MPSERS making key changes to its dental plan

The Michigan Public School Employees Retirement System (MPSERS) has made a change to its dental plan effective January 1, 2014. The dental plan will go from a Delta Dental PPO® (Point-of-Service) plan to a Delta Dental PPO (Standard) plan. In addition to the program change, the annual maximum will increase to $1,100. To provide a smooth transition to this new benefit, here is what you need to know.

Under the Delta Dental PPO (Standard) plan, MPSERS members are welcome to go to the dentist of their choice—Delta Dental PPO dentists, Delta Dental Premier® dentists or nonparticipating dentists. However, because all claims will be reimbursed based on the Delta Dental PPO Dentist Fee Schedule under this program, MPSERS members are encouraged to seek treatment from a Delta Dental PPO dentist to maximize their new dental benefits.

Delta Dental PPO dentists agree to accept Delta Dental’s PPO Dentist Fee Schedule amount as full payment for covered services. If a member chooses to visit a non-PPO dentist, payment to the dentist will be based on the local Delta Dental PPO Dentist Fee Schedule and the member will be responsible for paying the remaining amount up to either the Delta Dental Premier Maximum Approved Fee or the dentist’s submitted amount.

If you are interested in receiving more information on participating in our Delta Dental PPO network, or have questions about how this benefit change will affect your MPSERS patients, please contact Delta Dental Customer Service at (800) 524-0149.
The following processing policy change will become effective March 1, 2014, as part of our continuing process to provide consistency across our national Delta Dental plans and maintain uniform coverage for our members:

- Prophylaxis codes D1110, D1120 or periodontal maintenance code D4910 will be disallowed when completed within 30 days of periodontal scaling and root planing codes D4341 or D4342 that were performed in three or more quadrants of the mouth by the same dentist or dental office. Participating dentists may not charge Delta Dental patients for prophylaxis or periodontal maintenance services that are disallowed.

- Prophylaxis codes D1110, D1120 or periodontal maintenance code D4910 will be allowed when the preceding periodontal scaling and root planing was performed in only one or two quadrants of the mouth.

- Full mouth debridement code D4355 will be disallowed when completed within 30 days of periodontal scaling and root planing done in any area of the mouth. Participating dentists may not charge Delta Dental patients for full mouth debridement services that are disallowed.

Answering some questions about the Affordable Care Act

Implementation of the Affordable Care Act (ACA) continues to generate questions among dentists, dental offices and their patients. To get answers to some of the most frequently asked questions about the ACA, visit www.deltadentalmi.com/dds_aca_faq.

Upcoming seminar on periodontal management

Several speakers will be featured at a seminar co-sponsored by the University of Michigan (UM) School of Dentistry and the Delta Dental Foundation on January 8, 2014, in Ann Arbor, Michigan. The topic is: “Comprehensive Periodontal Management—Putting it All Together.”

The seminar will take place at the Horace H. Rackham School of Graduate Studies Auditorium.

The distinguished panel of speakers includes Dr. William V. Giannobile, Dr. George Taylor, Dr. Kenneth S. Kornman and Dr. Donald S. Clem III. Their presentation will take the latest findings regarding periodontal characteristics, possible systemic links, risk assessment and periodontal diagnostics to form a comprehensive periodontal treatment regimen for the general dentist and hygienist. They will also discuss how using an evidence-based approach can maximize outcomes for patients.

To attend, register with the UM School of Dentistry’s Office of Continuing Dental Education at www.dent.umich.edu/cde. Click on Course Listing, A302-14, The Kenneth J. Ryan DDS Memorial Seminar, and follow the registration links.

Healthy Kids Dental (HKD) program now in 78 of Michigan’s 83 counties

About 64,000 more Michigan children now have better access to dental care thanks to an expansion of the Healthy Kids Dental program that went into effect October 1.

HKD assists Medicaid-eligible children across Michigan access dental care. With Ingham, Ottawa and Washtenaw counties joining HKD, the program is now available to about 500,000 enrollees in 78 of Michigan’s 83 counties.

In May 2000, the Michigan Department of Community Health (MDCH), in partnership with Delta Dental of Michigan, initiated a program to help improve the dental health of those in greatest need. With support from the Michigan Dental Association, this public-private partnership has been known as Healthy Kids Dental.

“Because access to dental care is so important to a person’s overall health and to a child’s ability to succeed in the classroom, we are proud to partner with MDCH on the expansion of the Healthy Kids Dental program to more children,” said Laura Carvala, CPA, president and CEO of Delta Dental Michigan. “A child who has regular access to care is more likely to be healthy, pain-free and better prepared to succeed throughout school and life.”

Dental visits are 50 percent higher for children who are enrolled in HKD. This record of success has generated interest across the country. In 2004, the American Dental Association named Michigan’s HKD program one of five national models for improving access to dental care for low-income populations.

Delta Dental Foundation provides funding for programs in Michigan, Indiana and Ohio

The McMillen Center for Health Education in Fort Wayne, Indiana, has received a multi-year $100,000 grant from the Delta Dental Foundation to expand the Brush! program to the multi-state area of Indiana, Michigan, Ohio and North Carolina. The goal of the Brush! program is to increase school readiness by reducing the number of children who enter kindergarten with dental decay that can cause pain and therefore be inattentive in class, or miss school.

About 900 children in the area near Cincinnati, Ohio, will receive dental care right at school in an oral health center funded by the Delta Dental Foundation. The Delta Dental Center at Oyler School recently celebrated its grand opening as Ohio’s first school-based dental clinic. The foundation provided $136,114 for the dental center.

In May 2000, the Michigan Department of Community Health (MDCH), in partnership with Delta Dental of Michigan, initiated a program to help improve the dental health of those in greatest need. With support from the Michigan Dental Association, this public-private partnership has been known as Healthy Kids Dental.

The Delta Dental Foundation also has awarded the Michigan Department of Community Health a grant for $122,276. The grant will support the Community Water Fluoridation and SEAL! Michigan Sealant programs, which will help communities improve access to better oral health, as well as two evaluation and research components for the sealant and Healthy Kids Dental programs.

Be sure to watch the “Dentists are Disease Detectives” video

Here is a link to the fourth video in our five-part “Drool is Cool” oral health video series. Visit www.deltadentalmi.com/diseasedetectives to watch “Dentists are Disease Detectives.”
The following processing policy change will become effective March 1, 2014, as part of our continuing process to provide consistency across our national Delta Dental plans and maintain uniform coverage for our members:

- Prophylaxis codes D1110, D1120 or periodontal maintenance code D4910 will be disallowed when completed within 30 days of periodontal scaling and root planing codes D4341 or D4342 that were performed in three or more quadrants of the mouth by the same dentist or dental office. Participating dentists may not charge Delta Dental patients for prophylaxis or periodontal maintenance services that are disallowed.

- Full mouth debridement code D4355 will be disallowed when completed within 30 days of periodontal scaling and root planing done in any area of the mouth. Participating dentists may not charge Delta Dental patients for full mouth debridement services that are disallowed.

- Prophylaxis codes D1110, D1120 or periodontal maintenance code D4910 will be allowed when the preceding periodontal scaling and root planing was performed in only one or two quadrants of the mouth.

- Full mouth debridement code D4355 will be disallowed when completed within 30 days of periodontal scaling and root planing done in any area of the mouth. Participating dentists may not charge Delta Dental patients for full mouth debridement services that are disallowed.

**Answering some questions about the Affordable Care Act**

Implementation of the Affordable Care Act (ACA) continues to generate questions among dentists, dental offices and their patients. To get answers to some of the most frequently asked questions about the ACA, visit www.deltadentalmi.com/dds_aca_faq.

**Upcoming seminar on periodontal management**

Several speakers will be featured at a seminar co-sponsored by the University of Michigan (UM) School of Dentistry and the Delta Dental Foundation on January 8, 2014, in Ann Arbor, Michigan. The topic is: “Comprehensive Periodontal Management—Putting it All Together.”

The seminar will take place at the Horace H. Rackham School of Graduate Studies Auditorium.

The distinguished panel of speakers includes Dr. William V. Giannobile, Dr. George Taylor, Dr. Kenneth S. Kornman and Dr. Donald S. Clem III. Their presentation will take the latest findings regarding population characteristics, possible systemic links, risk assessment and periodontal diagnostics to form a comprehensive periodontal treatment regimen for the general dentist and hygienist. They will also discuss how using an evidence-based approach can maximize outcomes for patients.

To attend, register with the UM School of Dentistry’s Office of Continuing Dental Education at www.dent.umich.edu/cde. Click on Course Listing, A302-14, The Kenneth J. Ryan DDS Memorial Seminar, and follow the registration links.

**Healthy Kids Dental (HKD) program now in 78 of Michigan’s 83 counties**

About 64,000 more Michigan children now have better access to dental care thanks to an expansion of the Healthy Kids Dental program that went into effect October 1.

HKD assists Medicaid-eligible children across Michigan access dental care. With Ingham, Ottawa and Washtenaw counties joining HKD, the program is now available to about 500,000 enrollees in 78 of Michigan’s 83 counties.

In May 2000, the Michigan Department of Community Health (MDCH), in partnership with Delta Dental of Michigan, initiated a program to help improve the dental health of those in greatest need. With support from the Michigan Dental Association, this public-private partnership has been known as Healthy Kids Dental.

“Because access to dental care is so important to a person’s overall health and to a child’s ability to succeed in the classroom, we are proud to partner with MDCH on the expansion of the Healthy Kids Dental program to more children,” said Laura Carlada, CPA, president and CEO of Delta Dental of Michigan. “A child who has regular access to care is more likely to be healthy, pain-free and better prepared to succeed throughout school and life.”

Dental visits are 50 percent higher for children who are enrolled in HKD. This record of success has generated interest across the country. In 2004, the American Dental Association named Michigan’s HKD program one of five national models for improving access to dental care for low-income populations.

**Delta Dental Foundation provides funding for programs in Michigan, Indiana and Ohio**

The McMillen Center for Health Education in Fort Wayne, Indiana, has received a multi-year $100,000 grant from the Delta Dental Foundation to expand the Brush! program to the multi-state area of Indiana, Michigan, Ohio and North Carolina. The goal of the Brush! program is to increase school readiness by reducing the number of children who enter kindergarten with dental decay that can cause pain and therefore be inattentive in class, or miss school.

About 900 children in the area near Cincinnati, Ohio, will receive dental care right at school in an oral health center funded by the Delta Dental Foundation. The Delta Dental Center at Oyler School recently celebrated its grand opening as Ohio’s first school-based dental clinic. The foundation provided $136,114 for the dental center.

“The McMillen Center for Health Education is the first of its kind,” said Michael Schaeffer, DDS, Delta Dental Foundation board member, who spoke at the opening.

The Delta Dental Foundation also has awarded the Michigan Department of Community Health a grant for $322,276. The grant will support the Community Water Fluoridation and SEAL! Michigan Sealant programs, which will help communities improve access to better oral health, as well as two evaluation and research components for the sealant and Healthy Kids Dental programs.
MPSERS making key changes to its dental plan

The Michigan Public School Employees Retirement System (MPSERS) has made a change to its dental plan effective January 1, 2014. The dental plan will go from a Delta Dental PPO® (Point-of-Service) plan to a Delta Dental PPO (Standard) plan. In addition to the program change, the annual maximum will increase to $1,100. To provide a smooth transition to this new benefit, here is what you need to know.

Under the Delta Dental PPO (Standard) plan, MPSERS members are welcome to go to the dentist of their choice—Delta Dental PPO dentists, Delta Dental Premier® dentists or nonparticipating dentists. However, because all claims will be reimbursed based on the Delta Dental PPO Dentist Fee Schedule under this program, MPSERS members are encouraged to seek treatment from a Delta Dental PPO dentist to maximize their new dental benefits. Delta Dental PPO dentists agree to accept Delta Dental’s PPO Dentist Fee Schedule amount as full payment for covered services. If a member chooses to visit a non-PPO dentist, payment to the dentist will be based on the local Delta Dental PPO Dentist Fee Schedule and the member will be responsible for paying the remaining amount up to either the Delta Dental Premier Maximum Approved Fee or the dentist’s submitted amount.

If you are interested in receiving more information on participating in our Delta Dental PPO network, or have questions about how this benefit change will affect your MPSERS patients, please contact Delta Dental Customer Service at (800) 524-0149.

Predeterminations: better planning, fewer misunderstandings

When you obtain a predetermination, you can help your patients to make better, more informed decisions about their treatment options. We encourage your office to take advantage of this helpful tool to obtain an approximation of the benefit coverage a patient might anticipate for a given treatment plan.

Submit a predetermination for services before you schedule additional appointments for any treatment plan. This will help to ensure that your patients understand the extent of their financial responsibility. Armed with this knowledge, you and your patients are better equipped to avoid confusion and maintain the invaluable trusted relationship you share.

It is important to note that a predetermination can only reflect a snapshot of the data in our system at any given moment, and for that reason it cannot be (and is not) a guarantee of payment. The final determination of payment is based on a patient’s eligibility status, allowable benefits, approved amounts and maximum available on the date services are rendered.

The “Code on Dental Procedures and Nomenclature” (the Code), commonly known as Current Dental Terminology or CDT, is the current HIPAA designated code set used in electronic dental data interchange. As such, the Code is the national standard for reporting dental services and is the principal means of communication between dentists and dental benefits payers.

Any dental claim submitted electronically on a HIPAA standard electronic dental claim must use procedure codes from the current version of the Code. It is also used on dental claims submitted on paper.

The Code is regularly updated to reflect changes in dental procedures accepted by the dental community. It is now reviewed and revised by the American Dental Association (ADA) on an annual cycle, with each revised version effective on January 1st every year.

A revised version of the Code, as published by the ADA in the manual titled “CDT 2014: Dental Procedure Codes,” will be effective January 1, 2014, for services provided on or after January 1, 2014, through December 31, 2014. The 2014 version of the Code incorporates a significant number of procedure code changes with 29 new procedure code entries, 18 revised procedure code entries, and four deleted code entries. The 2014 changes also include seven new or revised categories of service subcategories.

With all the new code changes, we recommend that dentists/dental offices verify covered services for patients before rendering treatment. Details of individual coverage can be verified by calling our Customer Service department at (800) 524-0149 or by logging into the Dental Office Toolkit® (DOT). Accurate coding promotes faster claim processing and fewer errors, so Delta Dental recommends that each dental office have a current copy of the Code.

Predeterminations: better planning, fewer misunderstandings

When you obtain a predetermination, you can help your patients to make better, more informed decisions about their treatment options. We encourage your office to take advantage of this helpful tool to obtain an approximation of the benefit coverage a patient might anticipate for a given treatment plan.

Submit a predetermination for services before you schedule additional appointments for any treatment plan. This will help to ensure that your patients understand the extent of their financial responsibility. Armed with this knowledge, you and your patients are better equipped to avoid confusion and maintain the invaluable trusted relationship you share.

It is important to note that a predetermination can only reflect a snapshot of the data in our system at any given moment, and for that reason it cannot be (and is not) a guarantee of payment. The final determination of payment is based on a patient’s eligibility status, allowable benefits, approved amounts and maximum available on the date services are rendered.