

To: AmeriHealth Caritas DC Dental Provider Network
From: Dental Med Management Team
Date: 6/16/2020
Subject: **Updates to Dental Provider Manual**

Summary: The Dental Department of AmeriHealth Caritas District of Columbia routinely monitors claims submission patterns and appropriateness of clinical care standards to monitor the quality and appropriateness of the care our enrollees receive. Through this monitoring process, we have detected unusual and inappropriate claims submissions across the dental network. As a result of our review the following modifications to the claims submission process requirements will be implemented August 1, 2020.

D0140 - Limited Oral Exam.

Finding: This Code has been used inappropriately with planned treatment and in situations where the problem has already been diagnosed.

Impact: Not reimbursable on the same day as D0120, D0140, D0145, D0150, D0160, D0170 or D0180. Allowed only with emergency treatment. Not allowed with routine treatment. One of (D0140) per six month(s) per provider or location.

D0170 – Re-Evaluation, Limited, Problem Focused.

Finding: This Code has been used inappropriately as a follow up code for post-operative care in conjunction with procedures where post-operative care would be included in the initial reimbursement.

Impact: The submission of D0170 for the Re-Evaluation, Limited, Problem Focused will require Pre-Authorization.

D0470 – Diagnostic Casts.

Finding: This Code has been used inappropriately in conjunction with limited problem focused exams and in conjunction with procedures where diagnostic casts would be included in the initial reimbursement.

Impact: The submission of D0470 for Diagnostic Casts will require Pre-Authorization.

D1208 – Topical Application of Fluoride.

Finding: This Code has been used inappropriately without any associated hygiene visit. Topical Fluoride is effective after appropriate therapeutic hygiene visits, as opposed to D1206 Fluoride Varnish which is effective without associated hygiene procedures.

Impact: The submission of D1208 for Topical Application of Fluoride will require an associated hygiene code (D1110, D1120, and D4910) on the same date of service.

D1351 – Sealants.

Finding: This Code has been used inappropriately on teeth where the Occlusal surface has previously been restored.

Impact: The submission of D1351 for Sealants will be limited to the Occlusal surface of unrestored permanent molars.

D2930 - Prefabricated stainless steel crown— primary tooth.

Impact: One of D2930 or D2934 per 60 month(s) per patient per tooth.

D2934- Prefabricated esthetic coated stainless steel crown — primary tooth.

Impact: Limited to anterior teeth. One of D2930 or D2934 per 60 month(s) per patient per tooth.

D2950, D2952, D2954 - Core Build-Up and Post and Core.

Finding: Restorative fillings are expected to last for at least a 9 month period. Providers are billing for a restorative filling and then within a 9 month period billing for a core procedure on the same tooth.

Impact: The submission of D2950, D2952, D2954 within 9 months of D2140-D2161, D2330-D2335, D2391-D2394 will cause the prior restoration fee to be recouped.

D4341 and D432 – Periodontal Scaling and Root Planing.

Finding: This Code has been used inappropriately on the same date of service as initial therapy.

Impact: The submission of D4341 and D4342 for Periodontal Scaling and Root Planing will be limited to ages 18+ and not allowed within one week of initial therapy (D1110, D4346, D4355).

D4346 - Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation.

Finding: Due to review of claims submission and effective immediately, D4346 will be limited to ages 18+.

Impact: The submission of D4346 for Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation will be limited to ages 18+.

D4910 - Periodontal Maintenance.

Finding: This Code has been used inappropriately on patients with no prior periodontal therapy.

Impact: The submission of D4910 for Periodontal Maintenance will be limited to ages 18+ and require a prior history of Periodontal Therapy. D1110 and D4910 will not be allowed within 3 months of each other.

D7510 - Incision and drainage of abscess — intraoral soft tissue

Findings: This Code has been used inappropriately with restorative procedures.

Impact: Not allowed on same day as extraction. Pre-operative radiographs and narrative of medical necessity.

D7970 - Excision of hyperplastic tissue — per arch

Findings: This Code has been used inappropriately for reimbursement of laser assisted periodontal therapy.

Impact: Requires pre-authorization and narrative of medical necessity.

D9110 – Palliative (Emergency) Treatment of Dental Pain.

Finding: This Code has been used inappropriately for prescriptions and in conjunction with restorative treatment for additional reimbursement. The CDT reports this as a minor procedure. Prescription writing is not a procedure.

Impact: The submission of D9110 for Palliative (Emergency) Treatment of Dental Pain will require a narrative and be limited to once every six months.

D9230 – Analgesia, Anxiolysis, Inhalation of Nitrous Oxide.

Finding: This Code has been used inappropriately without any associated treatment completed on the same date of service.

Impact: The submission of D9230 for Analgesia, Anxiolysis, and Inhalation of Nitrous Oxide will require an associated treatment code billed on the same date of service.

D9310 - Consultation — diagnostic service provided by dentist or physician other than requesting dentist or physician

Finding: This Code has been used inappropriately in conjunction with return procedures to complete multi-step procedures and for referrals to other General Dentist within one location. It should only be used in the case of a specialist who has received a referral from a General Dentist to evaluate and make determinations within the scope of the specialist's expertise and practice.

Impact: General Dentists will not be reimbursed for D9310. The Code is for the purpose of a referral for specialist services.

D9944/ D9945/ D9946 – Occlusal Guard, by Report.

Finding: This Code has been used inappropriately on primary dentition and prior to comprehensive restorative treatment.

Impact: The submission of D9944/ D9945/ D9946 for Occlusal Guard, by Report will require Pre-Authorization.

D9951 and D9952 – Occlusal Adjustment Limited/Complete.

Finding: D9951 and D9952 have been used inappropriately in conjunction with procedures where occlusal adjustment would be included in the initial reimbursement.

Impact: The submission of D9951 and D9952 for Occlusal Adjustment Limited/Complete will require Pre-Authorization.

Primary Tooth Exfoliation/ Permanent Tooth Eruption and Restorative Procedures

Finding: There have been claims submitted with a claims history of a restoration relative to an extraction or relative to the normal exfoliation period of Deciduous teeth. Additionally, claims have been submitted on Permanent teeth close to their eruption date.

Impact: For teeth A-T having a restorative and extraction claim with a date of service in 90 days or less of the restoration date will have the restorative fee recouped.

If you have questions about this communication, please contact Dental Provider Services at 1-855-609-5170, option 5.