

DENTAL BULLETIN

FALL 2016



Medicare Part D prescriber enrollment requirement

The Centers for Medicare & Medicaid Services (CMS) is providing guidance to Part D sponsors on the requirement for all providers writing prescriptions for Part D drugs to complete the application for the Part D prescriber enrollment. The requirement will be enforced beginning February 1, 2017.

Why should a dentist enroll in Medicare to prescribe Part D drugs?

- The process can be completed online and is free of charge.
- It prevents patients' prescription drug claims from being denied by their Part D plan.
- By enrolling in Medicare, dentists assist in fighting fraud in the Medicare Part D program.
- Approximately 100,000 dentists currently write prescriptions for Medicare Part D beneficiaries.
- Unenrolled dentists' Medicare patients choose to find a dentist who is enrolled in Medicare so their prescriptions are coverable by the Part D program.

What if I do not wish to enroll or opt out of Medicare?

- If opting out, the beneficiary will be required to pay out-of-pocket. The beneficiary nor the provider will be reimbursed by Medicare.
- If opting out, you must submit an affidavit to Medicare.
- Unenrolled dentists who contract with managed care plans to provide dental services to Medicare beneficiaries cannot opt out.

This enrollment information and other guidance on the Part D Prescriber Enrollment Requirement can be found at [cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-Dentists.html](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-Dentists.html).

Welcome to all our NEW PROVIDERS!



GENERAL DENTISTRY

Yin Liu Hildesheim DMD — *Clarendon*
Luke W Adlong DDS — *Conway*
Wesley D Buchman DDS — *Conway*
Matthew Clayton Camp DDS — *Fayetteville*
Matthew B McShane DDS — *Fayetteville*
Robert G Hodous DDS — *Fayetteville*
Scott T Zimmerebner DDS — *Fayetteville*
Waqas Ahmad DDS — *Fayetteville*
Anton Hoang DDS — *Fort Smith*
Jahangir Sadighirad DDS — *Fort Smith*
Palwasha N Sherwani DDS — *Fort Smith*
Cody Lee Clark DDS — *Hot Springs*
Michael Lindsey Kinard DDS — *Hot Springs*
Andrew T Glassell DDS — *Jacksonville*
William Knight DDS — *Jacksonville*
Corey J Haughey DDS — *Jonesboro*
Samuel James Hutton DDS — *Jonesboro*
James A Pritchard DDS — *Jonesboro*

Shane M Smith DDS — *Jonesboro*
Komal Mehra DDS — *Little Rock*
Matthew S Edwards DMD — *Little Rock*
Matthew T Eggenberger DDS — *Little Rock*
Richard Brown McConnell DDS — *Little Rock*
Clay Thomas Nelson DDS — *Memphis*
Phillip E Isaacman DDS — *Memphis*
Arielle Nicole Schulman DMD — *Mena*
Christopher M Rodriguez DDS — *Mountain Home*
William Corey Inboden DDS — *Rogers*
Bradley G Nelson DMD — *Rogers*
Cara Hernas DDS — *Russellville*
Andrew Richard Robertson DDS — *Russellville*
Evan J Hamilton DDS — *Sherwood*
LaRhonda L Apata DDS — *Shirley*
Kara A Holifield DDS — *Springdale*
James E Staggs II DDS — *Texarkana*
Latoya L Lewis DDS — *West Memphis*

SPECIALISTS

ENDODONTIST

Candice Perry DMD — *Little Rock*
Kenneth E Pearson DDS — *Little Rock*

ORAL SURGERY

John K Jones DDS — *Little Rock*
Laurence D Pfeiffer DDS — *Fort Smith*

ORTHODONTIST

Shanon T Kirchhoff DDS — *El Dorado*

PEDIATRIC DENTIST

Matthew S Killingsworth DMD — *Fayetteville*
Clemmisa L Harris DMD — *Jonesboro*
Peter J Stanley DDS — *Jonesboro*
Charles Kevin Morin DMD — *Searcy*



General Dentists

Remember to refer to in-network specialists
in order to save your patients money.

Federal Employee Program dental benefit change

On January 1, 2016, the Federal Employee Program (FEP) removed the following from the Standard Option dental routine care services.

- Tests and laboratory exams
- Space maintenance
- Various restoration services
- Extraction with associated anesthesia

These services are no longer covered under routine Standard Option dental benefits. However; they are still eligible for benefits associated with accidental dental injury treatment, or for restoring the mouth to a pre-cancerous state with applicable regular benefits.

ADA codes affected by the change:

D0460	D1510	D1515	D1520	D1525	D1550	D2140
D2150	D2160	D2161	D2330	D2331	D2335	D2391
D2392	D2393	D2394	D2510	D2520	D2530	D2610
D2620	D2630	D2650	D2651	D2652	D2951	D7140
D7210	D7250					

Federal Employee Program dental claim form effective January 1, 2017

Effective January 1, 2017, Arkansas Blue Cross and Blue Shield will begin using an optical character recognition process to convert all paper dental claims into an electronic 837D HIPAA transaction. In order to facilitate this process, the dental claims submitted to the Federal Employee Program (FEP) will need to be submitted on the 2012 American Dental Association (ADA) claim form. Claims submitted on any other dental claim form after January 1, 2017, will be returned. More information on how to obtain the new dental claim form can be found at the ADA website at www.ada.org.

ICD-10 assistance

An ICD-10 website is available to assist you with the new requirements of the diagnosis codes on dental claim forms. The web address is www.icdassist.com/.

Dental claim forms require ICD-10 diagnosis codes

Claims related to accidental injury, restoring the mouth to a precancerous state, or oral surgery that are submitted to the Arkansas Blue Cross and Blue Shield and its family of companies must contain the ICD-10 primary diagnosis code describing the reason for treatment in box 34a using

the 2012 dental claim form. The claim form can be accessed from <http://www.ada.org/en/publications/cdt/ada-dental-claim-form>.

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION																		
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT / Title XIX																		
2. Predetermination/Preauthorization Number																		
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																		
3. Company/Plan Name, Address, City, State, Zip Code																		
13. Date of Birth (MM/DD/CCYY)					14. Gender <input type="checkbox"/> M <input type="checkbox"/> F		15. Policyholder/Subscriber ID (SSN or ID#)											
16. Plan/Group Number					17. Employer Name													
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																		
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)																		
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																		
6. Date of Birth (MM/DD/CCYY)			7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)													
9. Plan/Group Number			10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other															
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																		
PATIENT INFORMATION																		
18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other								19. Reserved For Future Use										
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																		
21. Date of Birth (MM/DD/CCYY)					22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist)											
RECORD OF SERVICES PROVIDED																		
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee									
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A _____ C _____		32. Total Fee
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A") B _____ D _____		
35. Remarks																		
AUTHORIZATIONS																		
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. X _____ Patient/Guardian Signature Date																		
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly or indirectly, to the below named dentist or dental entity. X _____ Subscriber Signature Date																		
46. Date of Accident (MM/DD/CCYY)					47. Auto Accident State													
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)																		
48. Name, Address, City, State, Zip Code																		
49. NPI			50. License Number			51. SSN or TIN												
52. Phone Number () -					52a. Additional Provider ID													
TREATING DENTIST AND TREATMENT LOCATION INFORMATION																		
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. X _____ Signed (Treating Dentist) Date																		
54. NPI					55. License Number													
56. Address, City, State, Zip Code					56a. Provider Specialty Code													
57. Phone Number () -					58. Additional Provider ID													

For procedures related to an accidental injury, restoring the mouth to a pre-cancerous state, or oral surgery, please submit the ICD-10 diagnosis code that describes the reason for treatment. Claims will be rejected if ICD-10 primary diagnosis code is not entered at 34a.

Add a date of service to a predetermination

A new self-service tool is available for dental procedures that require a predetermination of benefits before treatment is performed. You can enter the date of service online by selecting from two options.

- Option 1: Use the new link added to the provider portal landing page at www.mydentalcoverage.com/dentists.shtml. Enter the claim number in the fillable box and select "Search". The predetermination number can be found on the notification the office received in the mail. All available lines for date entry will show up. When finished entering the dates, select "Review & Submit". Upon final review, select "Submit" to enter the claim.

Welcome to **MyDentalCoverage**
This site provides benefits, claims and eligibility information for members and providers.

For Dentists

[My Patients' Benefits](#) offers secure access to patient information such as benefits, enrollment, claim status, allowance information, maximums, deductibles and procedure history.

[Reimbursements](#) allow dental offices to view a summary of reimbursements and details of each check, including information on associated claims.

Submit Claims using [Speed-eClaim](#), our free, claims-processing system that offers instant claims editing and resubmission, real-time explanations of benefits and cost savings for your office through reduced expenses for paper, ink and postage.

Add a Date of Service to a Predetermination New
Search for a predetermination claim and add the date of service.

Manage [Electronic Funds Transfer \(EFT\)](#) online to receive payments directly to your bank account.

[Schedule of Allowances](#)
Download the schedule of allowances for your participating networks.

- Option 2: Bring the patient up in "My Patients' Benefits", look in "Claim Status", and follow the steps provided in option 1.

DUGALD Q. RUSTMANN Active

Member ID: 0247721001 Coverage Effective: 09/10/2016 - Present | Check Paid
DOB: 11/09/1974 Member has a qualified medical condition reported? No
Age: 41 Gender: MALE Relationship: SPOUSE

Claim #	Start	End	Proc	Tooth	Surface
04202016	04/20/2016	04/20/2016	00345	16	
05252016	05/25/2016	05/25/2016	00330	16	
05062016	05/06/2016	05/06/2016	00310		

Note: Procedure history are informational only, not a guarantee of payment.

Patient Claims
View: Past 12 Months

Date of Service	Claim #	Billing Provider	Total Charge	Payment	Status	Actions
04/20/2016	1611124668	000	\$1,250.00	\$750.00	PAID	View Details
05/25/2016	1681245636	000	\$1,050.00	\$0.00	PAID	View Details
-	1681219543	000	\$1,250.00	-	PAID	Add Date of Service
05/06/2016	1684336471	000	\$150.00	\$0.00	PAID	View Details
-	1682346393	000	\$1,000.00	-	PAID	Add Date of Service
-	1681219123	000	\$150.00	-	PAID	Add Date of Service

*Please note the claim will not be accessible until it is processed.

The link for the MyDentalCoverage website is www.mydentalcoverage.com/dentists.shtml

Compliance on prescription drugs

Effective October 1, 2016, the network credentialing standards applicable to all individual network participants and applicants for the Preferred Payment Plan, Medi-Pak® Advantage PFFS, Medi-Pak® Advantage LPPO, Medi-Pak® Advantage HMO, Arkansas' FirstSource® PPO, True Blue PPO, and Health Advantage HMO Networks will be updated in section C, Drug Enforcement Agency (DEA) to effect the following significant changes in the DEA certificate standard:

- Recognition that primary care physicians (PCPs), and advanced practice registered nurses and physician's assistants who collaborate with PCPs, but who do not prescribe or intend to prescribe controlled substances no longer have to obtain a DEA certificate as a condition of network credentialing and participation.
- Clarification that any practitioner who does prescribe or intends to prescribe controlled substances must maintain a DEA certificate in good standing as a condition of network credentialing and participation.
- **A new requirement that practitioners who hold a DEA certificate must enroll in the Arkansas Prescription Monitoring Program (AR PMP).**
- New provisions detailing the ineligibility period applicable to any practitioner whose DEA certificate is subject to a disciplinary action.

Special Note on the Prescription Monitoring Program procedures and extended compliance deadline:

Registration for the Prescription Monitoring Program is free and takes about five minutes. The registration page can be found at arkansaspmp.com/practitioner/-/pharmacist/.

Current participating providers will have until April 1, 2017 to complete enrollment in the AR PMP in order to be in compliance with the network credentialing standards. Non-

compliance with the revised DEA Certificate Standard could prompt the networks to take additional action, up to and including network termination.

The following is the revised language for the DEA Certificate Standard, effective October 1, 2016:

DEA and Arkansas Prescription Monitoring Program

All practitioners are responsible for complying with all applicable state and federal laws and regulations related to the prescribing and administration of medications. This includes a network requirement (consistent with applicable law) that applicants or current network participants who prescribe or intend to prescribe controlled medications must hold an active Drug Enforcement Agency certificate in good standing. In addition, applicants and current network participating practitioners who hold an active DEA certificate must be registered with the Arkansas Prescription Monitoring Program as a condition of network participation.

A practitioner whose DEA certificate is subject to any action (as hereinafter defined) shall lose eligibility to participate in the networks for the longer of (a) 365 days or (b) the date that the networks determine, in their sole discretion, that the conditions leading to any action have been appropriately alleviated or redressed by the practitioner and any applicable disciplinary board oversight or monitoring program.

For purposes of this standard, "action" means any voluntary or involuntary surrender, restriction, limitation, suspension or revocation of a DEA certificate, including but not limited to any arrangement whereby the practitioner agrees to a surrender, restriction, limitation, suspension or revocation of the DEA certificate, or any

Continued on page 7

arrangement whereby practitioner's use of the DEA certificate is limited or restricted (voluntarily or involuntarily) in terms of the scope or classifications of medications that may be prescribed, the location(s) or conditions under which the DEA certificate may be utilized to legally prescribe medications, or the length of time that the DEA certificate may be utilized without further review or approval from any government agency or disciplinary board or program.

Any practitioner whose DEA certificate is subject to any action must give written notice of the same to the networks not later than three business days following the action, and failure to promptly provide such notice shall, in itself, constitute separate grounds upon which network participation may be denied or terminated.

The preceding notwithstanding, the networks recognize one exception under which a practitioner who has been subject to an action

may, in the judgment of the networks, remain eligible for network participation and not be excluded from the networks as provided in subpart (b), above: if the practitioner is actively enrolled in and fully compliant with all terms of a practitioner health/rehabilitation program that is officially sanctioned and overseen by the practitioner's applicable disciplinary board or agency and such practitioner is (i) otherwise in good standing with the practitioner's applicable disciplinary board or agency; and (ii) otherwise in good standing with all regulatory authorities and state and federal agencies and programs, including but not limited to Medicaid and Medicare; and (iii) otherwise in good standing with the networks and in compliance with all other terms and conditions of the practitioner's network participation agreement and network terms and conditions; and (iv) practicing with competence and quality and in a manner that does not pose a risk of harm to the networks' members, as determined in the networks' sole discretion.



DID YOU KNOW?

A Change of Data Form is required to update your address with Arkansas Blue Cross and Blue Shield when you move to another location or clinic to accurately refer members to you and ensure payments arrive in a timely fashion.

Please visit arkansasbluecross.com/provider/forms.aspx to download a Provider Change of Data Form.

Email the completed form to:
providernetwork@arkbluecross.com
OR Fax to PNO: 501-378-2465

LIVE FEARLESSSM

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