterns (focused review), we are able to reduce the number of codes requiring 100 percent review. Supporting documentation such as X-rays is usually needed on only a portion of all claims, and we recommend reviewing the following sections *Professional Review Procedure Codes* and *Clinical Review Requirements* for specific clinical submission guidelines.

When a claim is selected for review, additional information from the treating dentist may be requested. All pertinent information should be submitted when requested by professional review. Re-evaluation requests made by your office are handled in the same manner; however, claims are not re-evaluated in the absence of additional, pertinent information.

PROFESSIONAL 100% REVIEW PROCEDURE CODES

The following list of procedure codes will always go through the Professional Review process, requiring clinical documentation for benefit determination.

To expedite the processing of your claim, it is requested you submit the clinical information with your initial claims submission using the Clinical Review Requirements outlined on the following pages. Our Clinical Review Requirements outline the necessary documentation and/or clinical information required for review of specific procedure codes.

DIAGNOSTIC	RESTORATIVE	PERIODONTICS	ORAL SURGERY	ORAL SURGERY
D0472	D2390	D4230		D7910
D0473	D2799	D4231		D7911
D0474	D2960	D4240	D7286	D7912
D0475	D2961	D4241	D7290	D7950
D0476	D2962	D4265		D7955
D0477		D4268	D7340	
D0478	ENDODONTICS	D4270	D7350	D7963
D0479	D3331	D4274	D7410	D7970
D0480	D3333	D4275		D7971
D0481	D3351	D4276	D7460	D7972
D0482	D3352		D7465	
D0483		PROSTHODONTICS	D7485	IMPLANT SERVICES
	D3354			
D0485	D3220		D7530	D6051
D0502		D6253		D6103
		D6793		D6104
				D6190

CLINICAL REVIEW REQUIREMENTS

Please refer to the *Professional 100% Review Procedure Codes* list in this handbook for a list of procedure codes that will always require documentation for payment determination. Information provided below include codes that are not on the 100% review list. The Submission Request information is for your office to use as a guideline in the event a claim is randomly selected for Professional Review.

The below requirements are necessary for our professional review team to adequately determine necessity. Chart notes should always include diagnosis and justification for all treatment rendered.

DIAGNOSTIC SERVICES: D0290–D0502		
Code	Description of Service	Submission Request
D0472, D0473, D0474, D0475, D0476, D0477, D0478, D0479, D0480, D0481, D0482, D0483, D0485, D0502	Accession of tissue, gross examination, preparation and transmission of written report, other oral pathology procedures, by report	Pathology report and/or chart notes indicating specific location of the tissue being removed. Services performed on the lip, cheek or tongue are not covered.
COMPOSITE RESTORATIONS: D2390		
Code	Description of Service	Submission Request
D2390	Resin-based composite crown, anterior	Current periapical radiographs with detailed, tooth specific chart notes regarding the necessity of the treatment and any available photograph. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
CAST RESTORATIONS: INLAYS D2510–D2652		
Code	Description of Service	Submission Request
D2510 – D2530	Metallic inlays	Benefit is based on the corresponding amalgam fee allowance. If it is a replacement inlay, current periapical radiographs with detailed chart notes indicating the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
D2610 – D2630	Porcelain/ceramic inlays	
D2650 - D2652	Resin based inlays	
CAST RESTORATIONS: D2542-D2970		
Code	Description of Service	Submission Request
D2542, D2743, D2544, D2642, D2643, D2644, D2662, D2663, D2664	Onlay restorations	Current periapical radiographs with detailed chart notes regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
D2960, D2961, D2962	Labial veneers	
D2710, D2712, D2720, D2721, D2722, D2740, D2750, D2751, D2752, D2780, D2781, D2782, D2783, D2790, D2791, D2792, D2794, D2799, D2970	Crowns—single restorations only	
ENDODONTICS: D3222-D3353		
Code	Description of Service	Submission Request
D3331	Treatment of root canal obstruction	Pre- and post-operative periapical radiographs with chart notes

		regarding the necessity of the endodontic procedure.
D3333	Internal root repair of perforation defects	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fracture tooth	Chart notes outlining the necessity of the treatment being rendered. Include any additional diagnostic information available to assist in determining benefits.
D3351, D3352, D3353	Apexification/recalcification procedures	Chart notes and current periapical radiographs including diagnosis.
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development	
Code	Description of Service	Submission Request
D2950, D2951, D2952, D2953, D2954, D2955, D2957	Core build-up for single restorations	Current periapical radiographs with detailed chart notes regarding the necessity of the treatment and preoperative photograph. Including the amount of tooth structure remaining and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available. Per the ADA, build-ups should not be reported when the procedure only involves a filler to eliminate any undercut, box form, or concave irregularity in the preparation. Note: For a buildup on a tooth with an existing crown/onlay, please submit an x-ray taken after removing the existing crown/onlay.

Photographs are always beneficial in determining cracked teeth, build-ups, crowns and anterior restorations.

PERIODONTAL PROCEDURES: D4211–D4910		
Code	Description of Service	Submission Request

D4210, D4211	Gingivectomy or gingivoplasty	Periodontal charting (probing done within the past 12 months), bitewing x-rays, diagnosis, chart notes regarding the necessity of the periodontal treatment and date of last active therapy.
D4230, D4231	Anatomical crown exposure	Periodontal charting (probing done within past 12 months), periapical radiographs, diagnosis, and chart notes regarding the necessity of the periodontal treatment.
D4240, D4241	Gingival flap procedure, including root planing	Periodontal charting (probing done within past 12 months), diagnosis, and chart notes regarding the necessity of the periodontal treatment and date of last active periodontal therapy.
D4245	Apically positioned flap	
D4249	Clinical crown lengthening	Chart notes and current periapical radiographs and diagnosis.
D4260, D4261	Osseous surgery (including flap entry and closure)	Periodontal charting (probing done within past 12 months), periapical radiographs, diagnosis, and chart notes regarding the necessity of the periodontal treatment.
D4263, D4264, D4266, D4267, D4268	Bone replacement graft — first site in quadrant	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Chart notes for periodontal treatment given, including type of material used.
D4270, D4271, D4273, D4274, D4275, D4276	Graft procedures	Periodontal charting (probing done within past 12 months), diagnosis and chart notes regarding the necessity of the periodontal treatment and date of last active periodontal therapy. For periodontal scaling D4341 and D4342 please also include bitewing x-rays.
D4341, D4342	Periodontal scaling and root planing	
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	Chart notes outlining the necessity of the treatment being done and include the necessity of multiple periodontal services billed on the same date of service. Include any additional diagnostic information available to assist in determining benefits including any medical

		conditions that may have been part of the necessity.
D4910	Periodontal maintenance	Periodontal charting (probing done within past 12 months), diagnosis, and chart notes regarding the necessity of the periodontal treatment and date of last active periodontal therapy. Chart notes should also include the necessity of multiple periodontal services billed on the same date of service. Include any additional diagnostic information to assist in determining benefits, including any medical conditions that may have been part of the necessity.
PROSTHETICS: D5281, D5860–D5988		
Code	Description of Service	Submission Request
D5281	Removable unilateral partial denture	Current periapical radiographs of abutment teeth and chart notes specifying the teeth being replaced, the teeth being clasped and Include details regarding the reason this treatment is being done instead of a bilateral removable partial denture.
CAST RESTORATIONS: BRIDGES D6205–D6794		
Code	Description of Service	Submission Request
D6205, D6210, D6211, D6212, D6214, D6240, D6241, D6242, D6245, D6250, D6251, D6252, D6253, D6254, D6545, D6548, D6600, D6601, D6602, D6603, D6604, D6605, D6606, D6607, D6608, D6609, D6610, D6611, D6612, D6613, D6614, D6615, D6634, D6710, D6720, D6721, D6722, D6740, D6750, D6751, D6752, D6780, D6781, D6782, D6783, D6790, D6791, D6792, D6793, D6794	Fixed partial dentures	Current periapical radiographs with detailed, tooth specific chart notes regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type radiograph if periapical radiographs are available.
BIOPSY: D7285–D7465		

Code	Description of Service	Submission Request
D7285, D7286, D7410, D7450, D7460, D7465	Surgical procedures	Pathology report and/or chart notes outlining necessity and specific location of the tissue being removed.
ORAL AND MAXILLOFACIAL SURGERY: D7111–D7972 (EXCLUDING BIOPSY)		
Code	Description of Service	Submission Request
D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7282, D7290, D7320, D7340, D7350, D7471, D7472, D7473, D7485, D7510, D7511, D7530, D7550, D7560, D7910, D7950, D7951, D7953, D7955, D7960, D7970, D7971, D7972	Oral and maxillofacial surgery	Chart notes including diagnosis and current periapical radiographs.
D7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy, By Report	Chart notes outlining necessity of the treatment being rendered, including diagnosis and if related to orthodontic treatment. Include any additional diagnostic information available to assist in determining benefits.
D7295	Harvest of Bone for Use in Autogenous Grafting Procedure	Periodontal charting (probing done within past 12 months), periapical radiographs, diagnosis and chart notes regarding the necessity of the periodontal treatment.
D7880	Occlusal orthotic device, by report	Chart notes outlining necessity of the treatment being rendered, including diagnosis. Include any additional diagnostic information available to assist in determining benefits such as if TMJ or bruxism related. Allowance by specific group contract.
ADJUNCTIVE PROCEDURES: D9120–D9940		
Code	Description of Service	Submission Request
D9120	Fixed partial denture sectioning	Current periapical radiographs with detailed, tooth specific chart notes regarding the necessity of the treatment and any available photographs. We request that you not substitute a panoramic type

		radiograph if periapical radiographs are available..
D9940	Occlusal guard, by report	Detailed Chart notes outlining necessity of the treatment being done rendered, including diagnosis. Include any additional diagnostic information available to assist in determining benefits such as if TMJ or bruxism related. Allowance by specific group contract.

**This information is only requested if a claim is selected for professional review.*

ELECTRONIC SUBMISSIONS OF CLINICAL AND X-RAY ATTACHMENTS

A fast economical way to submit X-rays and other clinical documentation is through National Electronic Attachment (NEA). NEA is an Internet company that allows you to scan images securely for instantaneous viewing by Delta Dental of Alaska or another insurance company. This service has a minimal monthly cost and saves your office duplication costs, postage and mail time. You also can submit your clinical attachments (X-rays, chart notes, etc.) through NEA even if your claims are sent via paper. We recommend that you add a claim comment indicating the NEA number assigned at the time of scanning.

For additional information or questions, providers can contact NEA directly at 800-782-5150 or through the company's website at www.nea-fast.com. NEA is not owned or operated by Delta Dental of Alaska, but we work with them because they provide an important service to dentist offices.

CLAIMS PROCESSING POLICIES

Some Delta Dental of Alaska plans have standard frequencies and limitations (e.g., one exam and cleaning every six months), and other plans have customized benefits and frequencies. In addition, certain items (local anesthesia or some replacement sealants) are considered included in services rendered and not billable to the patient as a separate charge for any plan.

For more details on standard contract limitations and processing policies, log on to Benefit Tracker at www.modahealth.com/dental and select Standard Processing Policies. For details on plans with nonstandard limitations, click on Group Limitations after you access your patient's file.

The payment disbursement registers sent to dentist offices will list an explanation code for any code not covered in full or with a provider discount.

PAYMENT DISBURSEMENT REGISTER

When a check is sent to you, a Payment Disbursement Register (PDR) is included, and it provides an explanation of benefits. An Explanation of Benefits (EOB) is sent to your patient. If any part of your charges are disallowed, an explanation code will be included that explains the appropriate claim processing policy.

COORDINATION OF BENEFITS

Dual coverage

Coordination of benefits applies when a patient is covered by more than one dental insurance plan. In most cases, total payment from both plans will not exceed the allowable amount of the covered treatment on the claim, not per line item. If both insurance plans are with Delta Dental of Alaska, please include both ID numbers and we will automatically process for both plans from one claim form. You do not need to submit two claims.

If another carrier is involved, Delta Dental of Alaska will coordinate payment made by the other company. Be certain to include full information as requested on the claim form. To expedite claim processing when the other carrier is primary, please wait to bill Delta Dental of Alaska until you can provide the primary insurance payment amount or attach the other carrier's payment disbursement register (PDR) or the patient's EOB when submitting your claim to Delta Dental of Alaska.

Delta Dental of Alaska can accept the name of the other carrier, plan ID, subscriber name/DOB, effective date etc. from the dental office. However, to determine the "order" of benefits Delta Dental of Alaska must speak with the member before claims can be processed.

Order of Benefit Determination

Coordination of Benefits is a common provision to ensure appropriate benefits are paid and to prevent overpayment when a member is covered by more than one dental insurance plan. State rules govern which plan pays first – see OAR 836-020-0780. The first of the following rules that applies will govern:

- a. **Non-Dependent/Dependent.** If a plan covers the member as other than a dependent, for example, an employee, member of an organization, primary insures, or retiree, then that plan will determine its benefits before a plan covers the member as a dependent.
- b. **Dependent Child/Parents Married or Living Together.** If the member is a dependent child whose parents are married or are living together whether or not they have ever been married or domestic partners, the plan of the parent whose birthday falls earlier in the calendar year is the primary plan. If both parents' birthdays are on the same day, the plan that has covered the parent the longest is the primary plan. (This is called the 'Birthday Rule'.)

c. Dependent Child/Parents Separated or Divorced or Not Living Together. If the member is a dependent child of divorced or separated parents, or parents not living together whether or not they have ever been married or domestic partners, then the following rules apply”

i. If a court decree states that one of the parents is responsible for the healthcare expenses of the child, and the plan of that parent has actual knowledge of those terms, that plan is primary. This rule applies to plan years commencing after the plan is given notice of the court decree.

ii. If a court decree states that both parents are responsible for the healthcare expenses of the child, or that the parents have joint custody without specifying that one parent is responsible, the ‘birthday rule’ described above applies.

iii. If there is not a court decree allocating responsibility for the child’s healthcare expenses, the order of benefits is based on custody as follows:

A. Custodial parent

B. Spouse or domestic partner of the custodial parent

C. Non-custodial parent

D. Spouse or domestic partner of the non-custodial parent

d. Dependent Child Covered by Individual Other than Parent. For a dependent child covered under more than one plan of persons who are not the parents of the child, the first applicable provision (b or c) above shall determine the order of benefits as if those persons were the parents of the child.

e. Dependent Child Covered by Parent and Spouse. For a dependent child covered under the plans of both a parent and a spouse, the length of coverage provision below shall determine the order of benefits. If coverage under either or both parents’ plans and the spouse’s plans began on the same day, the birthday rule will apply.

f. Active/Retired or Laid Off Employee. The plan that covers a member as an active employee, that is, one who is neither laid off nor retired (or as that employee’s dependent) determines its benefits before those of a plan that covers the member as a laid off or retired employee (or as that employee’s dependent). If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of the benefits, this rule is ignored.

g. COBRA or State Continuation Coverage. If a member whose coverage is provided under COBRA or under a right of continuation provided by state or other federal law is covered under another plan, the plan covering the member as an employee, member of an organization, primary insured, or retiree or as a dependent of the same, is the primary plan and the COBRA or other continuation coverage is the secondary plan. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of the benefits, this rule is ignored.

h. Longer/Shorter Length of Coverage. The plan that covered a member longer is the primary plan and the plan that covered the member for the shorter period of time is the secondary plan.

i. None of the Above. If the preceding rules do not determine the order of benefits, the allowable expenses shall be shared equally between the plans. In addition, the Delta Dental of Alaska plan will not pay more than it would have paid had it been the primary plan

COB Process

When Delta Dental of Alaska is not primary, we need a copy of the other carrier payment including the explanation of benefits amount to correctly process your claim. You can speed processing time by sending the other carrier payment amount with your claim. We prefer to issue payment once we have all needed information. However, for fully insured plans, state guidelines require us to pay an estimate. This estimate can lead to adjustments once we have complete information.

If Delta Dental of Alaska does not receive needed member and payment information, claims will be denied or given an estimated benefit, which may differ from the correct amount. We cannot adjust these claims until all necessary information is received.

Provider discounts and refunds

In most cases, you will still have your typical provider discount on COB members' claims. If the combined plan payments exceed your total charge, please contact us and we will research which plan is due a refund. Typically, this situation occurs if a plan doesn't realize there is double coverage. However, if the total of the two plans' payments exceed your filed fee, it is acceptable to reduce your discount to prevent a credit on the account.

Even with double coverage, patients can have responsibility for non-covered and optional services. Please do not rebill because the claim did not pay in full. Instead, contact the Delta Dental of Alaska Dental Customer Service department 1 (888) 374-8906 if you have a payment question.

PREDETERMINATION OF BENEFITS

A predetermination of benefits indicates to the provider and member what benefits are allowed on the patient's plan prior to the services being rendered.

Predeterminations are based on current history and eligibility at the time the predetermination is processed, and they are subject to change.

A current ADA form may be submitted, following these guidelines:

- The request for predetermination box at the top of the form should be checked.
- The appointment date fields should be blank.
- Use current ADA codes for all procedures proposed must be included.
Include any chart notes and/or X-rays that may be helpful in determining benefits

Predeterminations are an option for expensive or complex treatment plans, but are not required. Predeterminations are not a guarantee of payment.

BENEFIT TRACKER

Benefit Tracker (BT) is a free online service, designed especially for dental offices. This service allows dentists and designated office staff to quickly verify dental benefits, claims information and patient eligibility directly from Delta Dental of Alaska.

Using the Delta Dental of Alaska Benefit Tracker (BT) allows you to:

- Locate benefit information, including determining the type of plan a member is enrolled in

- Access the most up-to-date information at the most convenient times for you, whether it's during office hours or after 6p.m.
- Quickly determine the best treatment plan for your patient based on benefit information
- Keep track of the latest claims status of a patient or use the search filters to find the status of older claims
- Print hard copies for patient files, treatment plan presentations and easy updating of plan benefit software
- Current incentive level display. Displays the current incentive level for most members on an incentive plan.
- Common preventive services box. Displays whether or not a member is eligible for cleaning (prophylaxis), exam, bitewing x-rays, and full mouth series or panoramic x-rays. If the benefit is currently not available Benefit Tracker will display the next available date for the service.
- Procedure code utilization. Offers the ability to check dental procedures against member's history to determine eligibility for these procedures.

Benefit Tracker Contact Information

Registration and additional information can be obtained by contacting our Benefit Tracker administrator or by accessing the Delta Dental of Alaska website at www.modahealth.com/dental.

Benefit Tracker administrator
 877-337-0651 (choose option 1)
ebt@modahealth.com

Please understand that benefit and eligibility information provided by Benefit Tracker is not an approval of treatment or guarantee of payment. All services are subject to eligibility and plan provisions, benefit waiting periods and limitations in effect at the time services are rendered.

CUSTOMER SERVICE

Throughout the years, we have never strayed from our commitment to helping dental offices. Our customer service staff recognizes that commitment and is available to help answer any questions you may have regarding patient eligibility, plan benefits or status of claims. If you have questions, please contact:

Delta Dental of Alaska
 Dental Customer Service
 PO Box 40384
 Portland, OR 97204
 888-374-8906

Please understand that benefit and eligibility information provided by customer service is not an approval of treatment or guarantee of payment. All services are subject to eligibility and plan provisions, benefit waiting periods and limitations in effect at the time services are rendered.

NATIONAL PROVIDER IDENTIFIER

In 1996, when the federal legislation approved the Health Insurance Portability and Accountability Act, it included requirements for an NPI.

What is the purpose of the NPI?

The purpose of the NPI is to provide you with one unique provider identifier for all dental plans. The identifier will not change in the event of practice relocation or changes in specialty. It will make coordination of benefits more efficient and will help dental carriers track transactions more effectively.

Who must apply for an NPI?

Any healthcare provider who is considered a “Covered Entity” under HIPAA must apply for an NPI. If you submit claims electronically; inquire on eligibility, benefits or claims status electronically, including through a payor’s web application such as Benefit Tracker; or use any of the other federally mandated standards, then you must obtain an NPI.

- Type I or Individual NPI number is required for all dentists
- Type II or Organizational number is required for the following:
 - Sole provider or clinic working under Employee Identification number (EIN)
 - Clinics with multiple providers

I do not do business electronically; can I still have an NPI?

Absolutely, in fact it is encouraged. If you are not a Covered Entity today, obtaining an NPI will not make you a Covered Entity. But having the NPI will simplify your paper processes.

How do I apply?

Information on obtaining an NPI is available on the following government website: http://www.cms.hhs.gov/nationalprovidentstand/03_apply.asp. Paper applications are also available.

If you have questions about the NPI, please do not hesitate to contact Delta Dental of Alaska Dental Professional Relations at 888-374-8905, or the EDI department at 800-852-5195.

RECORD RETENTION

Participating practitioners must maintain reasonable and necessary financial, dental and other records pertinent to services provided to members of Delta Dental of Alaska. All records must be retained in accordance with federal and/or state laws governing record retention after the provider ceases to be a participating practitioner with Delta Dental of Alaska and all pending matters are closed.

Both the participating practitioner and Delta Dental of Alaska shall have the right to request and inspect any and all records of the other party related to a member as permitted by law, and as may be necessary

for such party to perform its obligations under the Participating Dentist Agreement. Such records shall be provided at no cost.

RELEASE OF INFORMATION

In general, information about a member's health condition, care, treatment, records or personal affairs may not be discussed with anyone unless the reason for the discussion pertains to treatment, payment or plan operations. If member health information is requested for other reasons, the member or the member's healthcare representative must have completed an authorization allowing the use or release of the member's Protected Health Information. The form shall be signed by the patient or their personal representative and must be provided to Delta Dental of Alaska for their records.

Release forms require specific authorization from the patient to disclose information pertaining to HIV/AIDS, mental health, genetic testing, drug and alcohol diagnosis, or reproductive health.

A current authorization form may be obtained by contacting our Customer Service department.

FRAUD AND ABUSE

Delta Dental of Alaska policy requires that its employees and providers comply with all applicable provisions of federal and state laws and regulations regarding the detection and prevention of fraud, waste and abuse in the provision of healthcare services to Delta Dental of Alaska members and payment for such services to providers. A complete description of the applicable federal and state laws is listed at the end of this section.

Two common types of healthcare fraud are member fraud and provider fraud. Examples of member fraud include:

- Using someone else's coverage or allowing someone besides the member to use the member's insurance card or coverage to receive treatment
- Filing for claims or medications that were never received
- Forging or altering bills or receipts

Examples of provider fraud include:

- Billing for services or procedures that were not provided
- Performing medically unnecessary services in order to obtain insurance reimbursement
- Incorrect reporting or unbundling of procedures or diagnoses to maximize insurance reimbursement
- Misrepresentations of dates, description of services or subscribers/providers

To ensure that as a provider you are not the victim of healthcare fraud, take the following precautions:

- Always ask for photo identification of new patients. Make a copy and put it in their file. If you are able to take a photo of your patients, do so.
- Make sure to have a signature on file in the patient's handwriting.

- Thoroughly check the PDR that Delta Dental of Alaska sends you. Make sure as you review the PDR that the dates, patient and services are correct. Also, make sure this was an appointment the patient actually attended — it is not uncommon for criminals to bill for services not received and ask for the payment to be sent to them.

Delta Dental of Alaska has a fraud, waste and abuse prevention, detection and reporting plan that apply to all Delta Dental of Alaska employees and providers. Delta Dental of Alaska has internal controls and procedures designed to prevent and detect potential fraud, waste and abuse activities by groups, members, providers and employees.

This plan includes operational policies and controls in areas such as claims; predeterminations; utilization management and quality review; member complaint and grievance resolution; practitioner credentialing and contracting; practitioner and Delta Dental of Alaska employee education; human resource policies and procedures; and corrective action plans to address fraud, waste and abuse activities. Verified cases of fraud, waste or abuse are reported to the appropriate regulatory agency. Delta Dental of Alaska reviews and revises its fraud and abuse policy and operational procedures annually.

If you suspect you are the victim of fraud or if you suspect a member is committing fraud, please call Delta Dental of Alaska immediately at 877-372-8356. Delta Dental of Alaska will investigate all reports of fraud to protect our providers and members.

Information identified, researched or obtained for or as part of a suspected fraud, waste or abuse investigation may be considered confidential. Any information used or developed by participants in the investigation of a potential fraud, waste or abuse occurrence is maintained solely for this specific purpose and no other. Delta Dental of Alaska assures the anonymity of complainants to the extent permitted by law.

Federal Laws

False Claims Act. The federal civil False Claims Act (“FCA”) is one of the most effective tools used to recover amounts improperly paid because of fraud and contains provisions designed to enhance the federal government’s ability to identify and recover such losses. The FCA prohibits any individual or company from knowingly submitting false or fraudulent claims, causing such claims to be submitted, making a false record or statement in order to secure payment from the federal government for such a claim, or conspiring to get such a claim allowed or paid. Under the statute, the terms “knowing” and “knowingly” mean that a person (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. Examples of the types of activity prohibited by the FCA include billing for services that were not actually rendered and upcoding, or billing for a more highly reimbursed service or product than the one actually provided.

The FCA is enforced by the filing and prosecution of a civil complaint. Under the act, civil actions must be brought within six years of a violation or, if brought by the government, within three years of the date when material facts are known or should have been known to the government, but in no event more than 10 years after the date on which the violation was committed. Individuals or companies found to have violated the statute are liable for a civil penalty for each claim of not less than \$5,500 and not more than \$11,000, plus up to three times the amount of damages sustained by the federal government.

Qui tam and whistle-blower protection provisions. The False Claims Act contains qui tam, or a whistle-blower provision. Qui tam is a unique mechanism in the law that allows citizens to bring actions in the name of the United States for false or fraudulent claims submitted by individuals or companies that do business with the federal government. A qui tam action brought under the FCA by a private citizen commences upon the filing of a civil complaint in federal court. The government then has 60 days to investigate the allegations in the complaint and decide whether it will join the action. If the government joins the action, it takes the lead role in prosecuting the claim.

However, if the government decides not to join, the whistle-blower may pursue the action alone, but the government may still join at a later date. As compensation for the risk and effort involved when a private citizen brings a qui tam action, the FCA provides that whistle-blowers who file a qui tam action may be awarded a portion of the funds recovered (typically between 15 and 25 percent), plus attorneys' fees and costs.

Whistle-blowers are also offered certain protections against retaliation for bringing an action under the FCA. Employees who are discharged, demoted, harassed or otherwise encounter discrimination as a result of initiating a qui tam action or as a consequence of whistle-blowing activity are entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay with interest and compensation for any special damages, including attorneys' fees and costs of litigation.

Federal Program Fraud Civil Remedies Act. The Program Fraud Civil Remedies Act of 1986 provides for administrative remedies against persons who make, or cause to be made, a false claim or written statement to certain federal agencies, including the Department of Health and Human Services. Any person who makes, presents or submits, or causes to be made, presented or submitted, a claim that the person knows or has reason to know is false, fictitious or fraudulent is subject to civil money penalties of up to \$5,000 per false claim or statement and up to twice the amount claimed in lieu of damages. Penalties may be recovered through a civil action or through an administrative offset against claims that are otherwise payable.

State Laws

Healthcare fraud. Under Alaska law, fraud is an "intentional" deception or misrepresentation that results in an "unearned benefit," usually in the form of an excess payment to a provider or payment on claims for services provided to an otherwise ineligible individual. While healthcare fraud can take many forms, the most common involves billing for services not performed or billing for more expensive services than those actually provided. Healthcare fraud also can occur when an individual misuses the health insurance card of another or falsely obtains healthcare insurance through a commercial plan or state agency.

Whistle-blowing and nonretaliation. Delta Dental of Alaska may not terminate, demote, suspend or in any manner discriminate or retaliate against an employee with regard to promotion, compensation or other terms, conditions or privileges of employment for the reason that the employee has in good faith reported fraud, waste or abuse by any person; has in good faith caused a complainant's information or complaint to be filed against any person; has in good faith cooperated with any law enforcement agency conducting a criminal investigation into allegations of fraud, waste, or abuse; has in good faith brought a civil proceeding against an employer; or has testified in good faith at a civil proceeding or criminal trial.

Racketeering. An individual who commits; attempts to commit; or solicits, coerces or intimidates another to make a false claim for healthcare payment also may be guilty of unlawful racketeering activity. Certain uses or investment of proceeds received as a result of such racketeering activity is unlawful and is considered a felony.

CONFIDENTIALITY

Delta Dental of Alaska staff adheres to HIPAA and state-mandated confidentiality standards. Delta Dental of Alaska protects a member's information in several ways:

- Delta Dental of Alaska has a written policy to protect the confidentiality of health information.
- Only employees who need to access a member's information in order to perform their job functions are allowed to do so.
- Disclosure outside the company is permitted only when necessary to perform functions related to providing coverage or when otherwise allowed by law.
- Most documentation is stored securely in electronic files with designated access.

Confidentiality of Protected Health Information (PHI)

Delta Dental of Alaska and all providers acknowledge that it is a "Covered Entity," as defined in the Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164) adopted by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "Privacy Rule"). Each party shall protect the confidentiality of Protected Health Information (as defined in the Privacy Rule) and shall otherwise comply with the requirements of the Privacy Rule and with all other state and federal laws governing the confidentiality of medical information.

Confidentiality of member information is extremely important. All healthcare providers who transmit or receive health information in one of the HIPAA transactions must adhere to the HIPAA Privacy and Security regulations. There may be state and federal laws that provide additional protection of member information.

Providers must offer privacy and security training to any staff members who have contact with individually identifiable health information. All individually identifiable health information contained in the medical record, billing records or any computer database is confidential, regardless of how and where it is stored. Examples of stored information include clinical and financial data in paper, electronic, magnetic, film, slide, fiche, floppy disk, compact disc or optical media formats.

Health information contained in dental or financial records is to be disclosed only to the patient or the patient's personal representative — unless the patient or the patient's personal representative authorizes the disclosure to some other individual (e.g., family members) or organization. The permission to disclose information and what information may be disclosed must be documented via either verbal approval or written authorization. Health information may be disclosed to other providers involved in caring for the patient without the patient's or patient's personal representative's written or

verbal permission. Patients must have access to, and be able to obtain copies of, their dental and financial records from the provider as required by federal law.

Information may be disclosed to insurance companies or their representatives for the purposes of quality and utilization review, payment or medical management. Providers may release legally mandated health information to the state and county health divisions and to disaster relief agencies when proper documentation is in place.

All healthcare personnel who generate, use or otherwise deal with individually identifiable health information must uphold the patient's right to privacy. Extra care shall be taken not to discuss patient information (financial as well as clinical) with anyone who is not directly involved in the care of the patient or involved in payment or determination of the financial arrangements for care. Employees (including physicians) shall not have unapproved access to their own records or records of anyone known to them who is not under their care.

CONTACT INFORMATION

Send dental claims to:

Delta Dental of Alaska
PO Box 40384
Portland, OR 97204

Dental Customer Service

Provides assistance with dental related inquiries regarding benefits, eligibility and claims for all Delta Dental of Alaska members.

888-374-8906
dental@modahealth.com

Dental Professional Relations

Provides assistance with contracts and fee filing

888-374-8905
Fax: 503-243-3965
dpr@modahealth.com

Benefit Tracker (BT)

Provides assistance with registration and using this online resource

877-337-0651 (choose option 1)
ebt@modahealth.com

Electronic Data Interchange

Provides assistance regarding electronic transactions and NEA

503-228-6554
800-852-5195
edigroup@modahealth.com

The most recent version of this handbook is available online at: www.modahealth.com/dental



Questions? Visit modahealth.com or contact
Customer Service at 800-452-1058 or
Professional Relations at 888-374-8905.



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