Planning to Attend the ADA Convention?
Discount on Hawaiian Airlines

Don’t forget to take advantage of HDS’s Preferred Affiliate Program with Hawaiian Airlines when planning your trip to the ADA Convention in October! The program allows reservations for personal and business travel through Hawaiian Airlines’ Preferred Affiliate website.

Reservations must be booked online at HawaiianAir.com/Affiliate and the following Preferred Affiliate program code: HDSAFFILIATE must be entered to access the following program benefits.

- 5% discount off the base price when traveling from Hawaii to the West Coast.
- Earn flight credits on your individual HawaiianMiles account.

Please note: Program terms and benefits are subject to change without notice.

How to Apply Deductibles

Some HDS plans have an annual deductible which can either apply to each member or per family. Deductibles apply to services that are not covered at 100 percent.

The following example shows how to apply a deductible:

Deductible = $25, Amount Allowed = $100, Plan Benefit Percentage = 80%

1. Subtract the deductible from the Amount Allowed:
   $100 - $25 = $75

2. Multiply that amount by the Plan Benefit Percentage:
   $75 x 80% = $60 (HDS payment)

3. Subtract the HDS payment from the Amount Allowed to determine the Patient Share:
   $100 - $60 = $40 (Patient Share)

Please contact Customer Service or use the HDS Online Benefit Estimator for assistance when calculating deductibles.
HDS Online: Sending Attachments Online

Don’t forget to select the appropriate attachment type when sending an electronic attachment through HDS’s Customer Service Inquiry feature. This will help our claims department identify and expedite your attachment along with your claim.

Please refer to the following example when attaching your X-ray, EOB, etc. to your Inquiry Submission Record. The inquiry feature is helpful when submitting claim reconsiderations or requesting a correction to be made on a processed claim.

To select the appropriate attachment, click on the arrow as indicated and select the type of attachment being sent.

Completion of Procedures After Eligibility Ends

HDS subscribers and their dependents have 30 days following the termination of their dental plan coverage to complete services that were initiated while their coverage was still in effect, unless the patient is covered by another plan during those 30 days. If the patient is covered by another plan during the 30 days after termination of the HDS plan, the active plan takes precedence and the 30-day termination policy does not apply.

To ensure this service is reviewed appropriately, a narrative must accompany the claim, indicating both the initial date of treatment AND the treatment.

Delta Dental National Portal

Verify Patient Eligibility For Delta Dental Patients

At www.deltadental.com you can verify patient eligibility and benefits for all Delta Dental patients. To register, click on “Register” at the top of the page and complete the required information. You will be given a unique User ID and password which will allow you to access Delta Dental patient information. For assistance with setting up an account or problems with existing accounts, please call the Delta Dental Help Desk for assistance at (866) 625-0700.

Ask HDS

If you would like to submit a question, please e-mail us at askhds@hdsonline.org.

Q: Should I submit claims for all services to HDS?

A: Yes. As stated in the 2011 HDS Rules and Regulation, “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 HDS may know of all services that may affect Dental Plan limits or Covered Benefits for any HDS Patient. This Rule applies even if such services are not payable by HDS and/or are not Covered Benefits.”

Q: How do I terminate an employee’s access to HDS Online and DenTel?

A: Download a copy of the Claim Submission and Signature on File Authorization Form from HDS Online and fax the completed form to Professional Relations at 529-9368 or toll-free at (866) 376-7500.

New Groups

Ka Hale A Ke Ola Homeless Resource # 2933

McKinley Motor Service #2934

New Dentists

General Practice
Cherie Y. Sedwick, DDS
Hawaii Family Dental Centers
Oahu

Rhinelle P. Torres, DMD
Hawaii Family Dental Centers
Kahului, Lihue, Oahu

Christopher G. Vitagliano, DMD
Queen’s Medical Center Dental Clinic
Honolulu, Oahu

Pediatric Dentist
Kyoko Awamura, DDS
Kealakekua, Big Island
This article will provide the dental office with advice concerning submission of X-ray images and discuss making appropriate X-ray choices to minimize patients’ exposure to ionizing radiation.

**Submission of X-rays**
Please remember the following when submitting X-rays:

- X-rays should be of diagnostic quality.
- Properly orient X-rays (right vs. left side) and include the date the image was taken.
- Label teeth numbers particularly when there are root tip remnants or broken down teeth.
- When scanning film X-rays, the “film dimple” should always be facing down on the flat-bed scanner.
- When submitting a digital image, submit the image electronically using HDS online.

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**Tips for Selecting the Optimal X-ray Image**

**Third molar extractions:** A panoramic image is the preferred image. Bitewing X-rays do not provide adequate diagnostic coverage of the entire crown, roots, and adjacent bone. Periapical X-ray’s (PA’s) are not optimal; however, if they are submitted, PA’s should provide entire coverage of the crown, roots, and adjacent bone.

**Single tooth extraction (other than 3rd molar):** A panoramic or periapical film that shows the entire tooth (crown/roots/adjacent bone) is appropriate.

**Posterior crowns/inlays/onlays:** A BWX or PA image with the tooth to be restored clearly visualized and the entire crown present is appropriate. See example below.
**Anterior crowns/veneers:** A PA image showing the entire crown should be submitted. A panoramic image should not be submitted because the teeth are often blurred, overlapped, narrowed or foreshortened due to positional and technique errors.

![PA image of teeth](image)

Teeth #23, 24, 25 submitted for PFMss. PA images of these teeth (if available) are desirable for the reasons listed above.

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**X-ray Quality Assurance**

A dental office may receive a remittance advice with Processing Policy 127 which states “**X-ray received is of non-diagnostic quality. Payment by HDS and patient co-payment pending receipt and review.**” It is incumbent for the dental office to determine the nature and cause of the non-diagnostic image and supply a supporting diagnostic image. A careful look for possible positional or technique errors and a review of X-ray clinical and dark room procedures may be appropriate. When scanning or printing an image to paper, please check proper printer and scanning settings. Always print using the highest printer resolution as this may eliminate the graininess and pixilation that is often noted in these scans.

**Radiation Safety:** There has been recent adverse publicity about dentists performing unnecessary X-rays (see *NY Times November 22, 2010*). Every effort should be made to reduce the unnecessary exposure of our patients to ionizing radiation and practice the principles of ALARA (as low as reasonably achievable). Proper use of thyroid and apron shields as well as rectangular collimation, use of digital X-rays or E-speed or F-speed film will help reduce unnecessary exposure to radiation.

The *Guidelines for Prescribing Dental Radiographs* were authored by a panel of experts and endorsed by the ADA and the U.S. Food and Drug Administration (FDA) in 2004. These Guidelines state that X-rays should be taken **only after a complete examination** by the dentist. The decision to take radiographs should be based on the specific needs of the patient only after the clinical examination and not by an administrative time table or dental benefit plan.

Additionally, excellent lighting from the dental unit, magnification loupes, dental microscopes as well as the new dental headlights mounted on loupes make it much easier to detect dental disease. More importantly, in an effort to minimize unnecessary radiation to the patient, the dentist should always determine if the X-ray exposure will result in any additional diagnostic information. Each dental office should periodically conduct a thorough review of X-ray processes specific to their office and make any necessary changes to their X-ray protocols.
GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS

The recommendations in this chart are subject to clinical judgment and may not apply to every patient. They are to be used by dentists only after reviewing the patient’s health history and completing a clinical examination. Because every precaution should be taken to minimize radiation exposure, protective thyroid collars and aprons should be used whenever possible. This practice is strongly recommended for children, women of childbearing age and pregnant women.

<table>
<thead>
<tr>
<th>TYPE OF ENCOUNTER</th>
<th>PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child with Primary Dentition (prior to eruption of first permanent tooth)</td>
<td>Child with Transitional Dentition (after eruption of first permanent tooth)</td>
</tr>
<tr>
<td>New patient* being evaluated for dental diseases and dental development</td>
<td>Individualized radiographic exam consisting of selected periapical/occlusal views and/or posterior bitewings if proximal surfaces cannot be visualized or probed. Patients without evidence of disease and with open proximal contacts may not require a radiographic exam at this time.</td>
</tr>
<tr>
<td>Recall patient* with clinical caries or at increased risk for caries**</td>
<td>Posterior bitewing exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
<tr>
<td>Recall patient* with no clinical caries and not at increased risk for caries**</td>
<td>Posterior bitewing exam at 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
</tbody>
</table>
### GUIDELINES FOR PRESCRIBING DENTAL RADIOGRAPHS, cont’d.

<table>
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<tr>
<td></td>
<td>Child with Primary Dentition (prior to eruption of first permanent tooth)</td>
</tr>
<tr>
<td>Recall patient* with periodontal disease</td>
<td>Clinical judgment as to the need for and type of radiographic images for the evaluation of periodontal disease. Imaging may consist of, but is not limited to, selected bitewing and/or periapical images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.</td>
</tr>
<tr>
<td>Patient for monitoring of growth and development</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development</td>
</tr>
<tr>
<td>Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative/endodontic needs, treated periodontal disease and caries remineralization</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.</td>
</tr>
</tbody>
</table>

*Clinical situations for which radiographs may be indicated include but are not limited to:

#### A. Positive Historical Findings
- Previous periodontal or endodontic treatment
- History of pain or trauma
- Familial history of dental anomalies
- Postoperative evaluation of healing
5. Remineralization monitoring
6. Presence of implants or evaluation for implant placement

B. Positive Clinical Signs/Symptoms
1. Clinical evidence of periodontal disease
2. Large or deep restorations
3. Deep carious lesions
4. Malposed or clinically impacted teeth
5. Swelling
6. Evidence of dental/facial trauma
7. Mobility of teeth
8. Sinus tract ("fistula")
9. Clinically suspected sinus pathology
10. Growth abnormalities
11. Oral involvement in known or suspected systemic disease
12. Positive neurologic findings in the head and neck
13. Evidence of foreign objects
14. Pain and/or dysfunction of the temporomandibular joint
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

**Factors increasing risk for caries may include but are not limited to:**
1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects
11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care