

Dental Connection

THE DENTAL NEWSLETTER FOR VIRGINIA DENTISTS

Summer 2015

WHAT'S INSIDE



Health Care Reform

Think new healthcare laws means more covered children in your chair? Think again.

New CDT Code Updates

See the insert sheet for updates to CDT codes for 2016.

Out and About

In November, Delta Dental of Virginia once again supported the Virginia Oral Health Summit with a focus on comprehensive care for patients.

Important Notice Regarding Opencare

Delta Dental recently learned that a provider referral service, Opencare, has contacted participating dentists in multiple states. Those dentists were led to believe there is an affiliation between Opencare and Delta Dental, and that they might be removed from the Delta Dental network if they failed to return Opencare's calls or take other steps. Delta Dental does NOT have a relationship with Opencare, nor did we request they contact providers. Please be assured that your participation with Delta Dental's networks, and your listing in our provider directory, are not affected by dealings you have with Opencare, nor does Opencare have authority to remove you from our network. If you receive communication from Opencare, contact your Delta Dental representative.

Delta Dental of Virginia Announces Dental Office Deals

Dental Office Deals provides discounts on products and services for PPO-participating dentists. Find out more about how to register for Dental Office Deals and get a full list of vendors. Delta Dental of Virginia (DDVA) facilitates the Dental Office Deals program but does not receive compensation from vendors. Vendors work directly with the PPO-participating dental office.

Medicare Opt-In/Opt-Out – What you need to know

Did you know you may be providing dental care for patients covered under a Medicare Advantage (MA) plan? Medicare Part A and B have little, if any, dental coverage; however, many Medicare-covered individuals have opted for a MA plan to increase their Medicare benefits. These plans typically cover many dental procedures and it may not always be obvious from their ID card that it is part of a MA plan. Be aware the Centers for Medicare and Medicaid Services has issued a requirement that all dentists either "opt-in" or "opt-out" of Medicare participation. The main focus of this is on Medicare Part D drug coverage; however, it has implications beyond drug coverage for your Medicare-covered patients.

Effective January 1, 2016, if you choose to opt out of Medicare, services you provide to patients with a Medicare Advantage dental benefit will likely NOT be covered AND you will not be able to charge the patient. There are a few exceptions for urgently-required care, and it is acceptable to enter into a private contract with the patient, but routine care will NOT be covered by their MA plan. While the decision to opt-in or opt-out of Medicare is yours, you might consider your patient base before deciding to opt out.



Does health care reform mean more covered children in your chair?

Chris Pyle – Vice President, marketing and government relations, Delta Dental of Virginia

There's a lot of talk about more children gaining access to dental coverage due to the Affordable Care Act (ACA). However, how this new coverage plays out at the dental office may come as an unpleasant surprise to both dentists and patients. And, since dentists' offices typically fall into the small business category, health care reform will affect dentists on two levels – by limiting the types of health insurance plans they can buy and imposing large out-of-pocket costs on their patients.

Dentist practices with fewer than 50 employees are considered small groups from the ACA perspective. As of 2016, groups with up to 100 employees will likewise be defined as small. Groups with 50 or fewer employees are free to offer or not offer benefits to their employees without fear of fines. In 2016 and beyond, groups with 51-100 employees are not only required to offer benefits to employees as part of the ACA's shared responsibility provisions (commonly known as the employer mandate), but since they will be defined as small groups for purposes of the ACA, they will have fewer plan options.

Why will these small groups have more limited choice? Because, while the ACA does not require individuals or groups to purchase specific benefits (but will bestow a tax penalty if you don't have minimum essential coverage), it forces carriers to include certain benefits as part of plans offered in small group and individual markets. It's as if the government said

to an individual, you are not required to purchase a car with an infant car seat, but then the government tells all car manufacturers, "You must include a car seat in every car sold." You have to buy the car seat, whether you need it or not.

From the small group and individual insurance market perspectives, there are 10 car seats – called "essential health benefits." Half of one of those 10 car seats is pediatric dental benefits, and these benefits are treated differently from the rest.

For groups headquartered in Virginia (and a handful of other states), the rules are a bit friendlier when it comes to dental benefits.

In 2014, the Virginia General Assembly passed legislation clarifying that a carrier offering plans in the small group or individual market is allowed to offer health plans without pediatric

It's as if the government said to an individual, you are not required to purchase a car with an infant car seat, but then the government tells all car manufacturers, "You must include a car seat in every car sold." You have to buy the car seat, whether you need it or not.

dental benefits so long as two conditions are met: first, there must be a qualified dental plan available for purchase and; second, the carrier must disclose that pediatric dental benefits are not included in the health plan. Since exchange-certified dental plans are offered both on and off of the exchanges in Virginia, **groups and individuals are free to shop for their dental benefits the way they**

always have. This applies to all small groups – those that aren't required to purchase any benefits for employees (under 50) and those that must offer benefits (51-100). Great news, right? Maybe not. As it turns out, almost all medical carriers are forcing small groups to include pediatric dental benefits in their health plans, despite the fact that the carrier is not required to do so and the small group may already have a dental plan they like.

In some cases, the resulting pediatric dental portion of the health plan premium is small since the dental benefits are subject to a combined medical and dental deductible. Dentists need to understand the implication of a patient's dental benefits being subject to a high medical deductible. In such cases, a parent may take a child to the dentist believing they are covered, only to find they are on the hook for 100% of

the bill since they have not met a large medical deductible.

Other insurance carriers are charging a bit more premium to provide what looks like a traditional dental benefit. Often, even when diagnostic and preventive dental services, such as exams and cleanings, are covered without having to meet the medical deductible, the other categories of

benefits, such as basic (including such common services as fillings) and major services, are subject to the medical deductible.

Additionally, any orthodontia benefit must meet strict medical-necessity criteria and coverage levels are not as high as a typical 100/80/50 dental plan. They often look more like a 90/60/50 plan and, in reality, payout more like a 90/0/0 plan.

Estimating the costs of treating a child who visits the dentist twice a year and receives common procedures, such as cleanings, X-rays, fluoride, sealants, a few fillings and a pulled tooth, reveals that the individual in a plan where the dental is subject to the medical

deductible would owe 100% of a \$746 bill (assuming the medical deductible had not been met).

The individual in an embedded medical plan that covers diagnostic and preventive dental services without having to first meet a medical deductible would owe \$407. An individual in a traditional standalone dental plan would owe \$140. Even taking into consideration the difference in the costs of premium, the person is better off in a traditional standalone dental plan.

Big health insurance companies are forcing small groups and individuals to buy something they don't want or need. As small employers, dentists who shop for health coverage will be

forced to purchase pediatric dental benefits whether or not they or their employees have children, and many of their patients are likely to pay more out-of-pocket costs for their children's care.

Perhaps as groups, brokers and dentists understand what is and is not required, market pressure will be applied and the result will be consumers having the freedom to shop for what they want and need. In the meantime, many groups and individuals will be left with having to purchase duplicative coverage in some cases and will be paying more premium and out-of-pocket costs than necessary. ■

Get Paid Faster – Sign up for EFT Today!

Get paid faster – sign up for direct deposit! It's free and available to all dentists, whether you submit claims electronically or by paper. What are you waiting for? Visit our Provider Portal at DeltaDentalVA.com to learn more or sign up today to get your claims payments transferred directly from Delta Dental to your checking or savings account.

Delta Dental is a Diamond sponsor of the VDA meeting.

September 17-20, 2015
Booth #6
Norfolk Waterside Marriott

The following 100+ subscriber groups have signed on with Delta Dental since January, bringing on more than 5,000 new subscribers.

GROUP NAME	CITY
American Operations Corporation	Chantilly
Arc3 Gases Inc	Richmond
Axletech International LLC	Troy
Battlefield Farms	Rapidan
Continental Building Products Operating Company LLC	Herndon
Drynachan LLC, DBA Advance Health	Chantilly
Eastern Shore Rural Health	Onancock
Eck Supply Co	Richmond
General Services Corporation	Richmond
Halifax County Board of Supervisors	Halifax
Ino Medic Health Applications	Hampton
Jenkins Services	Sterling
John C Nordt Company	Roanoke
Lee County Schools	Jonesville
Liberty Tax	Virginia Beach
Metters Industries	Mclean
Priority Auto Group Inc	Chesapeake
Sands Anderson	Richmond
Virginia Port Authority	Norfolk

Don't Forget to Update CDT Codes for 2016

Remember, the ADA is now updating CDT codes annually instead of bi-annually. It is your responsibility to keep your codes up to date. Submitting incorrect or outdated CDT codes may result in claims being denied or returned for incorrect information.

Below is a summary of updated CDT codes for 2016:

Procedure Code	Description
D0251	Extra-oral posterior dental radiographic image
D0422	Collection and preparation of genetic sample material for laboratory analysis and report
D0423	Genetic test for susceptibility to diseases – specimen analysis
D1354	Interim caries arresting medicament application
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
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in the same graft site
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D7881	Occlusal orthotic device adjustment
D8681	Removable orthodontic retainer adjustment
D9223	Deep sedation/general anesthesia – each 15 minute increment
D9243	Intravenous moderate (conscious) sedation/analgesia – each 15 minute increment
D9932	Cleaning and inspection of removable complete denture – maxillary
D9933	Cleaning and inspection of removable complete denture – mandibular
D9934	Cleaning and inspection of removable partial denture – maxillary
D9935	Cleaning and inspection of removable partial denture – mandibular
D9943	Occlusal guard adjustment

The following CDT Codes have been deleted and should NOT be filed for services in 2016:

Procedure Code	Description
D0260	Extra-oral – each additional radiographic image
D0421	Genetic test for susceptibility to oral diseases
D2970	Temporary crown (fractured tooth)
D9220	Deep sedation/general anesthesia – first 30 minutes
D9221	Deep sedation/general anesthesia – each additional 15 minutes
D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes
D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes
D9931	Cleaning and inspection of a removable appliance

Delta Dental is going green, and you can help!

It is Delta Dental of Virginia’s goal to make sure that we stay in communication with our participating dentists in the most efficient and effective manner possible. Those of you who submitted email addresses to receive an updated Participating Dentist Handbook will now receive our provider newsletters via email.

In the future, **provider newsletters will only be sent via email** and will also be posted on the Provider page of DeltaDentalVA.com. If you would like to start receiving newsletters and other communications from us via email, you may opt in by providing your email address in the space provided below or by sending us your email address via email, fax or mail using the following:

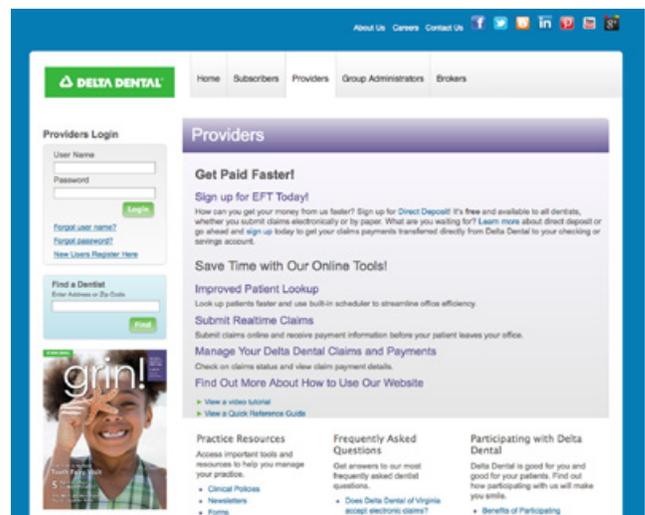
Email: ProviderRelations@DeltaDentalVA.com

Fax: 540.491.9709

Mail: Delta Dental of Virginia, 4818 Starkey Road, Roanoke, VA 24018

Please email me Delta Dental news and updates _____.

Thank you for helping Delta Dental truly be green!



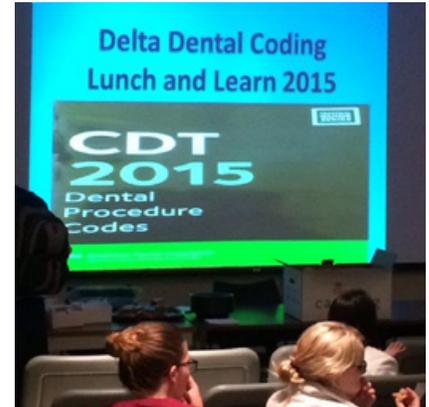
Delta Dental Out and About

Delta Dental of Virginia once again supported the Virginia Oral Health Summit this past November. Last year's summit was titled "Caring for the Whole Person: Oral Health in Patient-Centered Care" and was focused on how medical and dental providers can work together to deliver comprehensive health care to their patients. Featured speakers included: William Hazel, Jr., MD, Virginia Secretary of Health and Human Resources; Sean G. Boynes, DMD, MS, CareSouth Carolina; and, Colin Reusch, MPA, Children's Dental Health Project.



Lunch & Learns for VCU/ MCV Dental School

Delta Dental of Virginia continues to sponsor lunch and learns for the students of the VCU/MCV Dental School. Our most recent visit covered dental coding, which is an important topic now that CDT codes are being updated annually.



0115 7/15

PRSRT STD
U.S. POSTAGE
PAID
BMS

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018

DELTA DENTAL