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From Delta Dental of North Carolina

Winter 2018

Here we grow again!

We welcome the following groups, effective January 1, 2019, bringing more than 27,000 new enrollees to the Delta Dental family. The list below does not include the numerous small-market groups and individual subscribers that are also joining the Delta Dental family in 2019.

Group Name	City	Number of Eligible Subscribers
Belk	Charlotte	9,800
PPD	Wilmington	7,300
City of Raleigh	Raleigh	3,900
Hillco, LTD	Kinston	2,500
Johnston County Schools	Smithfield	2,200
EmergeOrtho	Durham	1,200
Pinehurst, LLC	Pinehurst	500
Beaufort County Schools	Washington	500

Important Benefit Changes–City of Greensboro



Effective January 1, 2019, City of Greensboro will implement the following changes to their Delta Dental of North Carolina benefit plan:

- Dental services rendered by a nonparticipating provider will be subject to a \$50 deductible per person, per benefit year, limited to a maximum deductible of \$100 per family per benefit year. This deductible applies to **all** services, including diagnostic and preventive services.
- Out-of-network claim allowances will change from pay as submitted to the 90th percentile.

Please ensure your office staff is informed and prepared for these important benefit changes. [Download the benefit summary](#) for additional plan details. If you have any questions about this change, please contact customer service at 800-662-8856.

Code updates effective 2019

The Code on Dental Procedures and Nomenclature (the Code), commonly known as Current Dental Terminology, or CDT, is the current HIPAA-designated code set used in electronic dental data interchange. As such, the Code is the national standard for reporting dental services and is the principal means of communication between dentists and dental benefits payers.



Any dental claim submitted electronically on a HIPAA-standard electronic dental claim must use procedure codes from the current version of the Code. The Code is also used on dental claims submitted on paper.

The Code is regularly updated to reflect changes in dental procedures accepted by the dental community. The Code is now reviewed and revised by the American Dental Association (ADA) on an annual cycle, with each revised version effective on January 1 every year.

A revised version of the Code, as published by the ADA in the manual titled CDT 2019: Dental Procedure Codes, will be effective January 1, 2019, for services provided on or after January 1, 2019, through December 31, 2019.

The 2019 version of the Code incorporates a significant number of procedure code changes, with 15 new procedure code entries, four deleted code entries and 19 revised procedure code entries. Fourteen of the revised entries were only editorial changes (e.g. changes in syntax or spelling).

Among the 38 procedure code changes for 2019 is a revision of the space maintainer codes to now be arch-specific (i.e., maxillary and mandibular). CDT 2019 also includes an expansion of procedure codes for occlusal guards and a new procedure code for noninvasive physical therapies for temporomandibular joint dysfunction.

Along with the CDT 2019 procedure code changes, the following claim processing policies will be effective January 1, 2019:

- When performed on the same day as HbA1c in-office point-of-service testing (procedure code D0411), the fee for a blood glucose level test

(procedure code D0412) may not be charged to the patient by the same participating dentist.

- Certified translation or sign language services (procedure code D9990) are considered inclusive in overall patient management, and fees for these services may not be charged to the patient by the same participating dentist.
- When performed on the same day as extractions (procedure codes D7140 – D7250), the fee for alveoloplasty (procedure codes D7310 and D7311) may not be charged to the patient by the same participating dentist.
- When submitted with comprehensive orthodontic treatment of the transitional dentition (procedure code D8070), comprehensive orthodontic treatment of the adolescent dentition (procedure code D8080) or comprehensive orthodontic treatment of the adult dentition (procedure code D8090), the fee for preorthodontic treatment examination to monitor growth and development (procedure code D8660) may not be charged to the patient by the same participating dentist.

With all the new code changes, we recommend that dentists and dental offices verify covered services for patients before rendering treatment. Details of individual coverage can be verified by calling our customer service team at 800-662-8856 or by logging in to the Dental Office Toolkit®.

Accurate coding promotes faster claim processing and fewer errors, so Delta Dental recommends that each dental office have a current copy of the Code to stay up to date with procedure coding. To order a copy of the 2019 Code, call the ADA at 800-947-4746, or visit www.adacatalog.org.

Download the 2019 dentist handbook

The Delta Dental Dentist Handbook has been updated with all of the information your dental office staff needs to know about Delta Dental of North Carolina's standard claims processing guidelines and administration policies. Please click [here](#) to download a copy for your office today.

Important notice regarding phone inquiries



Effective December 1, 2018, Delta Dental of North Carolina will no longer accept phone inquiries from third-party solutions, for example Medusind, BPOSS and Clinicspectrum, that initiate calls to obtain benefits and eligibility information on behalf of dental offices. Research shows that some of these entities are not accredited with the Better Business Bureau and cannot be adequately verified.

Although we will no longer provide member benefits information to third-party services by phone, dental providers can still retrieve benefit and eligibility information by phone, by accessing the Delta Dental website, or by submitting pre-treatment estimates.

Smiles for Kids grants program

The Delta Dental Foundation is currently seeking applications from nonprofit organizations in North Carolina to help fund dental education initiatives and programs designed to promote children's oral health, especially to those in underserved areas.



The Smiles for Kids grant program will award up to \$45,000 to organizations. Each grant request will be considered and carefully reviewed in terms of eligibility and conformity with the guidelines. The submission deadline is December 21, 2018.

Submission guidelines include:

- Smiles for Kids grants are limited to a maximum of \$5,000 per grant.
- Grants must be dedicated to local not-for-profit programs designed to promote children's oral health in North Carolina.
- Of particular interest are programs designed to promote/improve the oral health of underserved children in at-risk populations.
- Only one proposal per organization per year will be considered.

Upon submission, Delta Dental will evaluate each application based on factors such as the program's focus on children, potential value to the community, measurable results and the level of local community support it attracts. Winners will be announced in February 2019.

Grant applications, additional guidelines and eligibility requirements can be found [here](#).



Keep in touch

If your practice is changing email addresses, please let us know. Please send your name and new email address [here](#).

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