UNICARE ®

DENTAL DISPATCH

NEWS AND INFORMATION FOR NETWORK PROVIDERS

PLEASE NOTE

To enhance visual clarity and speed up access, remember to submit pre-estimates for any service over $300 and submit clinical x-rays electronically.

PROVIDER DIRECTORY INFORMATION

For information about directory accuracy, please visit our website **www.unicare.com/dentalproviders** to review previous articles from past newsletters.

REMINDER

PPE payment is available from June 15 – August 31. For more information, please visit **www.unicare.com/dentalproviders/** and look in the Communications section.

ENHANCEMENTS TO PATIENT HEALTH HISTORY HELP CONNECT YOU TO PATIENTS

We understand you and your office are facing additional challenges due to COVID-19. We want to thank you for serving UniCare members during this unprecedented time. We appreciate everything you and your staff do to provide outstanding dental care to all your patients.

During this critical time, UniCare's Patient Health History is a resource available to help you provide the best care possible to your UniCare patients. Recent enhancements to UniCare's Patient Health History can help your office become more efficient by providing you with critical health information to better prepare for your patients. By using Patient Health History, you can view recent diagnoses, ER visits, prescribed medications, and lab results. This can be helpful to you and your staff, especially when a patient has a medical condition like diabetes or is recovering from COVID-19.

UniCare's Patient Health History also allows you to share relevant patient information with in-network medical, dental, and vision providers. All in-network providers who are part of your patient's care team can collaborate on their health by sharing the most up-to-date patient information. By sharing important patient data with each other, you can positively impact your patients' health.

Does the patient have UniCare dental benefits and an affiliated medical plan? If so, using **www.Availity.com**, you can:

- Review clinical findings that relate to systemic conditions like diabetes or heart disease, and can alert you to recent lab results such as A1C levels or COVID-19.

- Update your patients' medical conditions to help close care gaps. Care gaps typically indicate more information or action may be needed to help patients when they have a condition such as diabetes or heart disease.

- Share patient vitals like blood pressure, height, weight, BMI, and more. The data can identify at-risk patients and help reduce severity of systemic disease. This can help when a patient attends routine eye or dental exams – but does not schedule regular medical check-ups.

Check out the enhancements to Patient Health History and see how it will positively affect your patients' care and your practice at **www.Availity.com**.

HOW TO SUBMIT UNICARE TELEDENTISTRY CLAIMS

Will UniCare honor dental care through teledentistry? Yes

Many dental providers already use teledentistry for different types of dental care, including routine preventive services, assessing restorative care like fillings and crowns, and it is especially effective for emergency care and consultations.

- Teledentistry, including online and mobile-phone enabled care, is eligible for coverage.

- Mobile options such as employer-sponsored near-site and onsite visits are also eligible.

- For coverage to apply, services must be covered under the members' dental plan. Members should call the number on the back of their ID card for assistance or access **www.unicare.com** and select "Contact Us".

Teledentistry claims should include the appropriate procedure codes; i.e. D0140, D0170, etc., along with the teledentistry codes; i.e. D9995 or D9996. The claim can also include the place of service code (02 - Telehealth – the location where health services and health related services are provided or received, through telecommunication technology) in block 38 (Place of Treatment) of the claim form.

With the use of teledentistry procedure codes, block 56 of the claim form should include the provider's practice location and the guidance in the ADA's "D9995 and D9996 – ADA Guide to Understanding and Documenting Teledentistry Events" now makes this clear in the updated direction under question 31 on page 9 as follows:

> 56. Address, City, State, Zip Code: **For teledentistry encounters the treatment location is the dentist's practice location, not the patient's location. Must be a street address, not a Post Office Box.**

For more guidance, you can review the ADA policy on teledentistry or the ADA COVID-19 Coding and Billing Guidance.

AN IMPORTANT NOTE

Offices are expected to submit claims as if the services are being performed in the participating dentist office. Offices should continue to list the treating location as their dental office even though the member may be at home. **Even if the dentist is at home, please submit your office location that is participating to ensure claims process as in-network at the contracted rate.**

Teledentistry codes will be denied and are used for reporting purposes only, but all other codes that can be done offsite like "D0140 – Problem focus exam" will pay according to the contracted rate at the participating treating location's schedule.

IMPROVE YOUR CASH FLOW

Our objective is to process your claims in an accurate and timely manner. Claims received electronically offer many benefits, including:
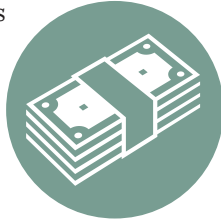
1. Faster payment

2. First pass payment accuracy

3. Faster issue detection, resulting in faster claims payment

4. Fewer opportunities for human error in the data entry process, and

5. Lower your costs for print and mailing of the claims submission process and remittance advice.

Resources are available to your practice to submit your claims electronically:

1. Enter your claims directly into the Availity portal for free.

2. Use an electronic claims clearinghouse to send claims from your practice management system.

More information is available at **www.Availity.com**.

IMPORTANT UPDATE FOR YOUR OFFICE

It's important to remember to submit pre-estimates for any service over $300. Pre-determination improves communication between your office and our office and between you and your patients, especially when procedure costs are involved. Obtaining pre-estimates and submitting clinical x-rays electronically facilitates enhanced visual clarity and speeds up access. This helps us get back to your office faster. You'll see more information on this in the coming months.

CLAIMS TRAINING AVAILABLE

Successful claims payment depends on a firm handshake between your practice and UniCare Dental. Free webinars are available, which outline the basics of claims submission and our specific requirements. The webinars are available in a free e-learning format by visiting **https://www.anthem.com/microsites/accfp-training/accfp-training.html**

WHAT'S NEW

## PLEASE DO NOT SEND UNICARE ORIGINAL DOCUMENTS

Some procedures require supporting documentation such as X-rays or periodontal pocket probing charts to help the plan consultants determine whether the treatment is covered under the patient's benefit plan. Effective 07/01/20 UniCare will no longer mail back X-rays. If original X-rays are submitted and must be returned to your office, you must include a self-addressed envelope along with the phrase "Please Return X-rays" written on the claim form. Contact Customer Service using the phone number listed on the back of the member's ID card.

Attaching Documents to Claim Submissions:
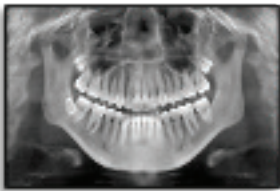
- Mark X-rays with Left and Right
- Mark any X-ray copy with the name and address of the submitting office.
- Mark X-ray copy with the patient's name and date of birth (DOB).
- Mark X-rays with date it was taken.

Preferred Submission Method - National Electronic Attachment (NEA):
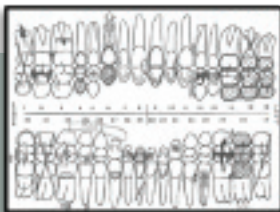
- Digital Submission are highly encouraged due to increased clarity and availability of the images
- You can create an account with NEA and utilize their FastAttach services **http://nea-fast.com/**
- Include the NEA number on claim

CHECKLIST FOR SUBMITTING PAPER OR ELECTRONIC CLAIMS

To ensure timely claims payment, use the following checklist as a guide for submitting paper or electronic claims. Please check the information you are providing for completeness and accuracy.

- State-issued Dentist License Number as provided on your paper copy provided by the State Dental Board
- Tax Identification Number (TIN)
- Providers Individual Type 1 National Provider Identifier (NPI) Number
- Patient's birth date
- Patient's relationship to the member
- Member's birth date
- Member's identification number or Social Security Number (SSN)
- Member's/patient's signature
- Current ADA procedure code(s)
- Fee for treatment (ensure fee is legible and not a blank or negative number)
- Treatment date(s)
- Tooth number, surface, and quadrant if applicable
- Dentist's signature
- Other Coverage (Yes or No)? If yes, include additional information regarding other carrier.
- Information regarding whether this is an initial placement of prosthesis. If No, then list date of prior placement.

EFT/ERA ENHANCEMENTS

UniCare has some great news for dental providers. We're focused on improving the process to make it easier for provider offices to enroll in, receive, and reconcile the electronic transactions that dental providers receive from UniCare. These changes are live and will impact both EFT (electronic fund transfer) and ERA (electronic remittance advice) transactions. If you have tried our UniCare dental EFT and ERA process in the past and were disappointed, we believe our efforts to improve your experience will be demonstrated through these enhancements. If you have not tried electronic transactions before, now is the perfect time to see what UniCare can do to support your office in this exciting area.

Availity web portal – Get access through the new dental provider web portal to view benefits and eligibility. To register, visit **www.availity.com/dental-providers**. For registration assistance, Call Availity Client Services at **1-800-AVAILITY (282-4548)**.

QUICK REFERENCE GUIDE

If you need help with...	For Prime and Complete	For All Other Products
Paper Claims Address	Please review the back of the member's ID card to determine the appropriate dental claims mailing address. (Address varies by group.) In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim.	Please review the back of the member's ID card to determine the appropriate dental claims mailing address. (Address varies by group.) In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim.
Electronic Claims	Follow current process or contact your clearinghouse	Follow current process or contact your clearinghouse
Customer Service #s	See back of patient's ID card	(800) 627-0004
Grievance/Appeals	Attn: Dental Claims Appeals and Grievances P.O. Box 1122 Minneapolis, MN 55440	Appeals: First Level Appeals Review P.O. Box 659471 San Antonio, TX 78265
Professional Services	(866) 947-9398	(866) 947-9398
Language Assistance Program	See back of patient's ID card	(800) 627-0004

DR. K'S CORNER

Dr. Mark Kahn, Dental Director has a wealth of clinical and insurance experience, including provider relations and detecting and preventing medical waste, fraud and abuse.

CERAMIC/PORCELAIN RESTORATIONS

In 2000, the CDT Code was designated by the federal government as the national terminology for reporting dental services on claims submitted to third party payers, in accordance with authority granted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The Current Dental Terminology (CDT) 2020 has been designated as the national standard for reporting dental procedures by the Federal Government under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is recognized by third-party payers nation-wide. To that end, the code is not open to interpretation and serves as the basic guide when administering dental claims.

It is UniCare's position that a dental office may not charge a member for a "process" (such as sterilization) that is required by state and federal regulation or for "materials used (such as valplast, Captek, Lava, Zirconica, BruxZir, BioPure, etc.)".

The following CDT codes are utilized for all indirect ceramic/porcelain restorations: D2610, D2620, D2630, D2642, D2643, D2644, D2740, D2783, D2912, D6058, D6065, D6068, D6075, D6245, D6548, D6600, D6601, D6608, D6609, D6740, and D6783.

Regardless of the type or brand of porcelain utilized, these are the appropriate codes. There are no upgrades for porcelain brands including but limited not to Zirconia, Bruxzir, E-Max, LAVA, Cerec, or any other CAD-CAM manufactured porcelain crown.

APPROPRIATE USE OF ANTIBIOTICS

Antibiotic resistance is a public health concern. Minimizing exposure to antibiotics through judicious prescribing is a key strategy to combat resistance. Dentists play an important role in appropriate antibiotics prescribing with a reported 10 percent of antibiotics courses prescribed by dentists.[1]

Results of a recently published study suggest many of those antibiotic prescriptions could be avoided. The study concluded that 80 percent of dental prophylactic prescribing is unnecessary, highlighting an opportunity to reduce dental antibiotic exposure.[2]

Recommendations for prescribing prophylactic antibiotics prior to dental procedures have been revised over the years with fewer indications for prophylaxis now recommended. Based on current guidelines prophylactic antibiotics are not generally recommended prior to dental procedures for the prevention of prosthetic join infection. Consultation with the orthopedic surgeon is recommended in high-risk cases where antibiotics are being considered.[3]

A summary of antibiotic prophylaxis prior to dental procedures is available through the ADA: **www.ada.org/en/member-center/oral-health-topics/antibiotic-prophylaxis**

1 Hicks LA, Bartoces MG, Roberts RM, et al. US outpatient antibiotic prescribing variation according to geography, patient population, and provider specialty in 2011. *Clin Infect Dis.* 2015;60(9):1308-1316
2 Suda KJ, Calip GS, Zhou J, et al. Assessment of the appropriateness of antibiotic prescriptions for infection prophylaxis before dental procedures, 2011 to 2015. *JAMA Network Open.* 2019;2:e193909
3 Sollecito T, Abt E, Lockhart P, et al. The use of prophylactic antibiotics prior to dental procedures in patients with prosthetic joints: Evidence-based clinical practice guideline for dental practitioners — a report of the American Dental Association Council on Scientific Affairs. *JADA.* 2015;146(1):11-16.

DID YOU KNOW?

UNICARE DENTAL LANGUAGE ASSISTANCE PROGRAM FOR YOUR OFFICE

NO INTERPRETER? NO PROBLEM!

UniCare wants you to be able to communicate with your UniCare dental patients clearly and accurately.

- It's easy
- It's free
- No advance notice required
- All languages

To utilize UniCare language assistance services, contact us at the phone number listed on the members' identification card.

When you call, please be prepared to give the representative the UniCare dental patient's identification number for eligibility verification, as well as your dental practice name and tax identification number. Upon verification of eligibility, the appropriate translator will be obtained and you will be connected to the "language line" for telephonic interpretation.

OPIOID PRESCRIPTION UPDATE

Over the past two years, opioid prescribing by network dentists is down over 20 percent while NSAID prescribing is up 19 percent. However, there is still work to do with national overdose rates yet to decline. The CDC reports that while overdose death rates from prescription opioids were stable from 2016 to 2017, overall fatal opioid overdose rates, driven by illicit synthetic opioids, increased 12 percent.[1]

Minimizing prescription opioid exposure continues to be a key strategy for prevention of addiction and overdose. Dentists have a significant role in ensuring appropriate prescription opioids use, particularly in adolescents.

Opioid prescribing for adolescents age 16-25 by dental clinicians has been associated with a future risk of an opioid abuse-related diagnosis.[2] In 2018, more than 30 percent of opioid prescriptions filled by adolescent UniCare pharmacy members were prescribed by a dental clinician.

The ADA recommends dentists consider nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.[3] If opioids are clinically warranted, start with the lowest dose and shortest duration needed.

To provide perspective on opioid prescribing–including how it aligns with peers in similar specialties– UniCare is sending an Opioid Prescribing Profile to identified prescribers in our dental network. The profile will include a summary of their opioid prescription volume and performance on prescribing metrics. Individual results will not be shared. The profile is informational only and will not affect provider participation or reimbursement.

1 Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and Opioid-Involved Overdose Deaths — United States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;67:1419–1427. DOI: http://dx.doi.org/10.15585/mmwr.mm675152e1.

2 Schroeder AR, et al. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med. 2019;179(2):145-152.

3 American Dental Association. Statement on the Use of Opioids in the Treatment of Dental Pain(2016). (Available at https://www.ada.org/en/advocacy/current-policies/substance-use-disorders) (Accessed March 2019)

UNICARE®

ARE YOU PROPERLY LISTED IN OUR DIRECTORY?

See inside for more information.

REMINDERS

MISROUTED PHI

Dental providers and facilities are required to review all member's information received from UniCare to ensure no misrouted PHI (Protected Health Information) is included. Misrouted PHI includes information about members that a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax, email, or electronic remittance.

Dental providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard

misrouted PHI, providers and facilities must contact Customer Service or call the number listed on the documentation received to report receipt of misrouted PHI.

Dental providers and facilities should review claims and documents carefully before submitting for payment to ensure that the member ID and name listed on the claim is accurate. Taking these additional steps will help eliminate explanation of benefits being sent to the wrong member and prevent HIPAA violations.