The Affordable Care Act/Healthcare Reform requires small group and individual plans to include 10 essential health benefit categories. One of these requirements is pediatric dental benefits. This requirement can be met by purchasing either a medical plan with pediatric dental included (embedded) or through purchasing a separate (bundled) dental product. If the adults in a family want coverage they would purchase a regular full dental plan or an adult only plan. This means family members could end up with different plans or different carriers. We will be offering a variety of Moda Health medical and ODS dental products. Our dental plans will likely include pediatric only and family dental, PPO and Premier, while some medical plans will have pediatric dental embedded.

New OHP referral request form and helpful referral reminders

Because we’re always looking for ways to improve our process with coordinating care for our OHP members, we have created a new referral form that assists you with providing us with all the necessary information we need to determine referral eligibility. All of our OHP forms, including our new referral request form, can be found online at www.modahealth.com/dental/forms.shtml. We are asking all offices to discontinue use of any other form and begin using our new form by September 1, 2013.

In addition to the new referral request form, we would like to provide you with the following referral reminders:

**Endodontic**

Root canal therapy is only covered in conjunction with a final restoration that is covered under the OHP plan. The following is required for completion of an endodontic referral:

- Tooth number
- Treatment plan for final restoration
- CDT code for final restoration

**Oral surgery**

When requesting a referral for OHP Plus members for the extraction of third molars, or when requesting a referral for OHP Standard member for all extractions, the following information is required for EACH tooth. Teeth must be symptomatic to be eligible for extraction:

- Tooth number
- Pain level per tooth on a scale of 1-10 (with 10 the most painful)
- Swelling and/or bleeding
- Tooth specific narrative or chart notes
- X-ray(s), all teeth for which a referral is requested must be visible

**Denturist**

Referrals are not required for a Denturist; members can call Customer Service to request provider names.

Important changes to ODS OHP dental processes

In conjunction with the Department of Medical Assistance Programs (DMAP) updates to dental procedure codes, ODS OHP made the following procedure code and processing policy updates effective June 1, 2013:

- D0191 – assessment of a patient. Children (under 19 years of age), a maximum of twice every 12 months; and adults (age 19 and older), a maximum of once every 12 months.
- The frequency limitations are separate from D0120-D0180; however, if billed on same date of service as these codes, D0191 is considered inclusive of the exam.
- Posterior composites will now have a five-year frequency limitation for replacement instead of two-year limitation.
- D2799 and D2955 will no longer be covered.

For more information, please call ODS OHP Dental Customer Service at 503-243-2987 or toll free at 800-342-0526.

You may also email us at dental@modahealth.com.

Claim submission highlights

Processing your claims promptly is a priority for us. Most claims are processed by our automated system. To help ensure your claims and corrected billings are processed without delay, simply enter one of the most common phrases in the remarks section of the claim form (box #35 on ADA claim form) listed below.

- Corrected bill
- Pay patient
- Re-submit
- Seat date
- Other carrier paid
- High risk for decay
Findings from our 2012 CAHPS dental survey

In 2012, ODS conducted the Consumer Assessment of Healthcare Providers and Systems (CAHPS) dental survey to evaluate our members’ experience and satisfaction with their dental services.

Survey results

We surveyed over 2,000 commercial dental members and received a 36.6 percent response rate. We are pleased to report that 97 percent of surveyed members rated their regular dentist a 7 or higher on an 11-point scale, with zero being the worst and 10 being the best.

In addition, over 95 percent of the members answered “always” or “usually” to the following questions:

- Did your dentist explain things?
- Did your dentist listen carefully?
- Did your dentist treat you with courtesy and respect?
- Did your dentist spend enough time with you?

Did your dentist/staff do everything they could to make you feel comfortable during the dental work?

Did your dentist/staff explain what they were doing while treating you?

Were your regular dental appointments scheduled as soon as you wanted?

The survey also asked about wait times. A solid 96 percent reported that they “sometimes” or “never” spent more than 15 minutes in the waiting room. Of the members who reported they had to wait longer than 15 minutes for their appointment, 59 percent answered that they were “always” or “usually” kept updated on the reason and length of delay.

The Marketing for Dental Specialists website provides insights to patients’ opinions on wait times in waiting rooms. For more information, check out the article, “Make the Dental Office Wait Time Painless” at www.marketingfordentalspecialists.com/ideas/dental-wait-time/.

About the CAHPS dental survey

In 2004, TRICARE joined with the American Institutes for Research (AIR) to create the dental CAHPS survey to measure the TRICARE members’ experiences with their dental services and dental plan. AIR is one of the world’s largest behavioral and social science research organizations whose main focus is to improve healthcare and create healthier environments that lead to better overall quality of life for members.

Project officers and principal investigators adopted the dental survey in 2006. Today, the CAHPS dental survey is used to evaluate dental programs that cover over 2.8 million lives.

Implant and abutment supported crown submission

What are the differences between an implant supported crown and abutment supported crown?

The difference is dictated by the manufacturer and by the system used by the dentist. An abutment-supported crown has a connector (abutment) between the implant and the crown; whereas, an implant-supported crown directly attaches to the implant.

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Implant abutment D6056 or D6057 is to be reported with abutment supported crowns:

- D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6094

Implant supported crown is to be reported by itself (without abutment):

- D6065, D6066, D6067

Sign up to receive this newsletter by email

Don’t forget, we still offer the option for the Dental Office Update (DOU) newsletter to be delivered electronically to your preferred email address. Sign up today. It’s fast and easy.

Just send an email to dpr@modahealth.com requesting to receive the newsletter electronically. That’s it. Say goodbye to paper and hello to convenience!