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Doral Makes Changes to Procedures for Prior Authorization Requests

Every day, Doral's Utilization Management Department receives hundreds of requests via phone calls, faxes, e-mails and Web site posts to update existing prior authorization requests that were denied due to:

- The beneficiary is ineligible;
- The services were previously approved to a different provider;
- The required documentation was missing from the original request (and the office wants to submit additional information without a new authorization form); or
- The original request did not support medical necessity for approval (and the office wants to submit additional information without submitting a new authorization form).

Approving denied requests for prior authorization without receiving a new, completed authorization request form causes problems with tracking accurate turn-around-times for determining these requests. In addition, overturning these denials leads to problems with beneficiary denial letters and, as a result, can impact a beneficiary's appeal rights.

Effective March 1, 2009, Doral's Utilization Management Department is not updating previously denied authorizations. To overturn a denied request for authorization, providers must resubmit a completed authorization form with all required documentation.

We understand that this is a significant change; however, as Doral has grown and our business needs have changed, it is no longer possible to update previously denied authorizations in a timely manner without causing significant problems for multiple departments, resulting in claims processing errors. Most dentists know that requiring resubmission of a complete authorization form for previously denied services is the standard of practice in the insurance industry.

Please note that this new requirement does not apply to requests for authorization that are in a "pending" status. These are requests that have been returned to the provider because additional information is needed (X-rays requested, narrative requested, etc.). This new requirement applies only to requests for authorization that have been denied.



DENTAL DIRECTOR'S CORNER

By Dr. James Thommes, Senior Dental Director

In a recent newsletter, I discussed Doral's view of the preventive resin restoration as it relates to the appropriate billing of Code D1351 as opposed to the use of Code D2391. I appreciate your response on this issue.

As an adjunct to common billing issues, I would like to discuss the appropriate use of surface billing. We all learned in dental school that each tooth has five surfaces; mesial, distal, lingual, facial (buccal), and occlusal or incisal, depending on the tooth. We all also know that the line angles defining those surfaces are not well defined in many cases. However, we all have a pretty good idea where one surface begins and another ends.

In our Utilization Review department, we often compare procedures on a per 100 patient basis. This data shows how a particular provider's utilization of a particular code relates to the remaining providers in their geographic area. We will also utilize standard deviation reports, on a code by code basis, to identify potential outliers. With this information we will consider the possibility of a desk top audit.

With the surface issue in mind, we occasionally find providers who feel simply touching or heading in the direction of a surface justifies inclusion of that surface in their coding for that tooth. We feel this is a blatant attempt at gaining reimbursement by upcoding to a larger restoration. We do concede that the line angles are often ill-defined, but when a dentist varies greatly from his or her peers on the same population, it is hard to accept the necessity of the additional surfaces on a vast majority of teeth treated. This issue is not one of billing for expected surfaces, such as a MO, DO or a MOD restoration, or even the OL surfaces on maxillary molars or the OB surfaces on mandibular molars, but the more unique surface/tooth combinations. We see many cases, which give us interest, such as the billing for OBL surfaces on bicuspid and molars. While it may occur, especially on primary teeth, it is not the norm for the lingual extension to occur on mandibular molars or the buccal extension on maxillary molars. When we see the consistent billing of the OBL, OB or OL surfaces on bicuspid, we are apt to look deeper into the doctor's billing patterns.

We do accept that each patient provides the practicing dentist with many unique issues. However, when we see constant and continual use of surface/tooth combinations that do not seem within the norm, it is our responsibility to verify the appropriateness of the billing. Our findings may be benign or may result in recoupment of funds, further audits, termination from the network or turning the case over to the appropriate plan or state departments.

As always our goal is to appropriately administer authorizations and claims and verify that the money allocated for these programs is appropriately distributed. We welcome comments on our processes.

Introducing the Illinois Dental Champions Program

Doral Dental Services of Illinois, LLC (Doral) is happy to introduce the Dental Champions Program to our Illinois providers. The Dental Champions Program is designed to improve Doral's recruitment efforts in enrolling nonparticipating providers, to encourage increased participation among enrolled providers, and to help implement best practice strategies to improve access and oral health outcomes.

Doral has identified an enrolled dentist in each of the seven Oral Health Regions (Table 1) in Illinois to be that region's "Dental Champion." The "Lead" Dental Champion is Henry Lotsof, DDS, Doral's Illinois Dental Director. All of the Dental Champions are active providers in the HFS Dental Program, have demonstrated their commitment to improving the oral health of the beneficiaries in their communities, and are willing to assist Doral and HFS in improving access to dental care in their respective Oral Health Regions.

The current Dental Champions are:

IL Oral Health Region	Dental Champion	Contact Number
Lead Dental Champion	Dr. Henry Lotsof	1-773-334-3555
Chicago	Dr. Leo Morton	1-847-299-1095
West Chicago	Dr. Bhupendra Mody	1-630-499-5555
Rockford	Dr. Jason Grinter	1-815-484-8678
Peoria	Dr. Clifford Brown	1-309-692-6435
Champaign	Dr. James Wahl	1-217-531-4280
Edwardsville	Dr. Eric Berla	1-618-939-7676
Marion	Dr. Dwayne Summers	1-618-453-7213

The Dental Champions Program recognizes that provider participation differs within each of the Oral Health Regions. These differences may be due to a variety of factors, but the Dental Champions are helping to develop region-specific materials to help increase provider participation and improve recruitment efforts. During the past year, the Dental Champions activities have included the following:

- Speaking to dental colleagues at a local journal club;
- Calling a dentist who is providing services to HFS Dental Program beneficiaries at no charge;
- Facilitating a referral relationship between a general dentist and an oral surgeon in the same community;
- Attending local organized dentistry meetings to speak one-on-one with colleagues;
- Attending continuing education programs to speak one-on-one with colleagues;
- Presenting an overview of the HFS Dental Program at various professional meetings.



The Dental Champions are available to attend professional events and speak about the HFS Dental Program. They are also happy to speak one-on-one with dentists who may be interested in participating, but want to speak to a dentist who is experienced in the program. Feel free to contact the Dental Champion in your region, or you may call your Doral Illinois Provider Representative to relay information. The Illinois Provider Representatives are:

Nick Barnette

E-mail: ndbarnette@doralusa.com

Toll-free: 800.710.2629

Kelly Pulliam

E-mail: klpulliam@doralusa.com

Toll-free: 866.585.2920

Each of the Dental Champions deserves a special “thank you” and a round of applause for their efforts over the past year. Doral looks forward to keeping you informed on this program and its future accomplishments.

Table 1

IL Oral Health Regions	County(ies)
Chicago	Cook
West Chicago	DuPage, Grundy, Kane, Kankakee, Kendall, Lake, McHenry, Will
Rockford	Boone, Carroll, DeKalb, JoDaviess, Lee, Ogle, Stephenson, Whiteside, Winnebago
Peoria	Adams, Brown, Bureau, Cass, Fulton, Hancock, Henderson, Henry, Knox, La Salle, Logan, Marshall, Mason, McDonough, Menard, Mercer, Peoria, Putnam, Rock Island, Schuyler, Stark, Tazewell, Warren, Woodford
Champaign	Champaign, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Iroquois, Livingston, Macon, McLean, Moultrie, Piatt, Shelby, Vermilion
Edwardsville	Bond, Calhoun, Christian, Clinton, Greene, Jersey, Macoupin, Madison, Monroe, Montgomery, Morgan, Pike, Randolph, Sangamon, Scott, St. Clair, Washington
Marion	Alexander, Clay, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Marion, Massac, Perry, Pope, Pulaski, Richland, Saline, Union, Wabash, Wayne, White, Williamson

Doral's Outreach Programs

Doral is so much more than a dental program administrator!

Protecting and improving the oral health of children is one of Doral's and HFS' highest priorities for the HFS Dental Program.

Doral's Outreach Department is continually working to create and implement innovative approaches to educate children and families covered by the HFS Dental Program. To ensure the effectiveness of these programs, Doral works closely with public health departments, medical and social service professionals, and advocacy groups throughout the state. These partnerships assist Doral in providing effective oral health education, disseminating information about the HFS Dental Program, and increasing access to underserved areas in the state.

In 2008, Doral attended over 20 events and directly interacted with over 2,300 program beneficiaries. We hope to increase these numbers in 2009!

In addition to beneficiary outreach events, Doral's Outreach Coordinator, Krista Smothers, is an active participant in state advocacy groups and organizations. Upon request, and as her schedule allows, Krista participates in community planning committees to focus on increasing dental access to the local citizens.

Michele Westmaas, Coordinator for the Pike County Community Health Partnership, had this to say about Doral's involvement with her organization;

"Krista Smothers, Illinois Outreach Coordinator for Doral Dental, is an involved member of the Pike County Community Health Partnership. Krista's input has been especially valuable in our development of a long-term Community Health Plan which includes goals to increase access to dental care for our rural residents. She has attended several planning meetings providing her unique perspective and knowledge related to dental care issues."

In 2008, Doral developed and distributed several outreach tools to providers, including the Dental Referral Notepad and the Smoking Cessation Notepad. These materials, as well as others, can be located on the Doral Web site at www.doralusa.com

For more information about the outreach materials or programs offered by Doral, or to schedule a meeting with the Illinois Outreach Coordinator, please call Krista Smothers at 217-522-8906 or email at kjsmothers@doralusa.com



Mobile Dental Office – Claims Submissions

Doral providers have requested clarification on how to submit claims for services rendered in a mobile dental office. Specifically, providers are uncertain about how to submit the “Place of Service/Treatment” on their claims. For providers rendering dental services in a mobile dental office, the “Place of Service/Treatment” should be submitted as follows:

- If submitting claims on Doral’s Web site (www.doralusa.com), use “Mobile Unit” (015) for the “Place of Service/Treatment;”
- If submitting claims on paper using an ADA claim form, the “Place of Treatment” (Box 38) should be marked “Other,” and the treatment location should be noted as “Treatment in a Mobile Unit” in the “Remarks” section (Box 35)

If a provider takes a mobile unit to a school and only renders preventive services (D0120, D1120, D1203, D1206 and D1351) to the school children, then the Place of Service/Treatment should be submitted as follows:

- If submitting claims on Doral’s Web site (www.doralusa.com), use “School” (03) for the “Place of Service/Treatment;”
- If submitting claims on paper using an ADA claim form, the “Place of Treatment” (Box 38) should be marked “Other,” and the treatment location should be noted as “Treatment in School Setting” in the “Remarks” section (Box 35)

If you have additional questions about claims submission for your Mobile Dental Office, please contact a Doral Illinois Provider Representative. They are happy to assist you! The Illinois Provider Representatives are:

Nick Barnette

E-mail: ndbarnette@doralusa.com

Toll-free: 800.710.2629

Kelly Pulliam

E-mail: klpulliam@doralusa.com

Toll-free: 866.585.2920

Are you building a Dental Home for your patients?

The AAPD supports the concept of the Dental Home as a health benefit for infants, children, adolescents and persons with special needs. In the Dental Home, the practitioner is familiar with the patient’s needs and is able to provide coordinated care in a compassionate, family centered environment. This concept has been successfully employed by primary care physicians in developing a “Medical Home” for their patients, and the Dental Home concept mirrors the Medical Home for primary dental and oral health care. The Dental Home is built on the relationship that the provider maintains with the patient. A parent or caregiver who has established a Dental Home for their child is less likely to miss appointments and will be more compliant to treatment.

Clinical evidence has supported the health benefits to a child who has received early dental attention by a professional, along with caries-risk assessment, oral health education and periodic check-ups. By providing these services at an early age the provider will maintain a higher quality and more cost effective standard of care. Ideally a child should begin dental visits to determine risk-assessment within six (6) months of the first erupted tooth, or no later than twelve (12) months of age.

The AAPD has advised that a Dental Home should include:

- *Comprehensive oral health care including acute care and preventive services in accordance with the AAPD periodicity schedules.*
- *Comprehensive assessment for oral diseases and conditions.*
- *Individualized preventive dental health program based upon a caries-risk assessment and a periodontal disease risk assessment.*
- *Anticipatory guidance about growth and development issues (i.e., teething, digit or pacifier habits).*
- *Plan for acute dental trauma.*
- *Information about proper care of the child's teeth and gingivae.*
- *Dietary counseling.*
- *Referrals to dental specialists, when care cannot directly be provided within the dental home.*
- *Education regarding future referral to a dentist knowledgeable and comfortable with adult oral health issues for continuing oral health care.*
- *Referral at an age determined by patient, parent, and pediatric dentist.*

The Center for Disease Control and Prevention has reported that early childhood dental caries is possibly the most prevalent infectious disease for the children of our nation. The need for the Dental Home is great for all children; however dental caries occurs more frequently in low-income children. As a provider of the All Kids/HFS Dental Program, creating a Dental Home for your youngest patients will foster preventive health practices that will reduce the child's risk of future oral health disease.

References/Additional Information:

www.aapd.org/search/default.asp

Council on Clinical Affairs. *Policy on the Dental Home*. Oral Health Policies; Adopted 2001. Revised 2004.

American Academy of Pediatrics. *Oral Health Risk Assessment Timing and Establishment of the Dental Home*. Pediatrics Vol. 111; May 2003.



CONTACT INFORMATION

Doral Customer Service

- Press 1 for Automated Eligibility (via IVR System)
- Press 2 for Benefits, Eligibility, and History
- Press 3 for Claims and Payment Questions

Via E-mail

- Electronic Technical Support eclaims@doralusa.com
- Claims Payment Questions denclams@doralusa.com
- Eligibility or Benefit Questions denelig.benefits@doralusa.com

Utilization Review

- 1-800-294-9650
- ddusa_um@doralusa.com
- www.doralusa.com

Provider Web Questions

- 1-888-875-7482, Option 7