

Dental office update

2015 CDT changes and processing policy updates

On Jan. 1, 2015, ODS will implement the new codes that the ADA has outlined in CDT-15. The chart below shows how the ODS standard contract will cover these new CDT-15 codes. Please refer to the group limitations of each patient's plan in Benefit Tracker for specific benefit information as some plans may handle the codes differently than the ODS standard contract.

Also, some codes are being deleted with CDT-15. ODS will no longer accept deleted codes after March 2015.

New code books can be purchased through the American Dental Association at ada.org. ODS has not received instructions from DMAP on how these new codes will be administered by Medicaid. We will let you know and provide updates at modahealth.com/dental when we have more details.

New CDT codes covered under ODS Standard Commercial plans. No other new codes will be covered by Standard plans.

Code	Description	Comments
D1353	Sealant repair – per tooth	Benefits for sealants include repair or replacement within 24 months by the same dentist/dental office. Fees for repair or replacement of a sealant are DISALLOWED if performed within 24 months of initial placement by same dentist/dental office.
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	Benefit is based on the accepted fee for D5110 (upper) or D5120 (lower). Any additional fee up to the approved amount for the D6110 is DENIED and is chargeable to the patient.
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	Benefit is based on the accepted fee for D5110 (upper) or D5120 (lower). Any additional fee up to the approved amount for the D6111 is DENIED and is chargeable to the patient.
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	Benefit is based on the accepted fee for D5213 (upper) or D5214 (lower). Any additional fee up to the approved amount for the D6112 is DENIED and is chargeable to the patient.
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	Benefit is based on the accepted fee for D5213 (upper) or D5214 (lower). Any additional fee up to the approved amount for the D6113 is DENIED and is chargeable to the patient.
D6114	Implant /abutment supported fixed denture for edentulous arch – maxillary	Benefit is based on the accepted fee for D5110 (upper) or D5120 (lower). Any additional fee up to the approved amount for the D6114 is DENIED and is chargeable to the patient.
D6115	Implant /abutment supported fixed denture for edentulous arch – mandibular	Benefit is based on the accepted fee for D5110 (upper) or D5120 (lower). Any additional fee up to the approved amount for the D6115 is DENIED and is chargeable to the patient.
D6116	Implant /abutment supported fixed denture for partially edentulous arch – maxillary	Benefit is based on the accepted fee for D5213 (upper) or D5214 (lower). Any additional fee up to the approved amount for the D6116 is DENIED and is chargeable to the patient.
D6117	Implant /abutment supported fixed denture for partially edentulous arch – mandibular	Benefit is based on the accepted fee for D5213 (upper) or D5214 (lower). Any additional fee up to the approved amount for the D6117 is DENIED and is chargeable to the patient.
D6549	Resin retainer – for resin bonded fixed prosthesis	By review
D9219	Evaluation for deep sedation or general anesthesia	The fee is disallowed and considered as part of the anesthesia.

Deleted Codes

ODS will no longer accept the following codes after March 2015.

D6053; D6054; D6078; D6079; D6975

Thanks for helping update our dental provider directory

We'd like to thank each dental office that responded to our dental provider accuracy update request. Your participation is very important to helping us meet our goal of 100 percent accuracy so patients can easily find you.

We appreciate your time and thank you for helping us provide our members access to the highest quality of dental care throughout the state.

To learn more, please contact the ODS Dental Customer Service department at 503-265-2967 or email us at dental@modahealth.com.

Say goodbye to paper!

Email dpr@odscompanies.com and request this newsletter electronically.

Dental plans in Oregon provided by Oregon Dental Service. 8750788-OR (12/14)



ODS Oregon Health Plan 2013 Dental Record Review

In 2013, we completed a review on 496 randomly selected Oregon Health Plan (OHP) dental members to monitor dental records to determine practitioner compliance with the Oregon Dental Practice Act. The survey reviewed elements including, but not limited to, patient information and health history, extensive examination, oral hygiene instruction, treatment plans, progress notes, diagnostics and consent. Our documentation goal was 80 percent for each element. The review focused on three populations:

- › 121 children under the age of two
- › 228 children ages two to five years old
- › 147 pregnant women

Documentation where we scored well:

- › Patient information and health history, extensive examination and treatment plans
- › Progress notes: legibility, date and description of treatment services, failed appointments and notes signed and dated
- › Diagnostics and signed consent forms

Improvement opportunities

We continue to make improvements with oral hygiene instruction. Seventy-nine percent of member records provided the member and/or member's legal parent or guardian with oral hygiene instruction. While this score did not meet the 80 percent goal, it showed an improvement over our 2011 record review of 75 percent.

Areas for improvement

Seventy-six percent of the adult dental history forms reviewed asked whether or not a patient used tobacco. This was an eight percent decrease from the 2011 record review. Of the members asked about tobacco use, 30 percent answered yes. The percentage of members advised to quit increased from six percent in 2011 to 14 percent in 2013. Additionally, the number of members referred for assistance with tobacco cessation services improved to four percent in 2013 from zero members in 2011.

We would like to thank everyone who participated in the 2013 dental record review. If you have any questions, please contact our ODS Quality Improvement Specialist, Corinne Thayer, at 503-265-5678.

Congratulations to our 2014 Going Green winners!

Last year we launched an initiative to promote administrative simplification and to encourage our participating dental offices to utilize the online resources that ODS offers. To track these efforts, we encouraged our providers to complete a survey. Offices that completed the survey and attended a workshop were entered into a drawing for a \$25 gift card.

We would like to recognize the following recipients of our 2014 Going Green Awards:

Northwest Dental Arts
Theresa C. Asper, DDS, PC
Patrick O. Freeman, DDS, PC
Mark C. Davis, DDS, LLC
N. Dean Gregson, DMD, PC
Quest Dental
Anthony J. Elford, DDS, PC
Kyle D. Kern, DMD, PC
Tidwell Dental
Bill Jordan, DMD, PC
Beaverton Dental Works
Daniel J. Ries, DMD, PC
Harrison Dental, LLC
Corvallis Dental Group
Mark E. Jensen, DMD, LLC
Northwest Dental Solutions
Darren S. Huddleston, DMD, PC
Monte E. Montgomery, DDS, PC

Thank you to everyone who participated!



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Have one by one: Early childhood dental screenings

The dental profession has a long proud history of a commitment to prevention. One of our best opportunities to put this philosophy into practice is during early childhood dental screenings. The American Dental Association, the American Pediatric Dentistry Association and the American Academy of Pediatrics all advocate for a child to have his or her first visit within 6 months of the eruption of the first tooth or by age one.

First dental visits provide a great opportunity to establish rapport and trust with both the caregiver and child. This is

a perfect time to educate the caregiver on oral health, nutrition and home care as well as to provide anticipatory guidance. It's important to perform a knee to knee exam, caries risk assessment and discuss caries prevention and fluoride interventions as appropriate. Consider this as a "well baby check" for oral health.

But performing an exam on a one year old is no small task. There are many online resources for how to accomplish this. If you're looking for hands-on instruction for you and your staff in your own office, the Oregon Oral Health Coalition provides just

what you're looking for through their First Tooth Training program. Visit orohe.org/content/first-tooth for more information.

Other helpful resources include:

- › Oral Health During Pregnancy & Early Childhood: Evidence-Based Guidelines for Health Professionals. Visit http://www.cdafoundation.org/Portals/0/pdfs/poh_guidelines.pdf.
- › The website of the American Academy of Pediatric Dentistry. Visit aapd.org.