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# After-Hours Care

Participating providers are responsible for offering members access to covered services 24 hours a day, 7 days a week. Access includes regular office hours on weekdays and the availability of a provider or designated agent by telephone after regular office hours, including weekends and holidays.

The ADA Principles of Ethics and Code of Professional conduct states that “Dentists shall be obliged to make reasonable arrangements for the emergency care of their patients.” In most cases, the patient is best served by the treating dentist, by someone who works with the treating dentist or by another dentist in the community who is, or may easily become familiar with the patient’s treatment history. A patient who is negatively impacted as a result of inadequate after-hours coverage may allege that the treating dentist, and/or dental office abandoned them. To reduce the risk of potential liability, the dentist and office are required to provide 24/7 coverage.

## Acceptable After-Hours Methods include:

- An answering machine with an emergency telephone number to contact the dental office or a participating doctor in your office, or a dentist “on call” to cover your emergencies.
- An answering machine outgoing message may refer patients to the Emergency room for after-hours care for “life-threatening” or “medical emergencies” or for patients that have not been treated in the office before.
- A live answering service.
- For offices that take a message via an answering service or an answering machine, there should be a clear message as to when the member will receive a call back, within a professionally acceptable and medically appropriate time frame (for example, within 2 hours).
- A member who is a patient-of-record in your practice, or is assigned to your office as their primary care dental facility, should expect to receive a call back in a reasonable time frame – generally 1-3 hours.
- Once the patient’s condition is determined, those with true dental emergencies should be seen within 24 hours or sooner if medically indicated.

If you have any questions regarding the standards for After-Hours Accessibility, please contact our Provider Relations Team at **888.352.7924**.



## Contact Us



### Internet Access

[www.libertydentalplan.com](http://www.libertydentalplan.com)

- Eligibility
- Claims Submission
- Claims Status
- Benefits Confirmation

### Professional Services

- Contracting
- Provider Education

### Toll Free Office:

Florida: **888.352.7924**  
California: **800.268.9012**  
Nevada: **888.700.0643**  
All other States: **888.352.7924**

### Toll Free Fax:

Florida: **888.401.1129**  
California: **800.268.0154**  
Nevada: **888.334.6034**  
All other States: **888.401.1129**

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# CDT 2017 Updates

The American Dental Association (“ADA”) has released the 2017 version of the Current Dental Terminology (“CDT”) Procedure Codes. Effective January 1, 2017, current CDT codes should be used when submitting non-Medicaid program claims. The codes that LIBERTY Dental Plan may provide benefits for are listed below.

<b>New CDT 2017 Codes for all LIBERTY Commercial Risk DHMO/EPO and CAP Plans:</b>		
<b>New Code</b>	<b>Description</b>	<b>Determination</b>
<b>Diagnostic Services</b>		
<b>D0414</b>	Laboratory process of microbial specimen, culture, sensitivity, prep, report	This will be added to all plans that cover D0415. Patient copay/provider reimbursement same as D0415
<b>Preventive Services</b>		
<b>D1575</b>	Distal shoe space maintainer, fixed, unilateral	This will be added to all plans that cover D1510. Patient copay/provider reimbursement same as D1510
<b>Periodontal Services</b>		
<b>D4346</b>	Scaling in presence of generalized moderate or severe gingival inflammation, full mouth after evaluation	This will be added to all plans that cover D1110. Patient copay/provider reimbursement same as D1110. Shares frequency with D1110 and D4910
<b>D6081</b>	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	This will be added to all plans that cover implants. Patient copay/provider reimbursement same as D1110. Frequency of 1 every 12 months (not shared with D1110 frequency)
<b>D6085</b>	Provisional implant crown	This will be added to all plans that cover provisional services. Patient copay/provider reimbursement same as D2799
<b>Adjunctive General Services</b>		
<b>D9311</b>	Consultation with a medical health care professional	This will be added to all plans that cover D9310. Patient copay/provider reimbursement same as D9310
<b>D9991</b>	Dental case management, addressing appointment compliance barriers	This will be added to all plans. Patient copay/provider reimbursement is \$0
<b>D9992</b>	Dental case management, care coordination	This will be added to all plans. Patient copay/provider reimbursement is \$0
<b>D9993</b>	Dental case management, motivational interviewing	This will be added to all plans. Patient copay/provider reimbursement is \$0
<b>D9994</b>	Dental case management, patient education to improve oral health literacy	This will be added to all plans. Patient copay/provider reimbursement is \$0

# Update: Member Treatment History Available Online – iTransact (Web Portal)

Providers are now able to obtain and print a member's treatment history from our Provider Web Portal – iTransact located at [www.LibertyDentalPlan.com](http://www.LibertyDentalPlan.com)

- 1) **LOG IN** - Use your log-in credentials or create an account.
- 2) **Click on** "Check Eligibility" in the left navigation pane



- 3) Follow the instructions provided in the "Check Eligibility" page on how to search for members

**\*To check eligibility you are required to use 3 (or more) of the 5 fields.\*  
LIBERTY Dental Plan recommends \*First Name, Last Name, and Date Of Birth\* for best results.**

Member Coverage Lookup (enter the following search criteria)

Member #:  Policy #:   
 Last Name:  First Name:  DOB:

- 4) Once a member is located, the office's screen should look similar to the below

Utilizations	History	Benefits	Member Facesheet	Member #	Policy #	Last Name	First Name	DOB	Group Name	Effective Date	Expiration Date
<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	T0002-01	N/A	Dental James	James	2/1/1955	The Demo Company	4/1/2009	12/31/9999
<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	T0002-01	N/A	Dental James	James	2/1/1955	The Demo Company	1/1/1900	1/31/1900

- 5) In the screen shot above the second option says "view" under the History column. Click this link to display the records you need



- 6) The screen below will appear. If user wishes to print a member's history they may do so by selecting the "Print" link

Procedure Code	Procedure Name	Tooth	Surface	Procedure Date	Claim Number	Claim Status
D1110	Prophylaxis, adult			4/1/2009	0000408649	Claim Paying
D0150	Comprehensive oral evaluation			4/1/2009	0000408649	Claim Paying
D1110	Prophylaxis, adult			4/1/2009	0000408650	Claim Denied.
D0150	Comprehensive oral evaluation			4/1/2009	0000408650	Claim Denied.
D0150	Comprehensive oral evaluation			6/1/2009	0000427979	Claim Paying
D1110	Prophylaxis, adult			6/1/2009	0000427979	Claim Paying
D2750	Crown, porcelain fused to high noble metal	5		6/14/2009	0000455794	Claim Paying
D2750	Crown, porcelain fused to high noble metal	1		7/3/2009	0000446185	Claim Paying
D2140	Amalgam, one surface, primary or permanent	19	O	9/1/2009	0000508139	Claim Denied.
D2150	Amalgam, two surfaces, primary or permanent	3	MO	10/1/2009	0000547501	Claim Paying
D2150	Amalgam, two surfaces, primary or permanent	3	MO	10/5/2009	0000547502	Claim Paying
D1110	Prophylaxis, adult			1/1/2010	0002266395	Claim Paying
D2150	Amalgam, two surfaces, primary or permanent	7	MOL	2/9/2010	0000674143	Claim Paying
D0220	Intraoral, periapical, first radiographic image	18		2/17/2010	0000694147	Encounter Claim.
D2751	Crown, porcelain fused to predominantly base metal	10		3/2/2010	0000815772	Claim Denied.
D2751	Crown, porcelain fused to predominantly base metal	10		3/2/2010	0000717398	Claim Denied.
D3330	Endodontic therapy, molar (excluding final restoration)	30		4/6/2010	0000816138	Claim Paying





# Important: Keeping Provider Profile Current

Do you like to get paid for providing dental care to your patients? Do you like to get paid in a timely manner? If you answered “yes,” then the most important task your office can do is to keep your provider information current. Failure to update provider names, addresses, phone numbers, NPIs, Tax Identification Numbers (TIN)s, and other pertinent information, may result in a lack of payment or a delayed in payment.

It is very important to keep provider data as current as possible. Notify LIBERTY Dental Plan immediately if:

- A new dentist joins or leaves your office
- Your office has an address change
- Your office has a TIN change
- Your office has any billing address changes

Please note: Dental Providers can begin treating LIBERTY members AFTER the credentialing process is fully completed. If a dentist begins treating patients before the credentialing process is complete, payment will not be received for services prior to the provider’s effective date. In addition to the above, please contact us when your office changes the following as these items impact your provider directory that we share with our members.

- Office hours
- Languages spoken
- Whether you are accepting new members
- Plans or programs that your office currently are accepting

If you have any questions or you would like to update your provider profile, please contact LIBERTY’s Professional Relations Department at **888.352.7924** or email us at [prinquiries@libertydentalplan.com](mailto:prinquiries@libertydentalplan.com). LIBERTY appreciates your participation, partnership and our mutual goal to provide your patients and our members the highest quality oral health care.



## Be in the Know

Members are given the opportunity to participate in Satisfaction Surveys on an ongoing basis. The survey results are reviewed frequently to identify opportunities to improve quality of service and care.

# CMS Delays Medicare Part D Enforcement Date to 2019

The Centers for Medicare & Medicaid Services has announced it is delaying enforcement of the Medicare Part D prescriber enrollment requirement. Providers now need to enroll by Jan. 1, 2019 instead of by Feb. 1, 2017.

The ADA is working with lawmakers, regulators, and others to change a Center for Medicare and Medicaid Services (CMS) rule that requires prescribing dentists—who do not otherwise participate in Medicare—to enroll in (or formally opt-out of) the program before Medicare Part D will reimburse patients for any drugs prescribed. The rule is yet another administrative burden on dentists and an unnecessary restriction on coverage for Medicare Part D enrollees.

Though intended to prevent under qualified or even fraudulent individuals from enrolling in Medicare, there is scant evidence that Medicare Part D prescription fraud is being perpetrated by individuals posing as dentists. The vast majority of dentists do not even participate in Medicare. Moreover, other means already exist to validate that prescriptions are being written by appropriately licensed and credentialed dentists.

## Message to FL Providers -

*We want you to know that:*

LIBERTY plans on being a part of the Florida Medicaid Dental Program regardless of the program being Carved In or Carved Out.

# Critical Incident Awareness Training

Did you know providers are required to report critical incidents to LIBERTY Dental Plan and the proper authorities? To help you comply with this requirement, LIBERTY has supplied a **Critical Incident Awareness Training** on our website, which providers must complete within 60 days of contract effective date.

Members participating in Medicaid and Medicare programs may be vulnerable to abuse or neglect due to their health condition, age, social isolation and economic situation. There are a number of critical incidents to look out for, which have been identified by CMS. These critical incidents include:

- **Abuse**
- **Neglect**
- **Exploitation**
- **Disappearance**
- **Death**
- **Serious, life threatening event requiring immediate emergency evaluation**
- **Seclusion and restraints**
- **Suicide Attempt**

To find out more about this requirement, please visit [www.cms.gov](http://www.cms.gov). There may be additional state-specific requirements in your state. To comply with and complete this CMS-required training, please visit our website at [www.libertydentalplan.com/Providers/Critical-Incident-Training.aspx](http://www.libertydentalplan.com/Providers/Critical-Incident-Training.aspx) or call our Provider Relations Team at **888.352.7924**.



## Compliance Corner

### Report Your Concerns for Compliance, Privacy, Ethics or Fraud, Waste and Abuse

**Call:** 888.704.9833  
**Email:** [compliance@libertydentalplan.com](mailto:compliance@libertydentalplan.com)  
**Fax:** 714.389.3529

**Mail:** Compliance Officer  
**LIBERTY Dental Plan**  
340 Commerce, Suite 100  
Irvine, CA 92602

Anyone can report concerns 24 hours a day, 7 days a week, including employees, members, providers, vendors, etc. LIBERTY enforces a strict policy of non-retaliation. Retaliation against anyone who reports compliance concerns in good faith is strictly prohibited. If you see retaliation or believe it has occurred, you must report it.



# Can You communicate in the same language as your patients?

With over 3 million LIBERTY Dental Plan members, we are keenly aware that many of our members may speak languages other than English. For eligible members, LIBERTY may arrange for telephonic interpreters 24 hours a day, seven days a week at no cost, including American Sign Language. To request a telephonic, or, in some cases, a face-to-face interpreter for dental visits, call LIBERTY's Member Services Department at **888.352.7924**. Please allow at least two business days prior to the patient's appointment for face-to-face requests.

You may access a copy of the most updated Language Assistance Poster on our website at: [www.libertydentalplan.com/Providers/Providers.aspx](http://www.libertydentalplan.com/Providers/Providers.aspx).

**Don't forget: Member charts must document the request or refusal of language assistance services.**

LIBERTY offers telephonic interpreting services in 150 languages



## Authorization, Referral or Claims Submission Requests

There are a few ways to submit a request for an authorization, referral or claim submission to LIBERTY Dental Plan: online, e-mail, fax or mail.

For Referrals, Referral Resubmissions or Hospital Cases, please use:

Email: [referralfax@libertydentalplan.com](mailto:referralfax@libertydentalplan.com)

Fax: 949.270.0104  
949.253.0096

Mailing address for referral requests:  
LIBERTY Dental Plan  
PO Box 26110  
Santa Ana, CA 92799-6110

For Claims, Pre-Estimates, Non-referral resubmissions, W9 forms attached to claims, and Ortho Transition of Care cases, please use:

Email: [claims@libertydentalplan.com](mailto:claims@libertydentalplan.com)

Fax: 949.270.0103

Mailing address for claims requests:  
LIBERTY Dental Plan  
PO Box 26110  
Santa Ana, CA 92799-6110

Online

The online authorization and referral tools offer quick and easy submission and status tracking of prior authorizations, referrals, etc. Registration at <http://www.libertydentalplan.com/Providers/Providers.aspx> is required for providers and staff to use the Self Service Tools. Visit our registration page to sign up today.