

DQ DIGEST TENNCARE

Fall | 2021 | Volume 4



In This Issue...

Clinical Corner	1
Orthodontic Dental Review	2
Quality Improvement 2020 Survey Results	3
ORM Updates, Email False Claims Act	4
Contact	5



IN YOUR CLINICAL CORNER....

SDF Survey

We would like to thank you for participating in the Silver Diamine Fluoride Utilization Survey. The survey will continue through the end of the year to allow those of you who have not yet participated. The results will be shared with you in 2022. Did you know that Silver Diamine Fluoride arrests caries and stops it from forming, growing, and spreading to surrounding teeth in the oral cavity? To learn more about SDF click on the link to our free, 1 hour CE Course specifically designed for TennCare Providers.

<https://www.carequest.org/education/webinars/using-sdf-improve-oral-health-tenncare-providers>

SDF Guidance Change

Silver Diamine Fluoride can now be administered on the same date of service as topical fluoride and fluoride varnish. This update will allow providers to be more efficient in their scheduling of the procedure.

Preventive Care Incentive Bonuses

Be sure to complete the online Patient Centered Dental Home training to be eligible for the Preventive Care Incentive Bonus. Your sealants and SDF applications count toward your ability to receive an annual bonus check. Some providers will receive up to a five-figure bonus check based on the preventive care that they have performed. Don't miss out on being rewarded.

Dr. Katrina Eagilen

Dental Director

ORTHODONTIC DENTAL REVIEW

TennCare does not have dental codes or criteria for Phase 1 and Phase 2 orthodontic treatment and does not recognize multiphase treatments. Comprehensive orthodontic treatment (D8080), Interceptive orthodontic treatment (D8060), and Limited orthodontic treatment (D8010, D8020, and D8030) are the treatment modalities currently recognized by TennCare. Prior authorization requests for orthodontic treatment are evaluated for medical necessity utilizing the TennCare Criteria. **The criteria for approval are the same for all types of orthodontic treatment.** Orthodontic treatment is only medically necessary if an enrollee is deemed to have a handicapping malocclusion as defined below or has a Malocclusion Severity Assessment (MSA) score of 28 points or higher.

TennCare Rules 1200-13-13-.01(52) and 1200-13-14.01(57) state the following:

A Handicapping Malocclusion shall mean a malocclusion which causes one of the following medical conditions:

- (a) A nutritional deficiency that has proven non-responsive to medical treatment without orthodontic treatment. The nutritional deficiency must have been diagnosed by a qualified treating physician and must have been documented in the qualified treating physician's progress notes. The progress notes that document the nutritional deficiency must predate the treating orthodontist's prior authorization request for orthodontics.
- (b) A speech pathology that has proven non-responsive to speech therapy without orthodontic treatment. The speech pathology must have been diagnosed by a qualified speech therapist and must have been documented in the qualified speech therapist's progress notes. The progress notes that document the speech pathology must predate the treating orthodontist's prior authorization request for orthodontics.
- (c) Laceration of soft tissue caused by a deep impinging overbite. Occasional cheek biting does not constitute laceration of soft tissue. Laceration of the soft tissue must be documented in the treating orthodontist's progress notes and must predate the treating orthodontist's prior authorization request for orthodontics.

When a request is made for prior authorization of any type of orthodontic treatment, the submitted documentation and visual dental evidence are screened for a nutritional deficiency, speech pathology, and palatal soft tissue laceration caused by a deep impinging overbite which meet the specifics listed above. A MSA score is calculated at the time of that review. These findings determine whether orthodontic treatment is medically necessary.

It is important to note that primary teeth and unerupted permanent teeth are not counted or considered as part of the MSA score. Therefore, primary and mixed dentition stages of dental development would be expected to have lower MSA scores and likely not qualify for orthodontic treatment unless there is a nutritional deficiency, speech pathology, and palatal soft tissue laceration caused by a deep impinging overbite which meet the specifics listed above.

Prior to requesting interceptive or limited orthodontic treatment, an orthodontic provider should be aware that approval for earlier stages of treatment does not authorize coverage of comprehensive orthodontic treatment in the future. It is also important to consider that after interceptive or limited orthodontic treatment, many of the orthodontic issues will have been improved enough that an enrollee will not meet the TennCare criteria to allow for approval of comprehensive orthodontic treatment. TennCare will only cover orthodontic treatment for a handicapping malocclusion once per lifetime. **It is notable that the interceptive orthodontic treatment codes**

(D8050 and D8060) will be dropped from the 2022 Current Dental Terminology at the request of the American Association of Orthodontists. Procedures billed under these codes will no longer be recognized by the TennCare Dental Benefits Manager for TennCare enrollees as of January 2022.

QUALITY IMPROVEMENT PROGRAM

Because DentaQuest wants to always provide the very best services, we have a Quality Improvement Program that measures how well we are doing. We use it to look closely at all providers ensuring that the best dental care is provided for enrollees. DentaQuest looks at the Quality Improvement Program every year and makes changes in how we provide services to keep making them better. For a copy of our Annual Quality Improvement Program, call DentaQuest at 1-855-418-1623.

2020 MEMBER SATISFACTION SURVEY RESULTS

Each year DentaQuest calls TennCareSM members to ask how happy they are with their dental care and dental plan. We will continue working with members and dentists to improve satisfaction.

The results from the 2020 survey among those having a dental visit in the last 12 months are:

Overall, how happy are you with your dentist?

98% — Very Satisfied

Overall, how satisfied are you with the dental care that you received in the past 12 months?

99% — Very Satisfied

In general, how would you rate the overall condition of your teeth and gums today?

95% — Very Good or Good

Have you had an improvement in your teeth and gums over the last 12 months?

72% — Yes

2020 PROVIDER SATISFACTION SURVEY RESULTS

The annual provider satisfaction survey was completed during 2020. DentaQuest received high ratings from most providers.

- 90% of providers are very or somewhat satisfied with DentaQuest.
- 99% indicated that they or probably will continue to be a provider for DentaQuest.
- 87% agree that DentaQuest is an innovator and leader in improving the oral

health of its members.

- 99% indicated that DentaQuest is better than most Medicaid dental benefit programs.
- 50% indicated that they have experienced a problem with DentaQuest and, of those,
- 48% indicated that DentaQuest was able to resolve all or some of the problems in a satisfactory manner.

THE FALSE CLAIMS ACT

(31 U.S.C. §§ 3729–3733, also called the “Lincoln Law”) is an American federal law that imposes liability on persons and companies (typically federal contractors) who defraud governmental programs. It is the federal Government’s primary litigation tool in combating fraud against the Government. For more information visit:

www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS_FCA_Primer.pdf

TENNESSEE MEDICAID FALSE CLAIMS ACT

Any person who knowingly presents, or causes to be presented:

- A false or fraudulent claim for payment or approval under the Medicaid program
- A false record or statement material to false or fraudulent claim under the Medicaid program
- A false record or statement material to an obligation to pay or transmit money, or property to the state, or knowingly conceals, or knowingly and improperly, avoids, or decreases an obligation to pay or transmit money or property to the state, relative to the Medicaid program or conspires to commit a violation listed above

Is liable to the state for a civil penalty of not less than five thousand dollars (\$5,000) and not more than twenty-five thousand dollars (\$25,000) ...plus three (3) times the amount of damages which the state sustains because of the act of that person. See: **T.C.A. 71-5-182, 183.**

Contact Information

Provider Service

- TennCare: 855.418.1623
 - Press 1 Automated Eligibility (via IVR system)
 - Press 2 Benefits, Eligibility and History
 - Press 3 Claims and Payment Options
- Credentialing Hotline: 800.233.1468

Department Emails

- Electronic Claims Setup and Questions – ddusa_providerrelations@dentaquest.com
- Claims Payment Questions – denclaims@dentaquest.com
- Eligibility or Benefit Questions – Dentelig.benefits@dentaquest.com

Utilization Review

- 888.294.9650

Provider Web Questions

- 888.560.8135
- www.dentaquest.com

Corporate

- Main Corporate: 800.417.7140

Office Reference Manual (ORM) Update

Resources have been posted to the secure provider portal under related documents this quarter. Please check this regularly to ensure you have the latest information and ORM.

Office Email

All provider communications are now sent to the office email you provided to DentaQuest. If you are not receiving regular emails, please contact your provider partner to update your email address. We want to ensure everyone receives important communications

