2016 CDT changes and processing policy updates

On January 1, 2016, Delta Dental of Oregon (DDOR) will implement the new codes that the ADA has outlined in CDT-16. The chart below shows how the DDOR standard contract will cover these new CDT-16 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 DDOR standard contract.

Also, some codes are being deleted with CDT-16. DDOR will no longer accept deleted codes after March 31, 2016.

CDT-2016 code books can be purchased through the American Dental Association at ada.org.

Delta Dental of Oregon will also adopt a new processing policy for procedure code D4341.

Beginning with dates of service 1/1/2016 and after, we will not allow more than two quadrants of root planing and scaling on the same date of service.

Due to time involved and the need for local anesthesia, it is uncommon to do all four quads on the same date of service. We do realize it may be necessary in certain circumstances to perform four quadrants of SRP due to a medical condition (e.g. patient taking a blood thinner) or some other extenuating circumstance.

If that is the case, we ask that you please forward complete chart notes, including the general or intravenous record, the medical condition and length of the appointment with your claim. In these cases, the claim will be reviewed.

Questions?

Please contact the Delta Dental of Oregon Dental Customer Service department toll-free at 877-277-7280 or email us at dental@modahealth.com.

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

Code	Description	Comments
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	 Allow up to two teeth soft tissue grafts per quadrant. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area are denied. Fees for frenulectomey D7960 or frenuplasty D7963 are disallowed when performed in conjunction with soft tissue grafts.
D4285	Non-autogenous connective tissue graft (including recipient surgical site and donor material) each additional contiguous tooth, implant, or edentulous tooth position in same graft site.	 Allow up to two teeth soft tissue grafts per quadrant. Benefits for GTR and or bone grafts, in conjunction with soft tissue grafts in the same surgical area, are denied. Fees for a frenulectomy D7960 or frenuplasty D7963 are disallowed when performed in conjunction with soft tissue grafts contiguous tooth position in same graft site.
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	Same frequency limits as prosthetics should be applied – allow once in a 7-year period.
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	Same frequency limits as prosthetics should be applied – allow once in a 7-year period.
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Same frequency limits as prosthetics should be applied – allow once in a 7-year period.
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Same frequency limits as prosthetics should be applied – allow once in a 7-year period.
D7881	Occlusal orthotic device adjustment	Benefits for occlusal orthotic device adjustments are denied unless covered by group/individual contract. When covered by contract all adjustments within six months are disallowed. Allow one per year following six months from initial placement.
D9223	Deep sedation/general anesthesia – each 15-minute increment	Deep sedation/general anesthesia is a benefit when submitted in conjunction with a covered surgical service(s).
D9243	Intravenous moderate (conscious) sedation/ analgesia – each 15 minute increment	Intravenous moderate (conscious) sedation/ analgesia is a benefit when submitted in conjunction with a covered surgical service(s).
D9943	Occlusal guard adjustment	Benefits for occlusal guard adjustments are denied unless covered by group/individual contract. • When covered by contract, all adjustments within six months are disallowed. • Allow one per year following six months from initial placement.
Deleted codes – DDOR will no longer accept the following codes after March 31, 2016		D0260, D0421, D2970, D9220, D9221, D9241, D9242, D9931

Say goodbye to paper!

Medicaid quality metric initiatives

To help improve dental care in Oregon, we're asking for your support on an Oregon Health Authority (OHA) initiative. OHA is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are doing at providing care. Two of the 17 outcome and quality measures used to make that determination in 2015 is dental, physical, and mental assessments for children in DHS custody and the application of dental sealants. To learn more about these incentive measures, visit the OHA's analytics web page.

According to the American Academy of Pediatrics, approximately 35 percent of children and teens enter foster care with significant dental and oral health problems. We are committed to providing our Medicaid children/adolescents the care they need because the lack of dental care can have a significant impact on learning, communication, nutrition, and other activities necessary for normal growth and development.

With your help we can accomplish this by screening children/adolescents (age 1-17) in DHS custody within 60 days of being in DHS care and billing the appropriate codes to monitor their health. ODS will reimburse the service with the qualifying CDT codes (clinical oral evaluations), D0120, D0140, D0145, D0150, D0160, D0170, D0180, D0190 and D0191. It is important to note that this assessment must be completed within 60 days regardless of assessments occurring prior to entering DHS care.

Dental sealants are a proven and cost-effective method to prevent dental caries. As such, the OHA has chosen to focus this quality metric on children receiving sealants on their first and second molars. The metric will measure the children in two groups; children ages 6-9 and 10-14 years of age. OHA will measure us from our claims submissions for any OHP child who receives at least one sealant placed in 2015.

As you know, this work takes a coordinated care approach. You may receive a call from our OHP dental coordinators to help facilitate the process for specific cases. If you have any questions about care coordination, dental assessments or the application of sealants, call our OHP dental coordinator toll-free at 800-342-0526.

OHP referrals for third molar extractions

When requesting a referral for Oregon Health Plan (OHP) members for the extraction of third molars, the teeth must be symptomatic (i.e., acute infection or abscess, severe tooth pain or swelling of the face or gums that is not related to normal eruption of the tooth). Additionally, the following information is required for each tooth:

- 1 Tooth number
- 2 Pain level on a scale of 1-10 (with 10 the most painful)
- 3 Specific tooth information within the chart notes
- 4 Original X-ray(s), (submitted via the NEA, emailed or original copies mailed to ODS) all teeth for which a referral is requested must be visible

Questions?

Please call our OHP coordinator at 800-342-0526 or email ohpdentalcoordinator@ modahealth.com.

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look inside for

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