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Dental Dispatch

News and information for network providers

Reminders

Where Can I Find Newsletters?

The Dental Dispatch is available for network providers in the Anthem Blue Cross (Anthem) dental network. You can find current and previous newsletter issues at www.anthem.com/ca/provider/dental.

Emails for Your Office

Watch your email box for periodic email updates from our provider networks team. To be sure your staff receives all updates and notifications, make sure our email address donotreply-providercomm@email.anthem.com is marked as a safe sender on your email list.

New EFT enrollment hub brings process enhancements and benefits to your office

To ensure compliance with a federal mandate—and to introduce improved processing efficiencies and controls—we made enhancements to our electronic funds transfer (EFT) enrollment and processing systems. We upgraded the system to make the easy-to-use portal a one-stop website. It's available to all in-network dental providers.

Highlights include:

- New EFT enrollment hub, EnrollSafe, brings process enhancements and benefits to providers—at no cost
- Single point-of-contact for all online provider registrations for initial electronic funds transfer (EFT) setup enrollment and any subsequent EFT setup maintenance needs
- Simplified enrollment process to improve turn-around time setup of EFT payments
- Significant improvement to fraud controls to further mitigate risks related to fraudulent payment transactions, including the use of real-time account verification

- Dedicated resources to support:
 - Provider provisioning and enrollment setup/verification process
 - Bank account verification, including banking connectivity testing and validation
 - Compliance processes, ensuring full compliance with regulatory mandates
- Operational controls with industry best practices
- Customer Service support, available 24/7
- Best-in-class security around provider-submitted EFT enrollment data

To learn more, view the [full announcement and FAQ](#).

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.

Commonly Misunderstood or Misused CDT Codes for Restorative Procedure - Miscoding of Zirconia Crowns

The American Dental Association (ADA) has addressed the issue of proper coding of zirconia crowns.

- A zirconia crown is made from zirconium dioxide, a durable material that's related (key word 'related') to titanium, although it's categorized as a type of ceramic crown.
- According to the ADA guidance:

Q: What procedure code should I report for a porcelain fused to a zirconium substrate crown?

A: This question contains a commonly made error, using the word zirconium when describing the crown's material. Dental crowns use zirconia, which is an oxide and considered chemically to be a ceramic. The applicable procedure code is D2740 crown-porcelain/ceramic.

Therefore, in the administration of benefits relative to the procedure code submitted, we follow the ADA CDT Coding and guidance:

The method of fabrication is not a consideration in code selection.

The component/brand name porcelain is not to be considered in code selection.

Restorative Services/Desensitization D9910 and D9911

According to CDT descriptors for procedure codes D9910 and D9911, application of desensitizing medicament, the use of D9911 or 9910 in conjunction with restorative services is not appropriate. As defined by CDT:

- D9911 application of desensitizing resin for cervical and/or root surface per tooth is the application of adhesive resin. This code is not to be used for bases, liners, or adhesives under restorations.
- The use of D9910 application of desensitizing medicament is in office treatment for root sensitivity. This code is not to be used for bases, liners, or adhesives under restorations.

Consolidated Appropriations Act (CAA) Provider Directory Federal Mandate – Provider Directories Effective 1/1/2022

As required by the Consolidated Appropriate Act (CAA) and several state laws, we must ensure our Provider Directories are accurate. Your patients—our members—need the most up to date information to reach you. Please keep us informed of any changes impacting you or your office, especially those changes impacting the directory. We will reach out to our contracted providers as required by Federal and State laws to verify contact information. As a contracted provider, you must respond to the notification by providing updated contact information. We appreciate your due diligence in keeping us informed of any changes impacting you or your office. Working together, we ensure your patients—our members—can reach you quickly while we meet our compliance obligations.

Health Watch

Opioid Prescriptions Update

Opioid pain relievers are commonly prescribed following surgery or injury, or for health conditions such as cancer or for pain conditions such as toothache and pain associated with an abscess. While opioids can be effective treatment for managing chronic pain and other conditions when properly administered, they carry significant risk when misused or abused.

Regular monitoring and identification of early risk factors is critical to recognizing patients who are most at-risk for prescription drug abuse issues and those who need treatment. Commitment across the healthcare industry is needed to effectively fight prescription opioid abuse.

What you can do:

Dentists have a significant role in ensuring appropriate prescription opioids use.

The American Dental Association has adopted two statements addressing opioid prescribing: **Statement on the Use of Opioids in the Treatment of Dental Pain**¹ and **Statement on Provision of Dental Treatment for Patients with Substance Use Disorders**.² These statements outline opioid management considerations including the importance of:

- Registering with and utilizing prescription drug monitoring program
- Discussions with patients regarding their responsibilities for preventing misuse, abuse, storage and disposal of prescription opioids
- Consideration of nonsteroidal anti-inflammatory analgesics as the first-line therapy for acute pain management.
- Consideration of coordination with other treating doctors, including pain specialists when prescribing opioids for management of chronic orofacial pain.
- Encouragement to seek consultation with the patient's physician, when the patient has a history of alcoholism or other substance use disorder.

The Centers for Disease Control and Prevention (CDC) notes that Prescription Drug Monitoring Programs (PDMPs) are among the most promising interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.³ What you need to know:

- Enroll in your local PDMPs.
- A PDMP allows providers to identify situations in which they should not be prescribing a controlled substance to a patient. This enables dentists to move towards better medication adherence and helps to curb the prescription drug abuse epidemic.

¹ American Dental Association. Statement on the use of opioids in the treatment of dental pain. Available at: <http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/statement-on-opioids-dental-pain> (Accessed June 2021).

² American Dental Association. Statement on Provision of Dental Treatment for Patients with Substance Use Disorders. (Available at: <http://www.ada.org/en/about-the-ada/ada-positions-policies-and-statements/provision-of-dental-treatment-for-patients-with-substance-abuse>) (Accessed June 2021).

³ Centers for Disease Control and Prevention, Prescription Drug Monitoring Programs (PDMPs) What States Need to Know (May 29, 2021), <https://www.cdc.gov/drugoverdose/pdmp/index.html>; Centers for Disease Control and Prevention, Prescription Drug Monitoring Programs (PDMPs) What Healthcare Providers Need to Know (February 12, 2021), <https://www.cdc.gov/opioids/providers/pdmps.html>



Health Watch

ATTENTION Dental Net and SelectHMO Participating Providers: Member Encounter Data

As a part of the Dental HMO Quality Assurance Program, your dental office has agreed to participate in the Dental Quality Assurance Program and to provide Anthem with member encounter data.

The encounter data that Anthem receives from your office is utilized to monitor the level of services our network is providing our members, your patients, as well as to identify problem areas in the network. Encounter data is also utilized to provide your office **additional per patient visit and procedure specific supplemental compensation** according to most of the plan designs.

As a reminder, there are three acceptable methods for your office to submit encounter data to Anthem:

- Anthem supplied Patient Visit Record (PVR)
- ADA claim form stamped "Encounter" in red
- Automated dental practice management report

California SB137 – Health Care Coverage: Provider Directories

Please be aware, as required by the State of California, Anthem and our affiliates must follow regulated procedures that are outlined in SB137 to maintain accurate provider directories. Our responsibility is to provide accurate dental directories to our members. For more information about SB137 and directory accuracy, please review the article within past newsletters on our website at www.anthem.com/ca/provider/dental.



Did you know

Timely Access regulation and Language Assistance program

Anthem Blue Cross is committed to keeping you, our network partners, updated on our activities related to our compliance with the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI) Timely Access to Non-Emergency Health Care Services Regulations (the “Timely Access Regulations”), respectively. Anthem maintains policies, procedures, and systems necessary to ensure compliance with the Timely Access Regulations, including access to non-emergency health care services within prescribed timeframes (also referred to as the “time elapsed standards” or “appointment wait times”). Anthem can only achieve this compliance with the help of our provider network partners, you!

The following chart includes the access standards that providers are required to meet.

Access Standards for Dental Professionals

Access to	Standard
Non-urgent appointments for Primary Dental Care (PCP)	Must offer the appointment within 21 business days of the request
Urgent Care appointments (defined as severe pain, loss of life, limb, or major bodily function)	Must offer the appointment within 72 hours of request
Initial visits of dental examinations and X-rays for Primary Dental Care (PCP)	Must offer the appointment within 21 business days of the request
Hygiene visits for Primary Dental Care (PCP)	Must offer the appointment within 40 business days of the request
In-office waiting room time	Usually members do not wait longer than 15 minutes to see a dentist or his/her designee
After hours care (when dental office is closed)	Member to reach a recorded answering machine message or live answering service voice response providing instructions on how you can obtain urgent or emergency care including, when applicable, how to contact another dentist who has agreed to be on-call to triage or screen by phone, or if needed, deliver urgent or emergency care.
Emergency appointments (defined as a dental condition that exhibits unresolved pain, excessive bleeding, or swelling below the jaw)	Emergency appointments need to be available as necessitated by the patient's condition requiring the dentist be on call to assess patient's needs and determine appropriate appointment scheduling. By contract, Participating Providers are required to be available 24 hours a day, 7 days a week for emergencies and are required to provide an after-hours answering system, which could consist of an answering service, a recording device, a pager system and to return of call to the member within two hours to assess the nature of the emergency.

Continued

Did you know

The Timely Access Regulations have provided exceptions to the time-elapsed standards to address these situations:

Extending appointment wait time: The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.

The following chart includes the access standards Anthem Blue Cross is required to meet.

Access to	Standard
Member Services by telephone. Access to Member Service to obtain information about how to access clinical care and how to resolve problems (this is a plan responsibility and not a physician responsibility)	Reach a live person within 10 minutes during normal business hours

If you have further questions, please contact us at **866-947-9398**.

For patients with Department of Managed Health Care regulated health plans:

If you or your patients are unable to obtain a timely referral to an appropriate provider or for additional information about the regulations, visit the Department of Managed Health Care's website at www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx or call **888-466-2219** for assistance.

For patients with California Department of Insurance regulated health plans:

If you or your patients are unable to obtain a timely referral to an appropriate provider or for additional information about the regulations, visit the Department of Insurance's website at www.insurance.ca.gov or call **800-927-4357** for assistance.

Language Assistance program

Anthem offers members free language assistance services through interpreters and other written languages. If you or the member are interested in these services, please call the Anthem Member Services number on the member's ID card for help (TTY/TDD: 711). For more information, refer to our **Anthem Dental Language Assistance Program for your office** article in this newsletter.

We hope this clarifies Anthem's expectations and your obligations regarding compliance with the *Timely Access Regulations*. Our goal is to work with our providers to successfully meet the expectations for the requirements with the least amount of difficulty and member abrasion.

Did you know

Anthem Dental Language Assistance program for your office

No interpreter? No problem.

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

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

To utilize the Anthem language assistance services, contact us toll-free, at **800-627-0004** between 8:00 a.m. and 5:00 p.m. Monday through Friday or contact us at the phone number listed on the member's identification card.

When you call, please be prepared to give the representative the Anthem dental patient's identification number for eligibility verification, and 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.

Please remember, in accordance with the California Language Assistance Program (CALAP), you must notify Anthem dental patients of the availability of the health plan interpreter services. You must also document a patient's refusal of any needed interpreter services in his or her patient chart.

Please refer to the Anthem Provider Manual for additional information on the Language Assistance Program, www.anthem.com/ca/provider/dental.

In accordance with the California Language Assistance Program (CALAP), you must notify Anthem dental patients of the availability of health plan interpreter services. You must also document a patient's refusal of any needed interpreter services in his or her patient chart.

Please refer to the Anthem Dental Provider Resource page or the Anthem Provider Manual for additional information on the Language Assistance Program, at www.anthem.com/ca/dentalproviders.



Misrouted PHI

Dental providers and facilities are required to review all member's information received from Anthem 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.

Quick Reference Guide

If you need help with...	Prime & Complete	All Other Dental 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 or call 877-567-1804	See back of patient's ID card
Grievance/Appeals <i>*Sending to a P.O. Box different than the following may result in a delay in your appeal.</i>	Attn: Dental Claims Appeals and Grievances P.O. Box 1122 Minneapolis, MN 55440	Anthem Blue Cross Attn: Corporate Appeals Dept. 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

