New HDS Board Members and Adoption of Amended Bylaws at Annual Meeting

HDS board members, participating dentists and group administrators met this month for the 51st Annual Meeting of the Members at the Ala Moana Hotel. The meeting was led by Board Chair Kimo Blaisdell who conducted the election of board members and voting on the proposed amended and restated bylaws.

John Kotake, DDS was re-elected as a dentist director and Charles R. Sugiyama, DDS, was elected as a dentist director representing Hawaii County and M’Liss Hualani Moore, Investment Director, Financial Asset Division, Kamehameha Schools, and Jon D. Yoshino, senior vice president, director of Enterprise Risk Management and Internal Audit and Credit Review Coordinator at Central Pacific Bank were elected as public members.

HDS Participated in 9th Annual Wai’anae Coast Keiki Spring Fest

More than 1,000 children along with their parents visited the HDS booth at the 9th annual Wai’anae Coast Keiki Spring Fest.

This free event at Waianae District Park featured 174 service providers and information regarding their programs, targeting keiki ages 0-5 and their families. While their parents learned about the services offered by the various organizations, the keiki had fun doing many educational hands-on activities.

HDS partnered with Waianae Coast Comprehensive Health Center to provide free oral screenings and oral health education. Mahalo to Dr. Dan Fujii, dental director at WCCHC, and his team of dentists for screening nearly 150 children during the four-hour fair.
Timely Submission of Claims

Claims must be received with all required documents no later than 12 months from the date of service. If the claim is filed after the 12th month from the date of service, the dentist cannot charge the patient a copayment and/or for amounts HDS does not pay. An exception is when the patient fails to communicate his/her coverage to the dentist. In this case, the patient is liable for all charges up to the dentist’s eligible fee. Please note: Claim submission deadlines may vary among the Delta Dental plans, please contact the specific Delta Dental plan for more information.

Appeals - Claim appeals must be submitted to HDS within 12 months from the date of service. All information (narrative, X-rays, photos) to support the treatment should be included with the request. If no new information is provided, no further appeals will be considered.

For more information, please refer to the Introduction section of the 2014 HDS Procedure Code Guidelines.

Register New Dentists Before Providing Services

If you are expecting a new dentist to join your practice, remember to register the dentist as an HDS participating provider before the dentist provides services to HDS members. The dentist must be an HDS participating dentist on the date of service in order to be reimbursed at the HDS participating dentist rate. Claims submitted to HDS for services rendered prior to becoming an HDS participating dentist will be paid at the non-participating rate and payment will be made to the patient.

If an HDS participating dentist is opening or adding a new practice, the dentist must also register the new location with HDS. The forms to add a location are available online under the forms section. All claims submitted to HDS without a registered location will be returned to the dental office.

Get Paid Earlier With Direct Deposit!

Direct Deposit users now receive their payments on Fridays instead of Mondays!

Additional benefits of direct deposit are:

1) Direct Deposit payments are received faster than paper checks.

2) It’s safe. No lost, stolen, delayed or misplaced checks.

3) Can’t make it to the bank? Your money will be available every Friday. If the holiday falls on a Friday, funds will be deposited on Monday.

4) Your Remittance Advice will be available on the Wednesday afternoon before your Friday payment from HDS Online and DenTel via the faxback option. The front page of the RA will note your payment amount and date of the direct deposit.

Sign-up today! Go to the HDS Online/HDS Forms Section to download the Direct Deposit registration form and fax your completed form to Professional Relations at (808) 529-9368 or toll-free (866) 376-7500.

New Groups and Group Numbers

6080 A&M Trucking Inc.
6082 ACCESS Capabilities, Inc.
6083 Action Photos of Hawaii, Inc.
6084 Affordable Towing Services, Inc.
6092 AS Designs & Services, LLC
6090 Beans World, LLC
4587 Crossroads Christian
6081 Hawaii Island Workforce & Economic Dev
6085 Independent Living of Hawaii
4591 Island Window Works, LLC
4590 John W. Schmidtke, Jr.
6087 Kaanapali Tours, LLC
6091 Original Maui Coffee Roasters
4585 Pacific Facility Services
6086 Reed & Jay Photography, Inc
6094 Ryconi Services, LLC
4593 Scandinavian Restaurant Group
4589 Tech Maui, Inc.
4592 The Catering Connection, Inc.
6074 The Curtis Wilson Cost Gallery
6088 VC Management, LLC
4588 Waikiki Video Sales
6089 Wailuku Dental Group, Inc.
Consultant Corner – Misunderstood Periodontal Procedures

Introduction
The non-surgical periodontal procedures of scaling and root planing (SRP) and full mouth debridement (FMD) are frequently misunderstood and miscoded by general dentists and their office personnel. The purpose of this article is to:

1. Review the Current Dental Terminology (CDT) nomenclature and descriptor of these procedures.
2. Clarify the appropriate clinical indications and coding for these procedures.
3. Discuss the documentation required to support payment for these procedures.
4. Provide clinical scenarios to enhance the understanding of these procedures.

Documentation:
Accurate and comprehensive clinical records including a periodontal chart with a valid periodontal diagnosis must be maintained by the dentist to facilitate the prompt and accurate payment of dental claims and support the necessity of services when an office is undergoing an audit. The Introduction section of the 2014 HDS Procedure Code Guidelines highlights the requirements for a periodontal chart. The periodontal chart must indicate:

- Patient’s name
- Date of the periodontal probing examination
- 6-point probing depth (PD) measurements on all teeth
- Areas of attachment loss (CAL)
- Probing sites that exhibit bleeding (BOP)

When submitting an HDS claim for SRP, a current periodontal chart recorded within the previous 6 months prior to the date of service (DOS) must be included for payment. Other documentation should include, but is not limited to: clinical observation and findings, review of pertinent dental and medical histories, radiographic evidence of bone loss, subgingival root calculus and any mucogingival defects.

I. D4341 periodontal scaling and root planing - 4 or more teeth per quadrant
D4342 periodontal scaling and root planing - one to three teeth per quadrant

The CDT 2014: Dental Procedure Codes manual contains the following descriptor for SRP:

“This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.”
SRP is the definitive non-surgical therapeutic procedure for the treatment of active periodontal disease where there has been clinical loss of the periodontal attachment. Bleeding upon probing, gingival suppuration (pus) and increased pocket depths are common clinical signs of active periodontal disease. Additionally, alveolar bone loss may be noted in bitewing and periapical radiographic images.\(^4,5\)

**Scenario 1:** A general dentist submitted a claim for four quadrants of SRP (D\text{4341}) performed on the same day.

Although the submitted periodontal chart listed four quadrants of 2-4 mm PD, there is no evidence of alveolar bone loss and no documentation of CAL. This is consistent with a diagnosis of generalized gingivitis\(^6\) and pseudopocket formation. A pseudopocket is formed when there is swelling of the coronal gingiva without any attachment (bone) loss. This differs from the periodontal pocket\(^4\) which features attachment (bone) loss.

The periodontal attachment migrates apically when periodontitis progresses and alveolar bone loss occurs.\(^4,5,7\) The documentation in this case failed to record evidence of any clinical attachment loss and therefore did not meet the criteria necessary to support four quadrants of SRP (D\text{4341}) performed on the same day. The code \text{D1110 Prophylaxis – adult} is the appropriate code for the procedure performed in this case.

**Scenario 2:** An adult diabetic patient was diagnosed with moderate periodontitis. The clinical record and periodontal chart documented multiple sites of 4-5 mm PD and bleeding upon probing.

In this scenario, the 4-5 mm PD and BOP together with clear radiographic evidence of alveolar bone loss and subgingival calculus are consistent with the diagnosis of moderate periodontitis and fully support a periodontal treatment plan that included SRP.
II. **D4355 full mouth debridement to enable comprehensive evaluation and diagnosis**

FMD is a preliminary procedure that removes material alba, plaque and calculus prior to completion of a comprehensive examination/evaluation and the formulation of a clinical diagnosis. The *CDT 2014* descriptor for FMD states as follows:

“The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.”

The FMD procedure code **D4355** is often submitted incorrectly by general dentists’ offices when routinely removing plaque and calculus during the course of a new patient initial visit. This procedure code should only be submitted when the collection of material alba, plaque and heavy calculus compromise the ability of the dentist to complete a comprehensive oral evaluation which should include an evaluation for caries and periodontal disease. While the CDT descriptor for **D4355** does not preclude performing an examination on the same day as the FMD, it is prudent to evaluate the patient ten to fourteen days after completion of the FMD to allow for reasonable resolution of the gingival inflammation which will then permit better access and visualization and ensure a more accurate clinical diagnosis.

*HDS Procedure Code Guidelines* specify that FMD benefits are allowed for patients 14 years or older who have not had a prophylaxis (D1110) or debridement for at least the previous 24 months or have not received periodontal treatment in the previous 36 months. The clinical record should include documentation consistent with the *CDT 2014* descriptor to support the necessity of FMD.

**Example 3:**

The intra-oral image clearly depicts heavy plaque and calculus. A comprehensive evaluation is not possible until the plaque and calculus have been removed and inflammation resolved. Ten to fourteen days is usually considered an acceptable healing period after the gross removal of plaque and calculus.

*Courtesy of E. Cassella, D.M.D.*

In this case, it is quite apparent that FMD (**D4355**) would be an appropriate CDT code to submit for an initial patient visit as the significant calculus and plaque together with the...
obvious gingival inflammation preclude the dentist’s ability to formulate an accurate clinical diagnosis.

Accurate coding and a thorough understanding of the clinical criteria for periodontal procedures can be challenging for general dentists and their office personnel. The clinical scenarios presented above are intended to provide clarification and increase the understanding of the scaling and root planing (D4341, D4342) and full mouth debridement (D4355) procedure codes.

References


3CDT 2014: Dental Procedure Codes, American Dental Association, Chicago, 2013, p. 36.


9Insurance Solutions Newsletter, American Dental Support, LLC, May/June 2012, pp. 9-10.


