UnitedHealthcare®

Dental Word OF Mouth

First and Second Quarter 2020

in this issue...

front & center

Electronic Claim Submission & EFT best practices.

To receive payment for services, Network Dental Providers are required to submit an American Dental Association (ADA) Dental Claim Form (2012 version or later) via paper or electronically.

Electronic Claim Submission: Electronic submission expedites the claim adjudication process and can improve overall claim payment turnaround time (especially when combined with Electronic Funds Transfer).

Electronic Funds Transfer (EFT): Allows faster claim payments to our providers via EFT. Electronic payment offers direct deposit into provider accounts quicker than paper checks.

Medicaid and Dual Special Needs Plan (DSNP) Medicare Dental Providers

To enroll in electronic claim submission, visit **UHCproviders.com** or call **1-844-464-5633**

To enroll in EFT payments, access the application online at **UHCproviders.com**, complete the application then email to **providerservices@skygenusa.com** or Fax to **1-262-721-0722**

Commercial and Medicare Advantage Dental Providers

To submit an electronic claim submission, visit **UHCDental.com** and click on:

• Claim Information

• Online Claim and Pre-treatment Estimate Form

• Start

To enroll in EFT payments, visit **optum.com/eps** or call **1-877-620-6194**

clinical updates

Welcome Dr. Gesker!

On February 17, Dr. Richard Gesker joined UnitedHealthcare as Chief Dental Officer of UnitedHealthcare Dental. Rich's wide-ranging industry background and his proven success in developing clinical protocols, quality initiatives and provider relationships will be vital as he leads the development of initiatives, strategic direction and policies that promote access to quality and cost-effective dental services for our members.

"In this role, I'm looking forward to improving the future of dental care on a scale I could not have achieved in any other organization," explains Rich. "Through education, prevention and innovative programs, we will close the gaps and shortcomings limiting access to care and we will have an increase in the quality of care outcomes."

Much of Rich's attention is focused on developing cost savings and quality improvement initiatives, such as Medical-Dental integration of care and value-based compensation models, which will increase the quality of care.

"There is no greater or nobler profession than taking care of others, especially people in their greatest time of need," shares Rich. "Each and every one of us has the immense responsibility of advancing the health and wellness of millions of our members. We need to develop trust, understanding and communication to fulfill our mission to help people live healthier lives and to help make the health system work better for everyone—together."

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New credentialing policy for sedation/anesthesia.

Striving to be **Best in Class** is a key goal to UnitedHealthcare (UHC). As such, UHC will require Dentists who perform sedation/general anesthesia services within their practice to provide:

a) the type of sedation/general anesthesia they administer

b) their sedation/general anesthesia permit/certificate information (which may vary from state to state)

1) When will the new sedation/general anesthesia credentialing policy become effective?

Second quarter of 2020

2) When will Dentists be required to provide the sedation/general anesthesia information?

After the new policy becomes effective, the sedation/general anesthesia information will be required when:

- Non-Participating Dentists want to join the UHC network(s)
- Participating offices add new associates who need to be credentialed
- Dentists are scheduled to be re-credentialed

3) Where can we get a copy of updated UHC Dentist Credentialing/Re-credentialing Application?

You only need a copy of the updated UHC Dentist Credentialing/Re-credentialing Application if:

a. You are adding new associates to your office or want to join the UHC network. You may request a copy of the updated UHC Dentist Credentialing Application* by visiting **uhcdental.com** and going to the 'Join Our Network' page.

b. You are scheduled to be re-credentialed; you will receive a notification with options to supply your credentialing application.

* The updated application form will not be available until the policy becomes effective during the second quarter of 2020.

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New credentialing policy continued…

4) I recently submitted my credentialing/re-credentialing application without the sedation/general anesthesia information; do I need to resubmit my application?

No, if the policy becomes effective after you submitted your credentialing/re-credentialing application without the sedation/general anesthesia information, you will receive a notification with options to supply your credentialing application and the sedation/general anesthesia information on your next re-credentialing date.

5) What sedation/general anesthesia information will UHC be collecting?

UHC will be collecting the following information from Dentists at the time of initial credentialing and at each re-credentialing:

a. Type of sedation/general anesthesia performed:

    I.   Deep Sedation/General Anesthesia

    II. Moderate/Conscious Sedation (all types)

    III. Minimal Sedation (all types)

    IV. Pediatric Moderate/Conscious Sedation (all types)

    V.   Nitrous Oxide

b. Sedation/general anesthesia permit/license # and expiration date

c. State in which services are provided

6) Does the new sedation/general anesthesia credentialing policy apply to all UHC dental networks and provider types?

Yes, the new policy will apply to all UHC dental networks (Commercial, Medicare and Medicaid) and the following provider types:

- General Dentist
- Oral Surgeon
- Periodontist
- Pediatric
- Endodontist
- Orthodontist
- Prosthodontist

7) Our office does not administer any type of sedation/general anesthesia; will the new policy still apply to our participating Dentists?

Yes, all Dentists, even if they do not administer any type of sedation or general anesthesia, must confirm whether or not they administer sedation/general anesthesia in their practice and complete the applicable Sedation/Anesthesia Information on the updated UHC Dentist Application form at the time of initial credentialing and at each re-credentialing.

8) Our participating Dentists do not administer sedation/general anesthesia themselves, but we utilize an Anesthesiologist/Anesthesia Group to administer these services; do they need to be contracted with UHC?

Contracting and credentialing of other healthcare clinicians such as Anesthesiologists in the dental network will be part of Phase 2 and rolled out at a later date.

9) What sedation/general anesthesia fields were added to the updated UHC Dentist Application?

Below is the sedation/anesthesia information that was added to the updated UHC Dentist Application:

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New credentialing policy continued...

10) What are the specific CDT codes that correlate with sedation/general anesthesia administered?

The following are the CDT codes that correlate with the types of anesthesia administered. These codes are subject to change from time to time based on code updates, etc.

Code	Description
D9219	evaluation for moderate sedation, deep sedation or general anesthesia
D9222	deep sedation/general anesthesia—first 15 minutes
D9223	deep sedation/general anesthesia—each subsequent 15 minute increment
D9230	inhalation of nitrous oxide/analgesia, anxiolysis
D9239	intravenous moderate (conscious) sedation/analgesia—first 15 minutes
D9243	intravenous moderate (conscious) sedation/analgesia—each 15 minute increment
D9248	non-intravenous conscious sedation (This includes non-IV minimal and moderate sedation)

11) I am currently using the CAQH/State application to submit your credentialing and re-credentialing requirements; will these applications be updated with the sedation/general anesthesia information?

No, but you may continue to use the CAQH/State application and separately complete the UHC Sedation-Anesthesia Supplemental Form (if applicable) included in the provider packet you receive from a network contractor or with the re-credentialing notification letter.

12) Will the new policy also cover sedation/general anesthesia in the member's dental benefit?

The new policy will not affect UHC member's dental benefit related to sedation/general anesthesia services. Please contact our Customer Service at **1-800-822-5353** to verify member benefits.

13) Where do we send our inquiries or questions regarding the new sedation/general anesthesia credentialing policy?

Please submit all questions or inquiries to **uhc_anesthesia@uhc.com**

2020 CDT Code changes, additions and deletions.

As new CDT Codes are updated and released each year, Dental Benefit Providers, Inc. (DBP), a UnitedHealth Group company, updates our system, products and fee schedules to maintain compliance with the Health Insurance Portability and Accountability Act (HIPAA). DBP reviews all new codes and determines which codes will be covered under our standard DPPO plans, and retires deleted codes. The reference columns below show the limitation, DDS review requirements, price reference and fee factor percentage that is calculated from an existing CDT code and applied to the 2020 CDT code. The CDT 2020 Codes are effective for services provided from January 1, 2020 – December 31, 2020.

2020 CDT Code Crosswalk (Additions and Covered*codes)

CDT Code	Nomenclature	Covered Under Standard Plans	Coverage Reference (cover if ___ was covered)	Limitation Reference Code	DDS Review Reference Code	Price Reference Code	Fee Factor to Reference Code
D0419	assessment of salivary flow by measurement	NOT COVERED UNDER STANDARD UHC PLANS					
D1551	re-cement or re-bond bilateral space maintainer—maxillary	Y	D1550	D1550	D1550	D1550	100%
D1552	re-cement or re-bond bilateral space maintainer—mandibular	Y	D1550	D1550	D1550	D1550	100%

* New CDT code is covered ONLY if reference code is covered under Member's plan

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2020 CDT Code Crosswalk (Additions and Covered*codes)

CDT Code	Nomenclature	Covered Under Standard Plans	Coverage Reference (cover if ___ was covered)	Limitation Reference Code	DDS Review Reference Code	Price Reference Code	Fee Factor to Reference Code
D1553	re-cement or re-bond unilateral space maintainer—per quadrant	Y	D1550	D1550	D1550	D1550	100%
D1556	removal of fixed unilateral space maintainer—per quadrant	Y	D1555	D1555	D1555	D1555	100%
D1557	removal of fixed bilateral space maintainer—maxillary	Y	D1555	D1555	D1555	D1555	100%
D1558	removal of fixed bilateral space maintainer—mandibular	Y	D1555	D1555	D1555	D1555	100%
D2753	crown—porcelain fused to titanium and titanium alloys	Y	D2752	D2752	D2752	D2752	109%
D5284	removable unilateral partial denture—one piece flexible base (including clasps and teeth)—per quadrant	Y	D5226	D5226	D5226	D5226	100%
D5286	removable unilateral partial denture—one piece resin (including clasps and teeth)—per quadrant	Y	D5226	D5226	D5226	D5226	100%
D6082	implant supported crown—porcelain fused to predominantly base alloys	Y	D6066	D6066	D6066	D6066	90%
D6083	implant supported crown—porcelain fused to noble alloys	Y	D6066	D6066	D6066	D6066	92%
D6084	implant supported crown—porcelain fused to titanium and titanium alloys	Y	D6066	D6066	D6066	D6066	100%
D6086	implant supported crown—predominantly base alloys	Y	D6067	D6067	D6067	D6067	90%
D6087	implant supported crown—noble alloys	Y	D6067	D6067	D6067	D6067	92%
D6088	implant supported crown—titanium and titanium alloys	Y	D6067	D6067	D6067	D6067	100%
D6097	Abutment supported crown—porcelain fused to titanium and titanium alloys	Y	D6059	D6059	D6059	D6059	104%
D6098	implant supported retainer—porcelain fused to predominantly base alloys	Y	D6076	D06076	D06076	D06076	90%
D6099	implant supported retainer for FPD—porcelain fused to noble alloys	Y	D6076	D06076	D06076	D06076	92%
D6120	implant supported retainer—porcelain fused to titanium and titanium alloys	Y	D6076	D06076	D06076	D06076	100%
D6121	implant supported retainer for metal FPD—predominantly base alloys	Y	D6077	D6077	D6077	D6077	90%
D6122	implant supported retainer for metal FPD—noble alloys	Y	D6077	D6077	D6077	D6077	92%

* New CDT code is covered ONLY if reference code is covered under Member's plan

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2020 CDT Code Crosswalk (Additions and Covered*codes)

CDT Code	Nomenclature	Covered Under Standard Plans	Coverage Reference (cover if ___ was covered)	Limitation Reference Code	DDS Review Reference Code	Price Reference Code	Fee Factor to Reference Code
D6123	implant supported retainer for metal FPD—titanium and titanium alloys	Y	D6077	D6077	D6077	D6077	100%
D6195	abutment supported retainer—porcelain fused to titanium and titanium alloys	Y	D6069	D6069	D6069	D6069	104%
D6243	pontic—porcelain fused to titanium and titanium alloys	Y	D6240	D6240	D6240	D6240	104%
D6753	retainer crown—porcelain fused to titanium and titanium alloys	Y	D6750	D6750	D6750	D6750	104%
D6784	retainer crown ¾—titanium and titanium alloys	Y	D6780	D6780	D6780	D6780	104%
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	NOT COVERED UNDER STANDARD UHC PLANS					
D8696	repair of orthodontic appliance—maxillary	Y	D8691	D8691	D8691	D8691	100%
D8697	repair of orthodontic appliance—mandibular	Y	D8691	D8691	D8691	D8691	100%
D8698	re-cement or re-bond fixed retainer—maxillary	Y	D8693	D8693	D8693	D8693	100%
D8699	re-cement or re-bond fixed retainer—mandibular	Y	D8693	D8693	D8693	D8693	100%
D8701	repair of fixed retainer, includes reattachment—maxillary	Y	D8694	D8694	D8694	D8694	100%
D8702	repair of fixed retainer, includes reattachment—mandibular	Y	D8694	D8694	D8694	D8694	100%
D8703	replacement of lost or broken retainer—maxillary	NOT COVERED UNDER STANDARD UHC PLANS					
D8704	replacement of lost or broken retainer—mandibular	NOT COVERED UNDER STANDARD UHC PLANS					
D9997	dental case management—patients with special health care needs	NOT COVERED UNDER STANDARD UHC PLANS					

* New CDT code is covered ONLY if reference code is covered under Member's plan

2020 CDT Code Crosswalk (Retired codes)

CDT Code	Nomenclature
D1550	re-cement or re-bond space maintainer
D1555	removal of fixed space maintainer. Procedure performed by dentist or practice that did not originally place the appliance.
D8691	repair of orthodontic appliance. Does not include bracket and standard fixed orthodontic appliances. It does include functional appliances and palatal expanders.
D8692	replacement of lost or broken retainer
D8693	re-cement or re-bond fixed retainer
D8694	repair of fixed retainers, includes reattachment

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Happy anniversary water fluoridation!

This year marks the 75th anniversary for community water fluoridation in the United States. Grand Rapids, Michigan, became the first city to implement community water fluoridation in 1945. The Center for Disease Control and Prevention (CDC) named this practice one of the 10 great public health achievements of the 20th century. Before water fluoridation, children had about three times as many cavities as they do today.

Simply by drinking community-supplied water, Americans can benefit from fluoride's cavity protection, reducing tooth decay by at least 25% in adults and children. In 2015, the U.S. Public Health Service recommended a newly calibrated optimal level of fluoride at 0.7 parts per million. This recommendation was made to ensure an effective level of fluoride to reduce tooth decay while minimizing the risk of cosmetic tooth staining known as fluorosis.

While all public health initiatives have faced some degree of opposition, over 400 credible scientific research studies have addressed the safety, effectiveness and misconceptions about community water fluoridation. When compared to the cost of other preventive programs, water fluoridation is the most cost effective means of preventing tooth decay for both children and adults in the U.S. The cost of one dental filling is more than a lifetime cost of water fluoridation for one person.

For more information, please visit **www.ADA.org/fluoride**.

The information for this article can be found in the American Dental Association's 2018 edition of Fluoridation Facts.

Welcome new Employer Groups in 2020.

West Region

- Skyview Capital, LLC
- LendingClub Corporation

Northeast Region

- Spring Education Group, Inc.
- Rosetta Stone, Ltd.
- LiRo Engineers, Inc.
- Eppendorf Holding, Inc.
- Services for the Underserved

Central Region

- John Deere
- Doctors Hospital At Renaissance
- Nexstar Media Group, Inc.
- H&E Equipment Services, Inc.
- Tuff Shed

Southeast Region

- Broward County Government
- Charlotte County Public Schools
- The Wrench Group, LLC
- Kendall Vegetation Services
- River Parish Contractors

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UHC Dental Provider Solutions wants to hear from you!

Please submit your newsletter comments and suggestions to **uhcdentalnewsletter@uhc.com**

Dental fun facts.

- The earliest dentist known by name is Hesi-Re. He lived in Egypt over 5,000 years ago.

- The first toothbrushes were tree twigs. Chewing on the tips of the twigs spread out the fibers, which were then used to clean the teeth.

- Ancient Greeks used pumice, talc, alabaster, coral powder or iron rust as toothpaste.

- George Washington never had wooden teeth. His dentures were made from gold, hippopotamus tusk, elephant ivory and human teeth!

- In 1905, Dental Assistant Irene Newman was trained to clean teeth. She became the first Dental Hygienist.

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