



## DENTAL PROGRAM UPDATE

### Bridgeport Dental Services chosen to administer Care1st and ONECare Dental Programs Effective November 1, 2010

September 20, 2010

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Dear Care1st and ONECare Dental Providers and Staff:

In follow-up to the communication sent to you earlier this month, effective November 1, 2010, Bridgeport Dental Services, Inc. (Bridgeport), will manage the dental benefits provided to Care1st and ONECare members on behalf of Care1st. The following information is meant to assist you and your office staff before, during and after the transition.

Prior authorizations, claim submissions and claim inquiries for dates of service November 1, 2010 or after will be submitted to Bridgeport. Care1st and ONECare will continue to issue prior authorizations and adjudicate claims for dates of service prior to November 1, 2010.

#### BRIDGEPORT DENTAL SERVICES

Bridgeport, a wholly owned subsidiary of Delta Dental of Missouri, is a dental management company dedicated exclusively to the management of Medicaid and Medicare dental benefits located in Missouri at:

**12 Westbury Drive Suite D  
St. Charles, MO 63301**

You may contact Bridgeport directly at **800.429.0495**.

#### WEBSITE

Bridgeport's web site [www.bridgeportdental.com](http://www.bridgeportdental.com) will be available to Care1st and OneCare providers as of **October 15, 2010** and will allow participating providers to perform many operational functions such as:

1. Verify eligibility
2. View claim history
3. Submit claims
4. View the status of a claim
5. Review and re-print a Remittance Advice (RA)
6. Submit prior authorization
7. Review and download clinical guidelines and administrative policies and procedures
8. Search for providers
9. Access their library of dental topics and educational tools

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#### Provider Network Operations

**Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)**

**Fax 602.778.1875**

Visit our website at [www.care1st.com/az](http://www.care1st.com/az)

You will be able to self register for the Bridgeport web site [www.bridgeportdental.com](http://www.bridgeportdental.com) as of ***October, 15 2010***. We encourage your office to register in order to access the above mentioned tools. More details on web site self registration will be provided in future communications.

If you do not have internet access, you may contact Bridgeport directly at **800.429.0495** and request hard copies of their Clinical Criteria and Guidelines. You may also continue to verify member eligibility via the AHCCCS website.

## **CLAIM SUBMISSION**

Claims are paid weekly and may be submitted to Bridgeport up to six months from the date of service. Please note that you will receive Remittance Advices (RAs) from Care1st as well as from Bridgeport for a period of time since claims with dates of services prior to November 1, 2010 will be processed by Care1st and claims for dates of service on and after November 1, 2010 will be processed by Bridgeport. As a result, you will receive a 1099 from Care1st and from Bridgeport for services rendered during the 2010 calendar year.

ADA dental codes, as published in the most current CDT manual, should be used for claims submission. Please include the information below on each claim to avoid delay in payment:

1. Member's name
2. Member's Medicaid number
3. Member's date of birth
4. Rendering dentist's name
5. Rendering dentist's office location
6. Rendering dentist's TIN
7. Rendering dentist's NPI
8. Billed Amount
9. Date of service for each line submitted
10. Other Insurance Information
11. Quadrants, arches, tooth numbers and surfaces for dental codes that require identification.

### **Paper Claim Submission for Dates of Service on and after November 1, 2010:**

Please submit paper claims using the 2006 ADA claim form to:

Bridgeport Dental Services, Inc  
C/O Solutions Data Systems  
1051 Cassens Industrial Court  
Fenton, MO 63026

For questions on claim submission, please contact Bridgeport at **800.429.0495**

**Electronic Claim Submission for Dates of Service on and after November 1, 2010:**

You may submit claims to Bridgeport electronically in two ways:

- 1) Through the Bridgeport web site at [www.bridgeportdental.com](http://www.bridgeportdental.com). Claims for services that require the inclusion of x-rays or reports may be submitted electronically by using [www.NEA-FAST.com](http://www.NEA-FAST.com) to attach the required documentation.
- 2) Via Clearinghouse. Bridgeport works with Emdeon (WebMD) 800.215.4730 for acceptance of EDI claims. Their Emdeon (WebMD) Payer I.D. is CX028. Claims may be submitted electronically directly to Emdeon (WebMD) or from your clearinghouse to Emdeon (WebMD).

**Corrected Claims for Dates of Service on and after November 1, 2010:**

Corrected claims are accepted for reconsideration when submitted within one year from the date of service, or eligibility posting date or 60 days from the last remit of a timely submitted claim. To insure proper handling of a corrected claim, clearly mark the claim "Corrected Claim".

Submit corrected claims directly to Bridgeport:

Bridgeport Dental Services, Inc  
C/O Solutions Data Systems  
1051 Cassens Industrial Court  
Fenton, MO 63026

**Claim Disputes for Dates of Service on or after November 1, 2010**

The fastest way to resolve dissatisfaction with payment of a claim is to contact Bridgeport Claims Customer Service at **800.429.0495** (for dates of service before November 1, 2010, continue to call Care1st and ONECare Claims Customer Service 602.778.1800 options 5, 4).

*AHCCCS and DDD*

If you are still dissatisfied, you may dispute an adverse action against a claim by mailing a claim dispute (ARS §36-2903.01). The claim dispute should detail the factual and legal basis of the dispute. A claim dispute must be filed in writing and received by Care1st within 12 months of the date of service or eligibility posting date, or within 60 days after the date of the denial, of a timely claim submission, whichever is greater. Claim disputes should be mailed to:

Claim Disputes  
Care1st Health Plan Arizona, Inc  
2355 E. Camelback Rd, #300  
Phoenix AZ 85016

### *ONECare*

Medicare guidelines stipulate that contracted providers do not have appeal rights. We encourage providers to check claims status on Bridgeport's website [www.bridgeportdental.com](http://www.bridgeportdental.com) or to contact Claims Customer Service for assistance with questions or issues regarding claim payment, partial payment, or non-payment. As a reminder, claims must be received within six months from the date of service.

## **PRIOR AUTHORIZATION & CLINICAL MANAGEMENT**

Attached to this document is an "At a Glance Guidelines" that identifies prior authorization requirements and claim submission requirements. More detail information on the clinical guidelines and criteria will be available via the Bridgeport web site [www.bridgeportdental.com](http://www.bridgeportdental.com) by October 15, 2010.

The "At a Glance Guidelines" outlines prior authorization and claim submission requirements for dates of service on and after November 1, 2010. There are changes in requirements. We encourage you to review the document carefully and to call Bridgeport at **800.429.0495** with any and all questions.

Prior authorization requests will be responded to within two business days of receipt of the request unless additional information is required. Prior authorization will be valid for up to six months. A prior authorization does not guarantee payment IF the member is not eligible at the time of the visit.

If a service that requires prior authorization needs to be rendered immediately, please contact Bridgeport at **800.429.0495** and you will be advised on how to proceed based on the services requested.

### **Hospital Authorizations:**

If dental services need to be provided in an outpatient hospital setting, coordination with Care1st and ONECare is required for the facility portion of the care. Bridgeport will coordinate with Care1st and ONECare to ensure the necessary facility prior authorization is issued. In these situations, please submit a treatment plan to Bridgeport for review and include the following information:

1. Member's Full Name
2. Member's Medicaid Number
3. Dentist's Name
4. Facility where services are to be provided
5. Treatment plan
6. Letter of medical necessity on patients five (5) and older
7. Date of service
8. Reason for services to be provided in a hospital setting

If you have any questions on the information provided above or any other issues you would like to address, please contact Care1st Provider Network Operations at the numbers below or you may contact Bridgeport directly at 800.429.0495.

**Bridgeport/Care1st  
At a Glance Guidelines  
Effective for DOS 11/1/2010 and After**

**Adults 21 and Older:**

AHCCCS will cover medical and surgical services related to dental (oral) care. Covered dental services for members 21 yrs of age and older must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examining the mouth, x-rays, care of fractures of the jaw or mouth, giving anesthesia and pain medications and/or antibiotics. Certain pre-transplant services and prophylactic extraction of teeth in preparation for radiation treatment of cancer of the jaw, neck or head is also covered.

**General Prior Auth Guidelines for Children < 21:**

1. A General Dentist may refer a patient directly to a specialist in the network, except for Periodontal services, which require prior auth from Bridgeport. The Prior Auth Form must include a narrative, x-rays and perio charting.
2. General Dentists treating patients under the age of 4 must obtain prior auth before performing all restorative services.

**Prior Auth Guidelines by Code for Children < 21:**

| CDT Code                                 | Description           | Benefit Limitations   | Clinical Guidelines   | Prior Auth Required | Documentation Required for Prior Auth | Documentation Required w/ Claim Submission |
|--|-----------------------|-----------------------|---|---------------------|---------------------------------------|--|
| <b>DIAGNOSTIC SERVICES</b>               |                       |                       |   |                     |                                       |  |
| D0160                                    | Detailed exam         |                       |   | No                  |                                       | Narrative                                  |
| D0180                                    | Perio Exam            | 1 per yr              | Only covered if performed by a Periodontist   | Yes                 | Narrative                             |  |
| D0277                                    | Vertical bitewings    | 1 per 6 months        | Only covered if performed by a Periodontist   | Yes                 | Narrative                             |  |
| D0290, D0310, D0320, D0321               | Misc Specialty X-rays |                       | Only covered if performed by an Oral Surgeon  | Yes                 | Narrative                             |  |
| D0330                                    | Pano                  | 1 per 3 yrs ages 5-20 | Oral surgeon is not limited to 1 per year   | Yes                 | Narrative                             |  |
| D0340                                    | Cephalometric         |                       |   | Yes                 | Narrative                             |  |
| D0350                                    | Diagnostic Photos     | 1 per 6 months        |   | Yes                 | Narrative                             |  |
| D0470                                    | Diagnostic Casts      |                       | When needed for difficult tmt plans   | Yes                 | Narrative                             |  |
| <b>SPACE MAINTENANCE</b>                 |                       |                       |   |                     |                                       |  |
| D1510, D1515, D1520, D1525, D1550, D1555 | Space Maintenance     |                       | Not covered for 1st primary molar if 1st permanent molar has erupted into occlusion for patients over age 6 . Not covered for primary teeth numbers C - H nor M - R | Yes                 | Dated diagnostic quality x-ray        |  |

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| CDT Code                           | Description                            | Benefit Limitations   | Clinical Guidelines   | Prior Auth Required | Documentation Required for Prior Auth   | Documentation Required w/ Claim Submission |
|------------------------------------|--|---|---|---------------------|---|--|
| <b>RESTORATIVE</b>                 |  |   |   |                     |   |  |
| D2390                              | Crown - composite based                |   | Anterior teeth only   | Yes                 | Dated diagnostic quality x-ray  |  |
| D2750, D2752, D2790, D2792 & D2794 | Crowns                                 | One per lifetime  | Endodontically treated teeth only, member must be 18 through 20 yrs old, must have good oral hygiene, and tooth not involved with periodontal disease.                                | Yes                 | Dated diagnostic quality x-ray showing completed root canal   |  |
| D2751 & D2791                      | Crowns                                 | One per lifetime  | Endodontically treated teeth only, member must be 18 through 20 yrs old, must have good oral hygiene, and tooth not involved with periodontal disease. Anterior & Bicuspid teeth only | Yes                 | Dated diagnostic quality x-ray showing completed root canal   |  |
| D2931                              | Permanent SS Crown                     |   | Dentist is responsible for first 24 months for children 6 thru 20   | Yes                 | Dated diagnostic quality x-ray showing completed root canal   |  |
| D2932, D2933, D2934                | Primary SS Crown                       |   | Anterior teeth only, C-H and M-R. Dentist is responsible for first 12 months for children up to 14  | Yes                 | Dated diagnostic quality x-ray  |  |
| D2950, D2951, D2952, D2954         | Build up, pin retention, post and core |   | Must have interproximal decay or loss of tooth structure, and have been endodontically treated  | Yes                 | Dated diagnostic quality x-ray showing completed root canal   |  |
| D2970                              | Temporary Crown                        |   | Anterior teeth only   | Yes                 | Dated diagnostic quality x-ray showing completed root canal   |  |
| <b>ENDODONTICS</b>                 |  |   |   |                     |   |  |
| D3222, D3230, D3240                | Misc Pulpal Treatment                  |   | Cannot be billed on the same tooth by same provider within 12 period of time  | Yes                 | Dated diagnostic quality x-ray  |  |
| D3310 thru D3333, D3450 & D3920    | Root canal Treatment                   | Once per tooth, N/C for 3rd molars unless functioning in place of missing molar | Pt must exhibit good oral hygiene and tooth must not be involved with periodontal disease. Dentist must agree to restore tooth once tmt is completed.                                 | Yes                 | Pre-op x-ray of the tooth requiring root canal and either bitewing or pano showing the integrity of the arch. |  |

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| CDT Code            | Description          | Benefit Limitations         | Clinical Guidelines  | Prior Auth Required | Documentation Required for Prior Auth  | Documentation Required w/ Claim Submission |
|---------------------|----------------------|-----------------------------|--|---------------------|--|--|
| D3346 thru D3430    | Endodontic Treatment | Once per lifetime per tooth | Only covered if performed by Oral Surgeon or Endodontist. Pt must exhibit good oral hygiene and tooth must not be involved with periodontal disease. Refer pt back to General DDS for restoration. | Yes                 | Pre-op x-ray of the tooth requiring root canal and either bitewing or pano showing the integrity of the arch.  |  |
| <b>PERIODONTICS</b> |                      |                             |  |                     |  |  |
| D4210 & D4211       | Gingivectomy         |                             | Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm  | Yes                 | Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene. |  |

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| CDT Code            | Description              | Benefit Limitations                 | Clinical Guidelines   | Prior Auth Required | Documentation Required for Prior Auth  | Documentation Required w/ Claim Submission   |
|---------------------|--------------------------|-------------------------------------|---|---------------------|--|--|
| <b>PERIODONTICS</b> |                          |                                     |   |                     |  |  |
| D4240 thru D4321    | Misc Periodontal tmt     |                                     | Only covered if performed by a Periodontist. Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm                                      | Yes                 | Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene. |  |
| D4341 & D4342       | Scaling and Root Planing |                                     | Pt must exhibit good oral hygiene, have generalized pocket depths of 4-5 mm and radiographic evidence of bone loss, if not perform D1110 for difficult prophy | Yes                 | Diagnostic quality x-rays, perio charting of pocket depths, bone loss and mobility of all teeth in addition the charting of all missing teeth, teeth to be extracted, a brief narrative of pt dental history and current oral hygiene. |  |
| D4355               | Full mouth Debridement   | Once per 3 years for children 0-12. | Not covered on the same day as prophy D1120 or D1110  | Yes                 | Photograph must accompany prior auth request for children 0-12.  | Treatment for children ages 13 thru 20 does not require a Prior Authorization but a photograph must accompany the claim. |
| D4910               | Periodontal Maintenance  |                                     | Following active treatment  | Yes                 | Clinical Diagnostic Narrative showing previous perio tmt   |  |

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|--|-----------------------------|--------------------------------|---|---------------------|---|--|
| D4920  | Unscheduled Dressing change | By other than treating dentist |   | Yes                 | Narrative   | Narrative  |
| <b>PROSTHODONTICS</b>  |                             |                                |   |                     |   |  |
| D5110 thru D5912   | Removable Prosthodontics    | Dentures once per lifetime     | Excludes precision attachments, implants or other specialized techniques. No coverage for lost or stolen appliances. See the Clinical Guidelines for further details. | Yes                 | Sufficient diagnostic x-rays or other diagnostic materials to document missing and remaining teeth                              |  |
| D5913 thru D5988 & D5991   | Maxillofacial Prosthetics   |                                | Only covered if performed by an Oral Surgeon  | Yes                 | X-rays and narrative describing reason for prosthetic appliance   |  |
| <b>ORAL SURGERY</b>  |                             |                                |   |                     |   |  |
| D7210  | Surgical Extraction         |                                | Must meet CDT description including elevation of mucoperiosteal flap and removal of bone and/or sectioning of tooth   | Yes                 | X-ray and narrative   | If treatment plan changes due to unforeseen circumstances on date of service, x-rays and narrative must accompany the claim for consideration. |
| D7220 & D7230  | Removal of impacted teeth   |                                | Removal of asymptomatic teeth are not covered. See Clinical Guidelines for details of conditions which are considered to be symptomatic.                              | Yes                 | Either panoramic or periapicals x-rays of good quality showing the entire crown and root structure of the teeth to be extracted |  |
| D7240 & D7271, D7260 thru D7294, D7310 thru D7461, D7472 thru D7490, D7520 thru D7560 & D7880 thru D7999 | Other surgical procedures   |                                | Only covered if performed by an Oral Surgeon  | Yes                 | X-ray and narrative   |  |

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| CDT Code                           | Description  | Benefit Limitations | Clinical Guidelines  | Prior Auth Required | Documentation Required for Prior Auth   | Documentation Required w/ Claim Submission |
|------------------------------------|--|---------------------|--|---------------------|---|--|
| D7250                              | Surgical removal of residual roots                   |                     | Must include the cutting of soft tissue and bone, removal of tooth structure and closure. Not to be billed for exposed roots, use D7140                                | Yes                 | X-ray and narrative   |  |
| D7610 thru D7877                   | Oral Surgery for Trauma                              |                     | Only covered if performed by an Oral Surgeon   | Yes                 | X-ray and narrative   |  |
| <b>ADJUNCTIVE</b>                  |  |                     |  |                     |   |  |
| D9220, D9221, D9241, D9242 & D9248 | General Anesthesia, IV Sedation & Conscious Sedation |                     | Member must have a behavioral, problem or compromising medical condition that requires the use of general anesthesia. Provider must have an Arizona State Board permit | Yes                 | Narrative describing the patient's medical condition that necessitates the use of general anesthesia. |  |