

PROVIDER EDUCATION TRAINING



Smiles For Children
May 2022



Smiles For Children
Improving Dental Care for Children and Adults

DentaQuest[®]

Training Topics

- Medicaid Enterprise System (MES) – Provider Services Solutions (PRSS)-Live April 4, 2022
- Office Reference Manual-Code Reminders
- Periodontal Codes-Clinical Decisions
- Best Practice for Record Keeping
- Requests for Records
- Member Office Dismissals
- Member Improper Conduct
- Dentist to Dentist (Peer to Peer) Requests
- Appointment Availability
- Delayed Remittance-Week July 4, 2022
- DentaQuest Links
- DentaQuest Virginia (VA) Provider Partner Team



MEDICAID ENTERPRISE SYSTEM (MES)



Medicaid Enterprise System (MES) – Provider Services Solutions (PRSS)-Live April 4, 2022

Smiles For Children providers currently credentialed with DentaQuest will need to use the **new MES Provider Services Solution (PRSS)** to make data changes including:

- updates to demographics and administrative practice information (phone number, TIN, address, etc.)
- adding new office locations
- adding new providers to your location

Updates to office information will have to be made with:

- DentaQuest
- By logging in to the MES PRSS website (after April 4th)

***DentaQuest provider portal and its functionalities are not changing**



Medicaid Enterprise System (MES) – Provider Services Solutions (PRSS)-Continued

Visit the MES Provider training resource page at (<https://vamedicaid.dmas.virginia.gov/training/providers>) to find FAQs and provider trainings.

We encourage you to enroll in the following courses:

- MES-101 video
- MES-103 video and reference document
- MES-105 reference document
- PRSS-111 virtual session (must self-register)
- PRSS-112
- PRSS-113
- PRSS-115
- PRSS-118 virtual session (must self-register) – suggested for the person who manages provider delegates
- PRSS-120 virtual session (must self-register) or the shorter PRSS-121 video version
- PRSS-118 virtual session (must self-register) – suggested for the person who manages provider delegates



OFFICE REFERENCE MANUAL

CODE REMINDERS



Office Reference Manual- Reimbursement/Bill Date Reminder

Payment for or any removable/fixed prosthetics is based date of delivery

Example:

- Prep date 1/1/2022 (impression date)
- Seat /Insertion/Cementation/Delivery date 2/15/2022
- Bill date should be 2/15/2022

Member must be eligible on the date of service (delivery date) for the service to be covered

PERIODONTAL SCALING AND ROOT PLANING



Periodontal Scaling and Root Planing- What is it?

D4341-Periodontal scaling and root planing-Four or more teeth per quadrant

- involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces
- is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature
- is a definitive procedure designed for removal of the cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms
- Some soft tissue removal occurs
- procedure may be used as definitive treatment or as part of pre-surgical procedures



Periodontal Scaling and Root Planing-Clinical Criteria Section 15.09 (ORM)

Be sure to view the ORM benefit tables by subgroup and per code to see if pre-authorization is required.

Required Documentation:

- Radiographs – periapicals or bitewings preferred
- Complete periodontal charting with AAP Case Type

Criteria:

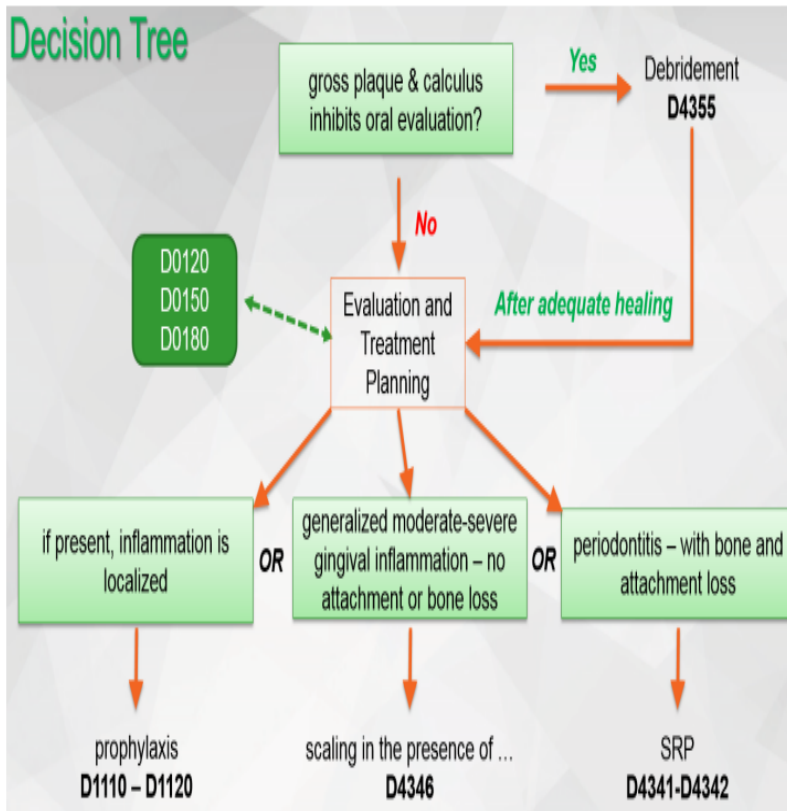
- Periodontal charting indicating abnormal pocket depths in multiple sites
- Additionally, **at least one** of the following must be present:
 - 1) Radiographic evidence of root surface calculus
 - 2) Radiographic evidence of noticeable loss of bone support



ADA Decision Tree

D4346 Guide – Version 3 – October 25, 2017 – Page 2 of 11

Visualizing the decision-making process: How a dentist decides whether or not the D4346 procedure is appropriate for a patient –



D4346 scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation

This code may be appropriate:

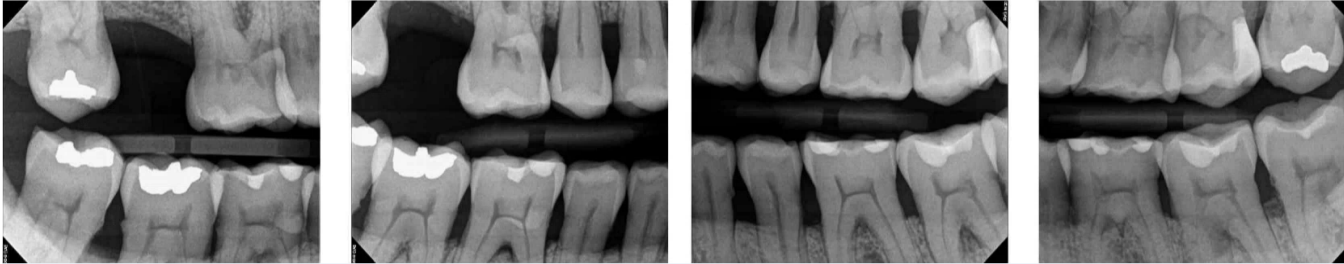
- removal of plaque, calculus and stains
- when there is generalized moderate or severe gingival inflammation in the absence of periodontitis
- indicated for patients who have swollen or inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing

***Should not be reported in conjunction with prophy, scaling and root planing, or debridement procedures**



Bone Loss

Noticeable bone loss (2.5mm or more from CEJ to crest of bone)



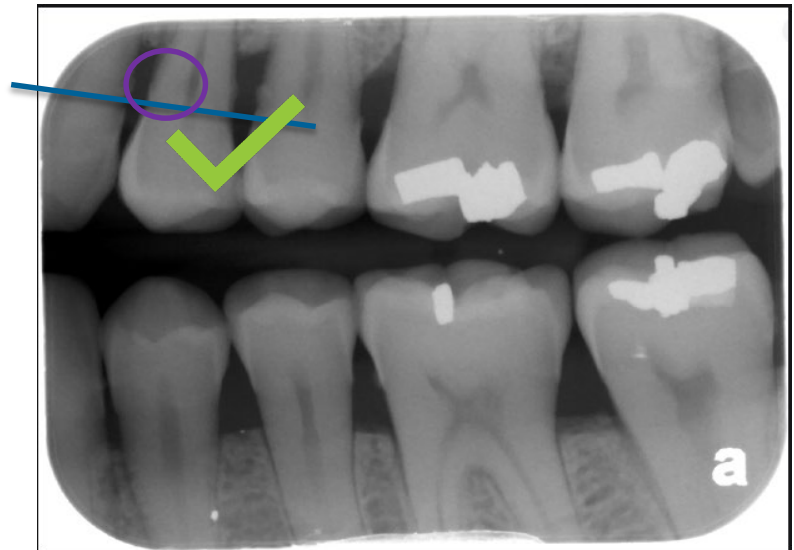
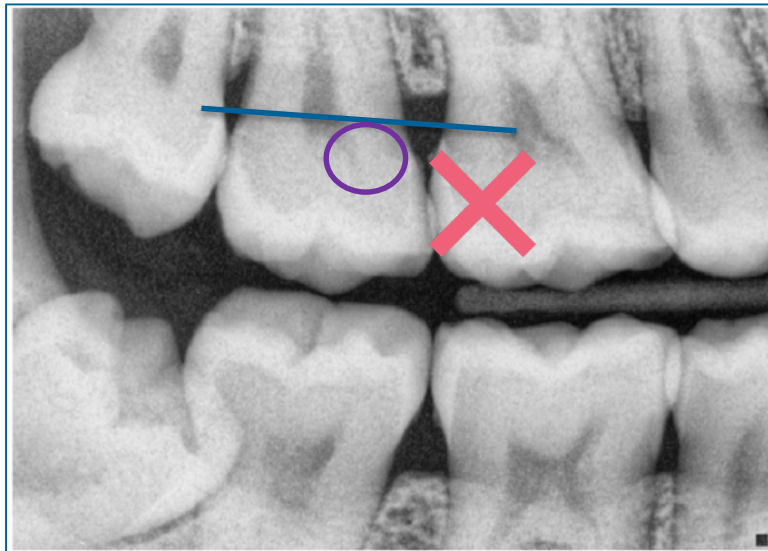
Pocket depths without bone loss/radiographic evidence of root surface calculus is insufficient



Radiographic Calculus vs Radiographic Root Surface Calculus

‘Root Surface Calculus’ is apical to the CEJ (towards the apex of the root)

Subgingival Calculus that is coronal to the CEJ is not Root Surface Calculus



Key Points

- D4341 requires 4 affected teeth
- 4 teeth per quadrant must have either 2.5mm of bone loss or root surface calculus
- Just because 1-2 teeth have bone loss does not mean that D4341 would be approved – D4342 would be the appropriate code

BEST PRACTICES RECORD KEEPING



Best Practice For Record Keeping: Examples of Most Common Types of Treatment Record Documentation Errors

D7210 (surgical extraction)

- No documentation to support that a tooth was sectioned and/or bone removed in conjunction with the extraction on a tooth-by-tooth basis
- documentation must support the medical necessity for a surgical approach to these extractions

D7140 (extraction erupted)

- No documentation to substantiate extraction as described by CDT
 - “Extraction, erupted tooth or exposed root (elevation and/or forceps removal). Includes removal of tooth structure, minor smoothing of socket bone, and closure, as necessary.”



Best Practice For Record Keeping: Examples of Most Common Types of Treatment Record Documentation Errors

D9920 (behavior modification)

- No documentation supporting the patient behavior issues requiring behavior modification
- No documentation of what the provider did to modify the patient's behavior i.e., additional time, additional staff, immobilization
 - *For adults, this code is limited to members who present with handicapping conditions that would otherwise prevent treatment

D9230 (nitrous oxide)

- No documentation of start/stop time
- No indication of level of nitrogen and oxygen administered
- No documentation of time when member was receiving only oxygen at the end of the appointment



Best Practice For Record Keeping: Examples of Most Common Types of Treatment Record Documentation Errors

- No treatment plans
- No documentation of next visit needs
- No existing conditions charting on initial visit
- Claims submitted for date of service does not match the treatment records for that date of service
- Missing Identification data: Name, birth date, address, contact information
- Missing medical and dental histories, notes and updates
- Missing progress and/or treatment notes
- Missing notes regarding conversations with patients

Best Practice For Record Keeping: Typical Record Content

- Diagnostic records, including charts and study models
- Medication prescriptions, including types, dose, amount, directions for use and number of refills
- Radiographs (dated/RL angle/patient name/date of birth)
- Treatment plans
- Patient complaints and resolutions
- Laboratory work order forms
- Mold and shade of teeth used in bridgework and dentures and shade of synthetics and plastics
- Referral letters and consultations with referring or referral dentists and/or physicians



Best Practice For Record Keeping: Typical Record Content

- Patient noncompliance and missed appointment notes
- Patient rude or inappropriate behavior or disruption to the office/provider/staff
- Follow-up and periodic visit notes (dated/provider signature/initials)
- Postoperative or home instructions (or reference to pamphlets given)
- Consent forms signed and dated
- Waivers and authorizations, including any signed waivers for Non-Covered Services
- Conversations with patients dated and initialed (both in-office and on telephone, even calls received outside of the office)
- Correspondence, including dismissal letter, if appropriate
- Description of work, including diagrams if needed
- The type and quality of the materials to be used
- Signature and address of the dentist



Best Practice For Record Keeping: Corrections or Alterations

***Corrections to errors in notes/records should be done as quickly as possible (date/signature of correction)**

- Draw line through entry (thin pen line, no markers or whiteout). Make sure that the inaccurate information is still legible
- Initial and date the entry
- State the reason for the error (i.e., in the margin or above the note if room)
- Document the correct information
- Do not insert words or phrases in an entry. If you remember something you wish to record later, just make the entry chronologically and refer to the date of the visit in question
- Do not leave blank lines between entries with the intent of adding something later as this could be construed as an alteration



RECORD REQUESTS



Request of Patient Records

Smiles For Children providers are required to comply with any requests for medical records from DentaQuest and/or DMAS

Requests are made for:

- Quality Assessments
- Service Utilization
- Quality Improvement
- Investigation of Member Complaints or Grievances
- Random Chart Audits

Provider must:

- Respond within the timeline requested
- Provide all requested records to include radiographs, consent forms, referrals, and any/all documents relevant to the request



MEMBER OFFICE DISMISSALS



Member Dismissals From Office

Some reasons a provider may dismiss a patient include the following:

- Patient Non-Compliance
- Patient/Provider relationship compromised
- Failure to keep appointments
- Rude or threatening behavior, misconduct
- Non-payment of fees (pre signed waiver on file for non covered services prior to date of service)
- Closing your practice

Documentation of Dismissal from office:

- Be sure to include details/reason for dismissal in patient chart
- Send member/parent/guardian/ a 30-day written notice and provide 30-days of emergency care
- Include the VA **Smiles For Children** member customer service number 888-912-3456 (to assist member with finding a new provider)

It is important to have an office-wide dismissal policy, inclusive of all patients no matter their insurance coverage



Member Improper Conduct



Member Improper Conduct

Not every patient is a model patient.

Improper behavior is never condoned and should not be accepted or tolerated in your offices. Improper behavior such as:

- Disrespect of provider, staff, other patients, office property
- Profanity, racial slurs
- Threats of violence

Should be addressed by:

- Filing a complaint with DentaQuest
- Dismissal of member from office
 - Follow the proper protocol of written notification, record documentation, and 30-day emergency care
- Call Police for assistance or official report (in extreme cases or if appropriate)

DENTIST -TO -DENTIST REQUESTS



Dentist-to-Dentist Requests: Requirements

Dentist-to-Dentist discussions are for clinical decisions ONLY

Requests must be submitted by contacting provider services at 888-912-3456

- ❖ provider portal function for dentist-to-dentist requests should not be used until further notice

When requesting a dentist-to-dentist, remember the following:

- Requests should be made within 48 hours of provider's availability
- Dentist-to-Dentist Requests are for Licensed Dentists only
- Include the auth/claim number (and code in question)
- Include provider full name and contact number

Time limits on dentist-to-dentist requests

- No limit on a dentist-to-dentist request or a restriction on when to request one after receiving the denial
- If the provider has already received a successful dentist-to-dentist, the same auth/claim does not qualify for a second dentist-to-dentist



Dentist-to-Dentist Requests: Important Notes

Other important items to note

- Only one authorization can be included in an inquiry/request.
- Be clear in your request
- If the auth/claim was not clinically denied by one of our Dental Consultants, it does not qualify for a dentist-to-dentist
- Administrative and system denials as well as auths that have pended for missing information, do not qualify for a dentist-to-dentist
- Members cannot request a dentist-to-dentist - only providers can

APPOINTMENT AVAILABILITY

Provider Appointment Availability

Appointment Availability requirements are as follows per **Smiles For Children** provider contract section 2(f)

Provider agrees that, under reasonable, routine circumstances, appointment times shall be the usual, customary, and not to exceed:

- **24 hours for Emergency Appointments (as noted in ORM-As quickly as the situation warrants)**
- **48 hours for Urgent Appointments**
- **6 weeks for Routine Appointments**
- **Wait times shall not exceed forty-five (45) minutes**

Refer to section 11.00 (D)Patient Recall system in the ORM

DELAYED REMITTANCE REMINDER



July Annual Delayed Payment Reminder

- As a result of the Virginia Appropriation Act, the remittance that normally would be processed on Friday, June 24, 2022, will instead be processed on Friday, July 1, 2022
- All claims received between the dates of June 10, 2022, through June 20, 2022, will be processed and reflected in a single remittance dated July 1, 2022
- **no claim payments will be issued to providers during the week of June 27-July 1, 2022**
- **Claim payments will resume the week of July 4-8, 2022**
- plan accordingly for this delay in claims payment
- DMAS and DentaQuest **will not** issue advance pays associated with this delay



ADDITIONAL RESOURCES LINKS



Resources Links

COVID-19 Coding and Billing Interim Guidance published by the ADA
https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf

Bona Fide Masks' Website for details and ordering:
<https://bonafidemasks.com/kn95>

Use discount code **CYBER2021** for an additional 10% off

Crazy Dental Prices (Special pricing to our network providers only)
CrazyDentalPrices.com

Use promo code **Denta10** to receive an extra 10% off

DentaQuest Links

DentaQuest microsite/page to help during COVID-19

<https://dentaquest.com/dentists/dentaquest-is-here-to-help/>

Mask: <https://dentaquest.com/heretohelp>

Website: <http://www.dentaquest.com/>

Provider Web Portal: <https://govservices.dentaquest.com/>

AppCentral: www.dentaquest.com/dentists

Recredentialing via AppCentral: <http://dentaquest.com/dentists/recredentialing/>



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Questions and Answers

- Questions and Answers – TYPE your question in the chat box. **Keep your phone on mute so that all attendees can hear the answer to each question. Please do not place your phone on HOLD.**
- Target questions to these specific provider training topics only.
- For all non-training specific questions, contact the Provider Partner in your area directly for assistance.
- A copy of the training presentation will be available on the Provider Web Portal (PWP) under related documents within two weeks of the training session

Thank you for participating in the training and making a difference in oral health for all in your communities!

