April 2012

Help Us Help Our Members Find You!

Don’t forget to register and/or update your office information to help our HDS members find you! Specific information regarding your dental office will help members identify the languages spoken at your office, whether your office is accepting new patients, and more! To get started, go to the HDS forms section on HDS Online to complete the Participating Dentist Directory Survey.

Visit HDS Online to Download Forms to:
- Add a new location
- Add or terminate HDS Online users
- Sign up for Direct Deposit
- Inactivate a dentist from a location

“What If They X-Rayed My Head and Found Nothing Inside”: Radiographic Technique, Technology and Anatomy Update

Dale Miles, DDS, MS FRCD(C), BA, professor of Oral and Maxillofacial Radiology at the Arizona School of Dentistry & Oral Health will be the guest speaker at a presentation sponsored by Hawaii Dental Service and the Department of Dental Hygiene at the University of Hawaii at Manoa.

Dr. Miles will discuss the following topics:
- Risky Business: Dental X-rays – Are They Safe? Are They Necessary?
- Intraoral and Panoramic Positioning Tips: “Location, Location, Location!”
- Normal Anatomy in Dental X-rays: Let’s See What You’ve Been Missing.

When: Thursday, May 24, 2012 from 8:30 a.m. to 4 p.m.

Where: UH Manoa - Architecture Auditorium - 2410 Campus Road, Rm. 205
(parking $5; enter through Lower Campus Road)

Cost: $75 for dentists, dental hygienists or dental assistants (Regular)
$25 for dental hygiene students (Member)

CEUs: Participants earn 7 CEU credits

To Register: http://www.outreach.hawaii.edu/noncredit/courses/programdetail/1842

HDS Annual Luncheon Meeting of the Members

Please join us at the HDS Annual Meeting of the Members to be held on Thursday, May 3, 2012 at noon at the Ala Moana Hotel, Hibiscus Ballroom I.

The meeting will feature HDS’s annual report from HDS Chairman T. Kimo Blaisdell and the election of new board members. For more information and to register for the meeting, please visit HDS Online or contact HDS Professional Relations at (808) 529-9222 or (800) 232-2533 ext. 222.
Ask HDS
If you would like to submit a question, please e-mail askhds@hdsonline.org.

Q: Can I charge my dentist fee (amount charged) for services subject to a wait period?
A: No. All HDS participating dentists have agreed by contract to charge the HDS eligible fee for all services rendered to HDS patients whether a wait period applies or not.

Q: Should I submit all procedures to HDS whether they are a benefit or not?
A: Yes. As stated in the HDS Rules and Regulations: The member dentist shall submit claims to HDS accurately reporting to HDS all dental services rendered to an HDS Patient, whether or not such services are Covered Benefits for the HDS Patient, so that HDS may know of all services that may affect Dental Plan limits or Covered Benefits. This Rule applies even if such services are not payable by HDS and/or are not Covered Benefits.

Welcome New Dentists
Endodontist
Paulo G.M. Nogueira, DDS

General Dentist
Randall J. Ressler, DDS

Orthodontist
Katherine M. Masaki, DDS

Welcome New HDS Groups
Don Quijote USA Ltd
#2944

IP1, LLC Monkeypod Restaurant
#2942

How Can I Guarantee a Patient’s Eligibility?

HDS strives to provide accurate patient eligibility information by updating HDS Online and DenTel on a daily basis. However, there may be an instance when the patient eligibility information may not be accurate. This could happen when a patient loses group coverage and seeks dental services before eligibility changes are received from his/her employer group. In this case, HDS will guarantee the eligibility of the patient as long as all of the following four conditions are met:

- The dental office must have a copy of the Eligibility Verification report showing that eligibility was verified on the date of service from either HDS Online or DenTel. (Calls to Customer Service cannot be used for the eligibility guarantee.)
- The claim must be submitted within 7 calendar days from the date of service.
- HDS must be primary coverage.
- No other dental coverage exists, either with HDS or another carrier.

Please also note the following:

- If the eligibility was verified for two or more HDS plans and upon processing of the claim, only one coverage is active, HDS will process the claim under the active coverage only.
- In the case where eligibility was verified for two or more HDS plans and upon processing of the claim no coverage is active, HDS will only process the former primary plan.
- Only eligibility is subject to this guarantee. Product maximums, frequencies and other processing criteria will be subject to the usual HDS claims adjudication rules and regulations.
- Appeals of Eligibility Guarantee must be received within 30 days of the date of service.

New 50th Anniversary Commercial Features
HDS Member in First Group Plan

In celebration of its 50th anniversary, HDS recently launched a new television commercial which features Donna Canyon who was an HDS member as a child under our very first group plan.

Donna, whose father was a stevedore for many years, was enrolled in Group #1 which was established 50 years ago for the children of the stevedore union workers. Today, she continues to be an HDS member through her current employer, the Ihilani Hotel. Donna’s two sons are also covered under her plan, making them the third generation of HDS members in her family.

The commercial also includes some familiar HDS faces: Doreen Kakinami, HDS’s first employee; Dr. Fumio Tsuji, an HDS founding director; retired participating dentist Dr. Pete Nishimura; and Drs. Sanford and Kelvin Asahina.

Mahalo to our participating dentists and their staff members for helping HDS to be the best dental plan in Hawaii for the past 50 years.
Creating and maintaining complete and accurate dental records are important for several reasons. Charting and other documentation assist the dentist in ongoing dental treatment and other health care providers who may contribute to a patient’s care, protect the dentist in the event of patient litigation, support details of claims submissions, and are important in the event of an audit by insurance companies and governmental agencies.

When an office receives notice of an audit or litigation, it may already be too late if the office has a poor history of documentation in the dental record. Copies of the dental treatment records, radiographic images, periodontal and other charts, ledgers, schedules (day sheets), lab prescriptions, invoices and other relevant documentation are usually requested during an audit. Documentation is the ultimate key to a positive audit outcome and/or successful litigation. Failure to maintain complete and accurate documentation may result in significant additional administrative time for the dentist and office staff and financial liability to the dentist if an audit or litigation occurs.

The following problem areas may adversely affect a dentist during an audit or litigation:

- Poor or scant clinical notes
- Missing clinical notes and radiographs
- No periodontal charts or periodontal diagnosis listed in the charts
- Health history not documented or updated
- No informed consent
- Illegible chart entries

Suggestions for Improving Documentation

To avert these problems, I would suggest offices adhere to the ADA recommendations \(^1,2\) (below) regarding what should be documented and included in the dental record. The list below includes some examples.

- Name, address, birth date, and contact information of parent or guardian if patient is a minor
- Medical/dental history should be completed by the patient or guardian before treatment and also reviewed and updated at each appointment
- Treatment or progress notes should contain the patient’s chief complaint, clinical hard and soft tissue findings (abnormal and normal), periodontal, TMJ, and caries diagnoses
- Risks and benefits of any proposed treatment should be included as well as alternatives and the risk of no treatment
- Diagnostic records, charts, study models
- Medication prescriptions including date medication was prescribed, the dose, amount, specific directions for use, number of refills
- Radiographs, radiographic images, clinical photos if taken
- Laboratory prescriptions/work order forms
• Referral letters and consultations with both referral and referring dentists or physicians
• Post-operative or home instructions
• Discussion about informed consent and any related forms
• Waivers/authorizations
• Documentation regarding phone calls and personal conversations with the patient
• Any written correspondence to and from the patient
• Treatment plan notes including dates of patient visit, actual procedure performed and clinical indications for the procedure, type and amount of local anesthesia administered
• Description of radiographs taken (i.e. PA # 3, 9, 31 instead of 3 PAs)
• All cancellations or failures

Using “SOAP” Format Documentation

On a personal note, I have always found the SOAP format to be a very effective means for documentation of my clinical notes. The “S” is the subjective (reason why patient came to see you and should be in their own words when possible), “O” is objective (list your objective clinical findings, health history review, oral cancer screening, periodontal findings/probing results, caries, radiographs taken), “A” is your assessment or diagnosis, “P” is the plan (proposed treatment plan and sequencing). Please see example below.

S -  Emergency exam. “My tooth is killing me,” patient points to tooth #14, BP: 128/76 Pt. reports spontaneous, throbbing pain rated 9/10 since last night, unable to sleep last evening

O -  HQR (dated today) – patient taking Motrin 800 mgs 3 times per day for last 3 days OCSE: WNL PA #14: periapical radiolucency noted on mesial root Clinical exam: cracked MODB amalgam restoration with obvious deep decay PA #14 reveals deep decay in close proximity to pulp + hot/cold, + percussion, + chewing/biting pain, + palpation on buccal #14

A -  Symptomatic irreversible pulpitis / Symptomatic apical periodontitis #14

P -  1) Xylocaine 1:100 x 2 carpules, pulpectomy completed today 2) Referred to endodontist Dr. ________ on ________. 3) RTC prn if pain/symptoms persist

Dental offices are encouraged to reexamine their documentation practices, look for areas needing improvement and if necessary incorporate these standards into their daily work pattern. If so, they are more likely to be fully prepared and ready when and if an audit is performed or when facing potential litigation.

References: