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Presidential Pondering

Dr. Brad Pezoldt, 2013 SDS President

A topic foremost in the minds of our members is Delta Dental's Premier fee reduction. Providers are faced with a potential 8 – 12% cut later this year to its Premier product. Delta Dental has not been forthcoming in its communication with its providers regarding this issue. The CDA has always been at the forefront of fighting for the rights of its members; however, due to the fact that Delta Dental's Premier providers have signed individual contracts with Delta, CDA will be prevented from enforcing any effective change though they have been actively pushing Delta to communicate with its providers. So far, no luck.

This leaves the voice and any potential change in the hands of you, our members. Dental providers have a right to contact Delta directly and expect answers to their questions. Make sure you are knowledgeable about your plan and see if the wording contains information about fee reductions. If it is not clearly spelled out, contact Delta and ask questions. You have the right to receive an answer.

This issue is being discussed by the SDS board of directors and we will be providing information to you regarding this issue as it develops but it will take more than the voice of your board of directors to be heard. This is the time for a concerted effort to be made by all providers affected by this reduction. Solitary voices are just that; solitary without much impact. This is an important issue in the field of dentistry and can, and will, affect your practice if you are a Delta Dental Premier provider.

If you have questions, you can contact the CDA hotline, **(916) 554-5858**. Insurance analyst Ann Milar is also available to answer questions related to Delta. She can be reached at ann.milar@cda.org or **(916) 554-4994**.

In an ongoing effort to create events that might benefit the social interaction of SDS members, the board has added member mixers. First held last December at Tresetti's in downtown Modesto and the one last March at the Toscana's Ristorante in Turlock (hoping to facilitate member involvement in outlying areas), the event provides an opportunity to enjoy one of the most popular aspects of general membership meetings; informal member mingling. With food provided by SDS and a gratis beverage of choice, it is a great opportunity to relax and enjoy each other's company. We will be holding our next Member and Spouse Mixer in December and hope you will join us. Robin will be sending out a flyer later in the year.

Thank you!

2013 SDS Committee Chairs

Bylaws

Lee W. Mettler, DDS

Communications

APEX

Michael P. Shaw, DDS

Media Relations

Bruce Valentine, DDS

Website

Brad Pezoldt, DDS, MSD

Community Health

Cesar Acosta, DDS and

Sirina Aguilar, DDS

Continuing Education

Dean Brewer, DDS

Dental Liason

Lawrence J. Bartlett, DDS

Ethics

Michael J. Gerber, DDS

Forensic Odontology & State Emergency

Garry L. Found, DDS

Legislative

Andrew P. Soderstrom, DDS

Membership

Nicholas Poblete, DDS

Peer Review

John C. Swearingen, DDS

Program

Matt Swatman, DDS, MSD

Staff Relations

Corey Acree, DDS

Well Being

Lee Mettler, DDS

Toll Free Numbers

ADA (800) 621-8099

CDA (800) 232-7645

TDIC (800) 733-0634

1201 Financial . . . (800) 726-5022

Denti-Cal Referral (800) 322-6384

UPCOMING EVENTS - Mark Your Calendars!

OCTOBER

October 17

Thursday

General Membership Meeting

NOVEMBER

November 7

Thursday

Board Meeting

November 14-17

Mon-Thurs

CE - House of Delegates, Sacramento -

Office Closed

November 28-29

Thurs-Friday

Thanksgiving Holiday - Office Closed

DECEMBER

December 12

Thursday

Holiday Member/Spouse Mixer,

Surla's

December 23-January 1

Monday-Wed

Winter Holiday - Office Closed

SDS Welcomes its Newest Members!

Harmanpreet Dhaliwal, DDS: GD

Transfer from Napa-Solano DS, Graduate of UCSF, 2007

1130 Coffee Road Suite A, Modesto • (209) 523-1199

Armandeep Gill, DDS: GD - Graduate of NYU, 2010

1518 Coffee Road Suite B, Modesto • (209) 549-1721

Ana Helmbold, DDS: GD - Graduate Univ Nac del La Plata, 2003

Spouse of SDS member Cristian Fernandez, DDS

803 Coffee Road Suite 8, Modesto • (209) 521-5486

Brian Hutto, DMD: ORAL SX - Graduate Specialty Baylor, 2007

1213 Coffee Road Suite D, Modesto • (209) 522-5238

Vinay Madavan, DDS: GD

1108 Ward Avenue, Patterson • (209) 895-5440

Ahmad Momani, DDS: GD - Graduate Univ del Bajio A C, 2010

3309 Sierra Street, Riverbank • (209) 872-3399

Padda Prabjot, DDS: GD - Graduate Dasmesh Inst. of Research & Dental Science

1801 Tully Road Suite A1, Modesto • (209) 526-8180

Stanislaus Dental Society General Membership Meeting

Thursday, October 17, 2013

5:45pm Social time -- 6:30pm Dinner / Business meeting

Jacob's Fine Dining 2501 McHenry Blvd, Modesto



Health Care Reform: What Every Dental Professional Should Know

Speaker: Nicette Short, Manager of Legislative Affairs for the California Dental Association

Description:

The Affordable Care Act, which was signed in 2010 and has major implementation milestones in January 2014, contains numerous provisions that will have implications for the field of dentistry and dentists as health care professionals and employers. Attendees will get an overview of the key elements of the Affordable Care Act, what it requires of dentists as employers, and what changes may occur in the delivery of oral health care as a result of health care reform at the national and state levels.

Learning Outcomes:

1. Learn the impact of health care reform on dentists, the oral health care delivery system and the dental benefits market.
2. Gain greater knowledge of the specifics of the Affordable Care Act and its potential to affect the practice of dentistry.
3. Understand the implementation issues unique to California.

Presenter:

Nicette Short's work with CDA focuses on policy and advocacy regarding national health care reform implementation in California, as well as California's publically funded dental programs. Ms. Short has been a public policy advocate for more than 10 years, focusing on children's health care policy and improving access to high-quality specialty care. Ms. Short has a Bachelor's degree in Political Science from the University of Louisiana at Lafayette and a Master's Degree in Public Administration from Louisiana State University.

PLEASE! rsvp no later than Monday, October 14

Email: sdsdent@thevision.net **or FAX:** 522-9448

Members:

☐ Yes, I will be attending on Thursday, **October 17!**

Life or Retired Member Status:

☐ Yes, I will be attending on Thursday, **October 17!**

(Life or Retired Members only, please enclose a check for **\$20**)

Name: _____

***Please note dietary restrictions:** _____

For Your Consideration.....

The Nominating Committee of the Stanislaus Dental Society has proposed the following slate of officers for 2014:

PresidentMatt Swatman, DDS, MSD

President-ElectSean Mullins, DDS

TreasurerNicholas Poblete, DDS

SecretaryOpen

EditorBrian Hutto, DMD

(Serving the 3rd year of a second three-year term)

TrusteeElizabeth Demichelis, DDS

Delegates to CDA House of Delegates

1STMatt Swatman, DDS, MSD

2NDSean Mullins, DDS

Alternate Delegate to CDA House of Delegates

1STNicholas Poblete, DDS

!Bylaws Changes!

There are some changes and updates that need to be voted on by SDS members in attendance. Please review the SDS Bylaws provided to you by email. All proposed changes are listed in bold red font.



SDS Goes (to the) Nuts!

The SDS Goes (to the) Nuts event, held on Friday, May 31 was a hit! Thank you to SDS members who came with their families and staff and enjoyed the all you can eat tri-tip dinner, friendship and fireworks.



Volunteer Opportunities

Bi-National Health Week" Health Fair

Heald College is partnering with The El Concilio and Tzu Chi Foundation hosting the: Bi-National Health Week Health Fair at Hanshaw Jr. High, 1725 Las Vegas St. Modesto on Monday, October 6 at 8am.

Health Fair

The Health Fair is in need of dentists and hygienists to perform cleanings, simple fillings and extractions to the public. The patients are tri-aged and digital radiographs are taken. Heald College has volunteered at the event for the past three years and has seen a dire need for dentists and hygienists to volunteer their time. The Tzu Chi foundation will have their mobile dental bus on site and numerous complete patient chair set ups as well.

Please contact Gina Macias at Heald College **(209) 416-3723** if any members/staff are interested in volunteering at the event.

Mobile Dental Van

The mobile dental van is in great need of volunteers. Currently, the van operates every Saturday at different locations but will be adding Friday clinics starting mid September. At this time, member provided services are exams, fillings and extractions. Cleanings will be added after an ultrasonic scaler can be obtained. Any dentist/staff interested in volunteering can contact Bonnie Hopkins, administration assistant for the Hope Medivan, **(209) 529-7346 ext. 313** or go to their web site and complete an application at www.hopemedivan.com.

Salvation Army Dental Clinic

The Salvation Army is opening a Dental Clinic. The purpose of the clinic is to help control infection and pain for transitional living clients and anyone who resides at their emergency shelter. The dental clinic will open August 30 and time of operation will differ on a week to week basis due to volunteer dentists' schedules. If interested in volunteering, a volunteer form that will need to be completed. Contact Carrie Ann, **(209) 529-7507**.



New Robertson Road Dental Site for Golden Valley Health Centers (GVHC)

by Jeffrey Joe, DMD and SDS Member

On March 11, 2013 we finally moved into our new dental site at Robertson Road School. The original clinic was opened in 1993. There were only 2 operatories crammed into a very small space so the space was the smallest of any GVHC dental site and the equipment was old and in need of repair.

It was a long process that took around 2.25 years to complete. Being a non-profit organization and building a new site on school grounds required additional permits and approvals not required when building a private practice office. GVHC is also accredited by the Joint Commission which accredits hospitals so we are subject to stringent policies and regulations.

Our equipment was old so we didn't want to buy anymore equipment for the old site, and we were hoping we could patch things up long enough to get us through to the new office. Then our compressor blew out, so we obtained a loaner compressor, but the process took so long even the loaner compressor blew out before we could move in.

Around the first week of January 2011, GVHC submitted an application for a grant from the Health Resources and Services Administration (HRSA). During the month of December 2010, I asked for letters of support for our application from various community groups.

One group that I asked for a letter of support from was the Stanislaus Dental Society. In early December I contacted Robin Brown, Executive Director, about obtaining a letter of support from the Dental Society. She referred me to Dr Michael Cadra, the President for 2010. After communicating with him, he went to the Board of Directors. A special vote was taken and the Board approved a letter of support from the Dental Society.

On behalf of Golden Valley Health Centers I would like to thank Dr. Cadra and the Board again for their support.

A \$500,000 grant was awarded in July, 2011. A used modular trailer was then purchased and modified. New equipment was installed. A new cement walkway was laid and landscaping around the unit was developed. Modular dental units were installed, and digital x-rays, and electronic charting was implemented. Some new technologies for us are installation of a dry vac and reverse osmosis, and a deionization system. I was told that all the grant money was used and then some.

Now the staff is getting used to taking digital x-rays and we are transitioning to a totally paperless office. I don't even write prescriptions anymore. I try to send all my prescriptions electronically to the pharmacy.



New Robertson Road Dental Site continued from page 4...



Top picture Left to Right:

Dr. Michael Wu, Yesenia Cordova RDA, Monica Lopez DA, Sandy Plascencia RDA, Xochilt Aguilar RDA, Michelle Bousliman RDAEF, Dr. Jeffrey Joe, Dr. Lisa Swenson.

Bottom picture Left to Right:

Chistine Noguera; Interim CEO, Board Members; Maria Vargas and Alicia Dicochea, Dr. Lisa Swenson; CDO, Dr. Jeffrey Joe, Michelle Bousliman RDAEF, Xochilt Aguilar RDA, Dr. Michael Wu, Sandy Plascencia RDA, Monica Lopez DA, Yesenia Cordova RDA. Dr. Jeffrey Joe cutting the ribbon!



Dr. Brewer teaching dental students Brandon Solberg and Matt Enns in the miracle of caries indicator

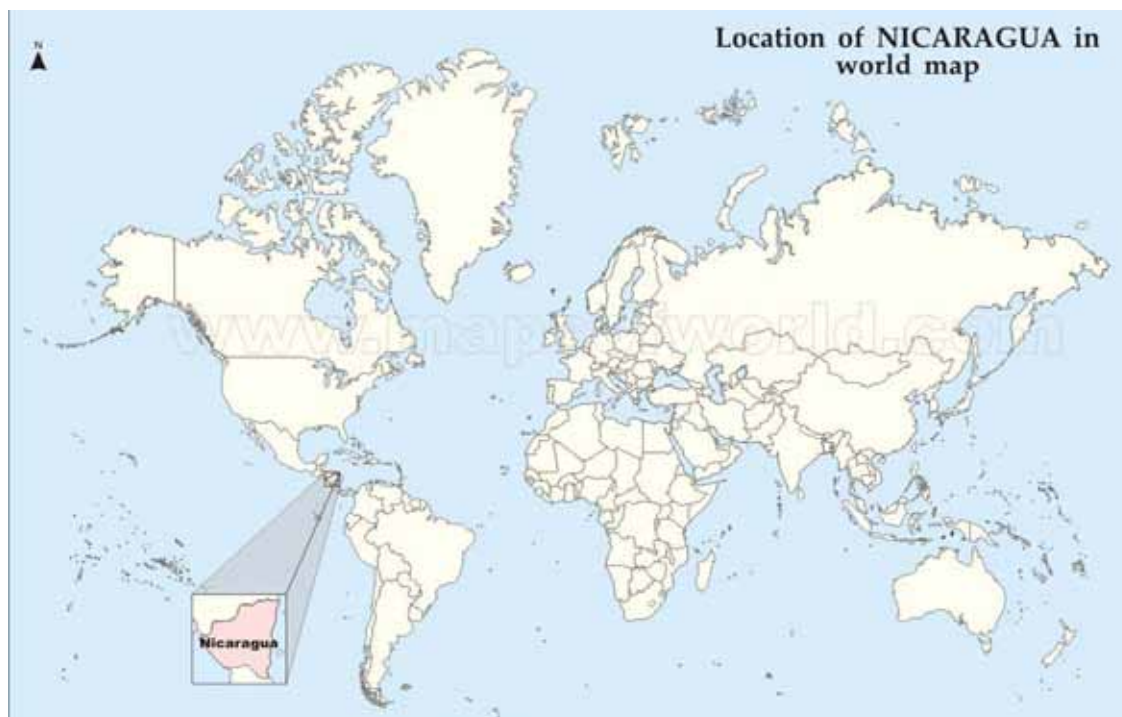
Dentistry in a Land Far, Far Away

by Dean Brewer, DDS and SDS Member

There comes a time every year when the snow melts from the mountains, our lakes start to warm, and I start to panic that I haven't been practicing my Spanish. Ever since the summer after my freshman year in dental school, going to Nicaragua has become a part of my yearly routine, just as sure as Christmas or tax day. This year was no different. The Foundation for Worldwide Health partners with Loma Linda University to bring dental care to the underserved people of Nicaragua. The goal of this humanitarian effort is not only to provide care, but also to teach and inspire students to continue to give back once they have started their careers as dentists. This year our group was comprised of 57 people spread out over 4 clinic sites. Around 700 patients were cared for over the 5 days we worked. The outdoor clinic where I served is at a site called 'AMOS.'



Clinic at 'AMOS' in action





Dr. John Swearingen just gave this patient his smile back!

Thank you to the 12 SDS members who served during the clinic as well as any staff members who volunteered.

The next CDA Cares event will be held December 7-8 at the Del Mar Fairgrounds in Del Mar (San Diego). If you are interested in participating, go to www.cdafoundation.org/give/volunteer/cda-cares-free-dental-clinics. I hope to see you there!



Dr. Jean Creasey and Dr. Elizabeth Demichelis, partners in free clinic dentistry!



Dr. Ken Wallis, Robyn Alongi (CDA Cares coordinator supreme) and Dr. Elizabeth Demichelis

CDA Cares

The last CDA Cares free dental clinic was held at the San Jose Amphitheater in May and provided:



Dr. Andy Soderstrom chats with a patient

Robin's Relevant Remarks (or so much info, so little space)

Following is some information in response to member, staff and public queries that I receive.

SDS Website

SDS Website now includes information on ADA's new Mouth Healthy campaign, 2min2x. A link has been provided on the front page of the SDS website, stanislausdental.org as well as under the Public Section. Please feel free to direct your patients and families to our site.

There is also information regarding Advertising parameters included on the Pearls of Dentistry section under the Public section of the site. Take a look — 9,400 other people have!

Open SDS Committee Positions

Peer Review Committee – SDS is in need of a few more members to serve on this committee. This position does not require a large time commitment and requires that you be calibrated by CDA. If interested, contact Robin at the SDS office for more details.

Denti-Cal Referrals

I receive many patient calls stating that one of our members/staff has referred them to contact this office for a Denti-Cal referral. Just a reminder that your staff can give patients the Denti-Cal referral **(800) 322-6384** directly to patients to save them an additional phone call.

Reminder: Prescription Drug Monitoring Program*

The California Department of Justice has a Prescription Drug Monitoring Program (PDMP) system which allows pre-registered users including licensed healthcare prescribers eligible to prescribe controlled substances and pharmacies to access timely patient controlled substance history information at the point of care therefore reducing prescription drug abuse. The state's database known as the Controlled Substance Utilization Review and Evaluation System, C.U.R.E.S. For more information on the C.U.R.E.S. program, <http://oag.ca.gov/cures-pdmp>. Registration information is on the bottom with an electronic application included.

*Note: This article was printed in a previous APEX but as the proposed ballot initiative dealing with MICRA and prescription drugs may be placed on the November 14 ballot, the initiative would include various provisions requiring random drug testing of physicians and mandatory checking of the CURES database by all health care providers prior to issuing prescriptions.

BLS courses

SDS provides an opportunity for its members and staff to attend BLS courses offered by Memorial Education Center during the first Friday of months January – June (every November a flyer is sent to every member's office); however, if you missed the chance this year, the following local businesses can provide full or renewal courses and are certified AHA providers. You can also access their active links through the SDS website.

American Heart Association

(888) 277-5463

<http://www.americanheartclasses.com/cpr>

American Red Cross

1230 6th St, Modesto, CA 95354

(209) 523-6451

<http://www.redcross.org>

LifeSaver CPR

(209) 665-4398

lifesavercpr.net



Robin Brown
SDS Executive Director

... SDS members: preserving the dental health of the earth's population, one patient at a time!



SDS New Member:
Dr. Brian K. Hutto,
DMD, MS.Ed

After graduation from UC San Diego in 1995, Dr. Hutto proudly continued a long family history of United States Navy service receiving a Health Professional Scholarship to attend the prestigious University of Pennsylvania School of Dental Medicine in Philadelphia, PA. Four years, four professional degrees (between Dr. Hutton and his wife, Caroline) and two children later, the Hutto clan started their military adventure at Camp Pendleton, CA, where he successfully completed an AEGD dental internship and serviced as a general dental officer.

Under the rewarding mentorship of several U.S. Navy surgeons, Dr. Hutton caught the surgery bug and was accepted into the very competitive Civilian Oral and Maxillofacial Surgery Residency program at Baylor Medical Center in Dallas, TX. After four years, another son, and many surgical cases later, Dr. Hutto and family set sail for a four-year assignment in beautiful and historic Okinawa, Japan. During this tour, Dr. Hutto was specially selected for a 5-month deployment on the USS Mercy, with medical humanitarian missions in the Philippines, Vietnam, East Timor, Papua New Guinea and Micronesia.

Dr. Hutto was honorably discharged after 10 years of distinguished military service and joined the private practice of three spectacular doctors at Spokane Oral & Maxillofacial Surgery in Spokane, WA. While participation in a regional cleft lip/palate team as well as a fast-paced maxillofacial surgery trauma organization proved rewarding, the call of a solo practice brought Dr. Hutto back to California, where he joined long-time Central Valley oral surgeon, Dr. Murray Jacobs, in January 2013.

When not caring for patients, you're most likely to find Dr. Hutto at one of his children's baseball, softball or soccer events. He and Caroline enjoy sports, outdoor activities, traveling, learning, teaching, reading and rooting for the San Francisco Giants and 49ers.

Welcome, Dr. Hutto!

In Memorandum
MYRON R. PUTLER, DDS
February 22, 1928 ~ July 3, 2013

Dr. Putler graduated from Herman Ostrow School of Dentistry of USC in 1958, was an active member of the Stanislaus Dental Society for 29 years and had remained a current dues paying retired member.

Bonus x 2!

Recruit a new member, get \$200

Dentists who refer a new member to CDA now can receive a \$100 check from CDA and a \$100 American Express gift card from the ADA.

The \$200 total reward is part of the Member Get a Member campaign, which provides incentives for every CDA dentist who refers a new member to the tripartite membership (for a total of \$1,000 maximum per referring member). The combined campaign lasts through Sept. 30, after which time members will still receive \$100 from CDA. A growing ADA and CDA means greater recognition for the dental profession, more resources and support for members and a stronger voice in the policy arena in Washington D.C. and Sacramento. The incentive program is a result of CDA leadership reaching out to members for input on the program.

To receive credit for a referral, an applicant must add the name of the member who referred them to membership on a CDA membership application. The referring member may also enter the name of the dentist they referred on the recruiter's form at ada.org/MGAM. Once the referred member pays their dues, the referral incentives are mailed to the referring dentist.

There are many advantages to being a part of organized dentistry, but here are a few key benefits: Legislative advocacy; CDA Presents continuing education — free admission for the San Francisco and Anaheim meetings; TDIC insurance — member-only access and risk management hotline; Practice support services — cdacompass.com; and CDA publications.

Here are some tips on recruiting a new member:

- Seek any colleague who is not currently a tripartite member.
- Share the benefits and services of the ADA, CDA and local dental societies.
- Ask a colleague to include your name on the membership application or, better yet, give them an application with your name on it. Applications are available online at cda.org/mgm.
- To find out if a dentist is a current tripartite member, visit cda.org under "Find a CDA Dentist." In addition, updated nonmember lists are available through local component offices.

For more information on Member Get a Member, visit cda.org/mgm.



Bring in a new member, get \$200.

Refer a new member to CDA and receive double the reward, a \$100 check from CDA and a \$100 American Express gift card from the ADA for every referral.

Simply share with your peers why you love being part of the 25,000 dentists who are working to make the profession stronger.

For details and to apply visit cda.org/mgm

ADA campaign ends September 30. The total awards possible per calendar year are: \$500 from CDA, and \$500 in gift cards from the ADA. Members may decline the gift card and the ADA will contribute \$100 to the ADA Foundation.

*Dr. Rockwell referred
a new CDA member.*

ADA®

cda®



RM Matters

Date: July 1, 2013
Contact: Risk Management Department
800.733.0634

What's the deal with 'EPL?'

Coverage guards against employment claims

By: Risk Management Staff

Employment Practices Liability insurance, often referred to as EPL, provides protection for dental practice owners against specific claims made by employees, former employees or prospective employees.

EPL covers employment-related claims such as discrimination because of age, sex, race or disability, wrongful termination and sexual harassment, and pays for defense costs, settlements and civil damages in the event of such allegations. Risk management analysts at The Dentists Insurance Company say it is common for policyholders to mistakenly think their Professional and Business Liability insurance covers employment-related lawsuits.

However, Employment Practices Liability is an optional coverage within TDIC's Professional and Business Liability policy and is available with combined single limits. TDIC currently offers a limit of \$50,000 or \$100,000 and can be used for either defense or indemnity payments.

The Dentists Insurance Company began offering Employment Practices Liability coverage in 1998 as a response to the number of policyholders reporting employment-related claims.

TDIC records show a 650 percent increase in employment claims over 12 years with 45 closed cases in 2012 compared to six in 2000. Indemnity payments also continue to rise. In 2012, 45 percent of employment claims filed paid indemnity averaging \$12,366, in contrast to 2000, when 33 percent of claims resulted in paid indemnity averaging \$3,267. Records also show 2011 as a dramatic year for indemnity payments with 73 percent of employment cases paying an average of \$21,113.

Risk management analysts say the most prevalent claim is wrongful termination with sexual harassment coming in second. Analysts also say the indemnity payments can be a reflection that practice owners are not aware of or current on employment laws and principles.

"That's why EPL is a good idea for dental practices," says Sheila Davis, Assistant Vice President of Claims and Risk Management for TDIC.

Analysts point out that many small business owners think only larger businesses can be handed an employment-related lawsuit. The market for Employment Practices Liability insurance began to develop with large companies around 1991. However, between that year and 1994, according to an article in *Business Insurance*, the number of employment-related lawsuits increased more than 2,000 percent. As a result, the need for EPL insurance coverage has expanded to businesses of any size.

The increase in employment-related indemnity payments, especially in recent years, could show a direct correlation to the economic downturn, according to analysts. Since 2008, many dentists have experienced a reduction in their patient base and a decline in production numbers as patients lost their dental benefits or, in many cases, their jobs. Dentists had to make tough decisions to lay off staff or reduce hours, resulting in less-than-happy employees.

To assist dentists with employee management, TDIC's website at thedentists.com includes information about hiring and terminating employees and effectively handling employment issues. Also available on TDIC's website is the Spring issue of Liability Lifeline, which includes comprehensive information about hiring employees and key resources for information on federal and state employment laws.

For more information about Employment Practices Liability insurance, call TDIC at 800.733.0633.

06/06/2013



State rules online discount contracts violate law !Members utilizing Groupon are in violation of CDA's Code of Ethics!

The Legal Division of the California State Department of Consumer Affairs (DCA) has released a legal opinion concluding that a contractual arrangement between a health care professional and an Internet marketing service offering online discounts for medical services violates state law.

Online marketing companies, such as Groupon and Living Social, contract with businesses to promote discounted products and services to potential customers. The online company determines the customers to whom the offer is actually promoted. In order to take advantage of the discounted service, the customer must provide advanced payment directly to the online company, which typically deducts a percentage as its contracted fee and remits the balance of the payment to the business.

The DCA was asked to analyze the following question: "Does it constitute a violation of Business and Professions Code section 650 when a health care professional shares the advertised fee for services with an Internet marketer that promotes the services to prospective patients who in turn must (1) commit to an advanced purchase of the health care service through the Internet marketing company, and (2) wait for a predetermined volume of purchases to occur through the Internet company, in order to receive the advertised discount?"

Section 650 prohibits a health care practitioner from offering or accepting anything of value as compensation or inducement for the referral of patients. However, the law also specifies that the payment or receipt of consideration for services other than the referral of patients is not unlawful if the consideration is commensurate with the value of the services furnished. Therefore, the DCA had to determine whether Internet marketing services such as Groupon and Living Social are compensated by participating health care providers for referral of patients or advertising services.

The DCA defined the phrase "referral of patients," as used in section 650, to mean "the directing of a patient to a health care practitioner by someone other than the patient or the practitioner who will provide services for the patient." Noting that Groupon independently, and in its sole discretion, determines the potential customers to whom the health care practitioner's offer is actually promoted, the DCA determined that this method of selection of patients constitutes a referral under section 650.

The legislature enacted section 650 in part to prevent any relationship where patient referrals are induced by considerations other than the best interests of the patient. According to the legal opinion, the contractual relationship between the Internet marketing service and the health care provider violates section 650 because the Internet marketer's compensation is linked to the number of patients who purchase the coupon. "As a result, referrals are not premised upon the needs and best interests of the patients, but rather is based upon economic considerations," the legal opinion stated.

It additionally explains, "... prospective patients must often pay the third-party Internet marketer the full cost of the service to be performed in advance of any consultation or examination with the health care provider. Such an arrangement cannot be said to be in the best interest of the patient."

At the CDA House of Delegates meeting in November, the House voted in favor of modifying the CDA Code of Ethics to include an advisory opinion on split fees in advertising and marketing services. CDA Judicial Council Chair Robert Kiger, DDS, observed, "The conclusions reached by the [DCA] are generally consistent with the new advisory opinion in the CDA Code of Ethics."

Advisory opinion 11.A.1. states in relevant part, "The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via 'social coupons' if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected."

To view the "Rebates, Split Fees and Other Fee Arrangements" section of the CDA Code of Ethics, visit cda.org/about-cda/cda-code-of-ethics.

SDS Addendum: In order to conform to the ruling established by the California State Department of Consumer Affairs, the Stanislaus Dental Society will be vigilant in assuring that its members are in compliance. In the past, laws regarding internet marketing services have been somewhat of a grey area and some of our members participate in this type of advertising; however, now that a final ruling has been determined, the SDS Ethic chair and SDS office personnel will be monitoring these ads and contacting members who continue to use this form of advertising. Though it is recognized that difficulties during this economy has made many professions look for various ways to reach the public, it is important that legal guidelines are followed as they are made to protect all dentistry practices, not just one. Become familiar with an article entitled, Advertising Do's and Don'ts in the 2012 Winter APEX Newsletter, pages 16-19 (archived on SDS website, stanislausdental.org). There are still some members who advertise in flyers, newspapers, and radio spots that are using inappropriate advertising, i.e. stating the practice of 'specialties' in which they are not licensed, and advertising rate reductions without including what the actual full rate is. The regulations are not suggestions but enforceable by both the SDS and CDA Ethics departments. Please contact the SDS office for guidance if you need some clarity of what is considered appropriate. We're here to assist you!



Have a clear policy about mobile phones, texting

By TDIC Risk Management Staff

Not many will debate the practicality of mobile phones. And since the ubiquitous gadgets are not likely to go away, it's essential to have a policy regarding smartphone and cellphone use on the job. It's equally important to document the policy in writing and make sure your team understands it.

Risk management analysts say many dental practice owners have not addressed smartphone use in a formal manner, but need to.

Mobile phone use during work hours can give patients the impression their dental care is not a priority, and phone use creates distractions that can increase liability. Inaccurate documentation and lack of attention to detail can occur when concentration is divided between work and mobile devices.

If employees are making personal calls, checking email, texting or using smartphone applications at work, the activities could be the result of a lack of policy or an unclear policy. If you have a mobile phone policy, review it for clarity and missing information. If you don't have a mobile phone policy, now is a good time to draft and implement one.

The Dentists Insurance Company recommends banning cellphone and smartphone use while on duty, including sending or receiving personal calls, emails and text messages or using smartphone applications. Further, TDIC recommends establishing a no-text policy, prohibiting staff from texting the dentist for any reason. This helps prevent issues such as sending a text instead of calling in sick for work. If the employee is texting about a patient, banning such communication also removes any potential violation of that patient's privacy.

According to Diana Ratcliff, an attorney in Southern California who specializes in employment labor law, one of the most important things an employer can do is make sure employees are fully aware of office policies and expectations on the job.

Ratcliff suggested that practice owners "communicate their expectations, have policy in writing and follow through with counseling if expectations are not met."

Talk to employees in a staff meeting about smartphone use and texting, and explain the rationale behind the policy, including liability issues that can occur from being distracted at work. Include the policies in your employee manual.

Additionally, encourage ethical behavior that keeps the interests of the practice and its patients first while dissuading behavior such as texting on the job. Model a high standard of personal conduct and do not use your own cellphone while on duty to make or receive personal calls, emails or text messages.

...continued on page 23



TDIC recommends the following regarding mobile phone policy, texting and employee communications:

- * Prohibit cellphone and smartphone use while on duty for sending or receiving personal calls, emails or text messages, or using smartphone applications.

- * Be clear that employees who need to use their personal phones may do so only during breaks or meal periods.

- * Consider establishing a no-text policy, prohibiting staff from texting the dentist or office manager for any reason.

- * Address attendance and specify that if employees are unable to report to work on time, they must notify the dentist or delegated staff by phone.

- * Train employees on cellphone policy in a staff meeting.

- * Provide employees a copy of the policy.

- * Document cellphone, texting and attendance policies in your employee manual.

For more information or if you have questions regarding this topic, contact the TDIC Risk Management Advice Line at 800.733.0634.

— Component Editors:

TDIC requires this article be used in its entirety. If you need to edit, expand or reduce this article, please call Jaime Welcher beforehand at 800.733.0634, ext. 5359 or fax your suggested changes or additions to 877.423.6798.

Top 10 Reasons Claims are Denied, Pended or Delayed and What You Can Do to Prevent Them

Gary L. Dougan, DDS, MPH

Many dentists have frustrations with their claims being denied, delayed or pended for reasons that are not readily apparent to them. The following are the 10 most common causes of claims denials, requests for additional information or reasons or non-payment from my experience with PPO and DHMO type plan stemming from over 20 years' experience as a Dental Director for various dental plans .

1. Problems Regarding the Claim Form

- Use the latest ADA Claim Form (ADA 2006), and fill it out COMPLETELY and accurately
- Name should match the member's ID card or eligibility list (if any)
- All pertinent fields filled out especially "Prior Placement/Reason for Replacement"
- Coordination of Benefits – it is unlawful to not divulge other payers
- Fee Column: Report your Usual Fee; NOT the fee you have agreed upon for this payer. If you don't, you may be limiting any fee increases in the future. Plans use your reported fees in this column to justify fee increases in the future.

2. Radiographs should be...

- Oriented (left/right), labeled and mounted; so that if they get dis-attached, they can be re-linked with the claim or returned to you.
- Diagnostic (no bad processing, cone cuts, overlaps, missing apices, foreshortening, elongation, etc.) Doctor: Take the film yourself, or send your staff to a course for high quality radiography.
- Digital x-rays should be printed on high quality diagnostic paper so that you can get paid for the treatment you are performing. Don't skimp on the paper quality to the person who is going to PAY you. You spent all that money on the digital system to get accurate digital images, so use them to get your claim paid.
- Make sure your digital images are properly dated with the date they were exposed, not printed.
- Learn how to affix the digital image to an e-mail or to print out the hard copies when necessary. More and more we are asking for additional information to be sent in as an e-mail attachment. Make sure you know how to do this, with an image that is dated, and has the patient name and tooth number if not obvious.

3. Periodontal Charts and Other Attachments should have...

- Dates and be labeled with patient name, with clear indication of pockets easy to read
- Mobility, furcations, amount of attached gingival (for graft cases).
- Multiple pocket entries over time should be evident to show improvement or deterioration over time.
- Other attachments needed vary by carrier and you should be familiar with these as per the carrier's website, reference manual or by calling their customer service or provider services departments.

4. Narratives must be...

- Meaningful, accurate, consistent with the images you are sending.
- Repetitive stock comments reduce the believability of the narrative..
- Do not use letters unless you are appealing something after two denials.
- Make sure the narratives are professional. Have Doctor review them before submitting the claim.
- Explain exactly what you want the reviewer to notice or consider.
- Far reaching comments about "form and function" without sufficient detail are worthless.

5. Restorative Replacements – clear indication

- Date of prior placement/Reason for replacement must be filled in on the claim form.
- Your computer may default to a "Yes" in the "Initial Placement" field. This may be confusing to the Dental Consultant who is reviewing your submitted x-rays and sees a bridge or crown already present. Is this an x-ray of a new bridge or crown? Or is this a pre-existing bridge or crown which doesn't agree with the claim form stating "initial placement." This will ABSOLUTELY DELAY YOUR CLAIMS and cause them to have more scrutiny.

...continued on page 25

- Date of prior placement should be as accurate as possible, but may be estimated when no records exist or patient cannot recall. Give an approximate month and year, based on patient's best recollection.

6. Photographs/Digital Images – a great tool

- Write on them. Label them with the tooth and arch. Date them. Draw arrows pointing to what you want the consultant to see. Make it obvious as to why you are submitting these images.
- Make sure the photos have proper orientation (left/right; upper/lower/ buccal/lingual). Make it easy to determine what you want to point out.
- Tell me what you want me to see. Make it obvious.
- Print out the photos on high quality paper of diagnostic quality. Don't skimp on paper quality as clear photos will most likely help you get your claim paid

7. Crowns and Core Build-ups

- Build-ups (D2950) are generally payable only if there is "gross coronal destruction."
- Build-ups are payable when the crown would fall off without it.
- It is needed for retention of the crown.
- Build-ups are NOT basing undercuts. Any such basing of undercuts is included in the fee for the crown.
- Post and Core (D2954) includes core build-up. You cannot bill for BOTH a post AND a core build-up.

8. Fractures and Cracks

- Saying that a tooth is "fractured" or "cracked" is unclear and may actually cause delays in processing your claim.
- Be clear as to if the "fracture" is a "craze line, a surface crack, a cracked amalgam or filling? Exactly WHAT is cracked or fractured? Is it a "through and through" fracture or just an indication of a potential fracture?
- If you are referring to a missing cusp, or a cusp broken off, then say so clearly. This provides the best evidence for payment of a crown or bridge unit.
- Cracked Tooth Syndrome is a viable report, but it must be justified in the narrative with a proper description as to how you know that there is a cracked tooth syndrome present on the tooth.

9. Resubmissions

- Send back the entire package clearly demonstrating the requested additional information

10. Use Proper and Current CDT 2013 Codes

- No home grown administrative or "variation" codes
- Watch for "by report" codes and be prepared to submit the "report" (if asked)
- Code accurately. Refrain from upcoding extractions, filling surfaces. Providers identified as "outliers" may be monitored by many payers. Payers expect to see an array of filling and extraction codes. For example: if all you report are D7210 "surgical extractions" and never report D7140 extractions, you may be referred for individual review of all claims which could delay payment of your claims.
- Many procedures have different codes for full or partial quadrants (i.e. scaling and root planing: D4341/2; alveoloplasty: D7310/1; and osseous surgery: D4260/1).
- Many procedures have different codes for "first" occurrence and "each additional" occurrence (i.e. post and core: D2952/3; bone graft: D4263/4; apicoectomy D3421 (bicuspid) and #3425 (molar) and each additional root D3426.
- Use CDT definitions to define your code submissions as per the ADA.

Doctors: Avoid unnecessary denial, pending or other delays. Be sure you are looking over the billing habits of your office staff as you are ultimately responsible for the submissions from your office. Set up a system to review a sample of the claims going out from your office to verify accuracy of the submitted information. These few areas can hopefully reduce your denied, pending or delayed claims and improve your collections as well as claims success rates.

Dental Plans Participating in California's Health Exchange Selected

CDA Legislative Affairs

Covered California, the health and dental insurance online marketplace created by the Affordable Care Act (ACA), has announced the dental plans that will be available for purchase through the Exchange. Six plans were chosen:

- Anthem Dental
- Blue Shield of California
- Delta Dental of California
- Health Net Dental
- LIBERTY Dental Plan
- Premier Access Dental

A booklet covering in detail the dental plan offerings, including the premium rates, can be found on the Covered California website at www.coveredca.com/news/PDFs/CC_Childrens_dental_plan_rates.pdf

"The California Dental Association is pleased that Covered California is providing a variety of pediatric dental plan options for families to purchase. Permitting dental plans to offer coverage in the Exchange allows for more consumer choice, offers greater transparency in pricing and gives families the best opportunity to keep their provider of choice," said CDA President Lindsey Robinson, DDS.

Not all selected plans will be offering coverage in all counties, but most counties will have at least five plans available to consumers. The products that will be offered include stand-alone plans, and all can be bundled with health insurance for a single premium. Three different product types are available in most regions: dental health maintenance organizations (DHMOs), dental preferred provider organizations (DPPOs) and dental exclusive provider organizations (DEPOs).

The amount of the premium paid by consumers varies slightly from region to region, but generally, premiums are \$10-\$15 for DMHOs and \$20-\$40 for DPPOs and DEPOs. The rates each plan will pay to providers are not included.

Since Covered California has opted to be an active purchaser in the development of the Exchange, the pediatric dental plans underwent a rigorous and competitive bidding process and "had to balance access to providers with affordable premiums to qualify," according to an Exchange press release.

CDA knows that some dental plans that bid to offer coverage in the Exchange were not selected, but the names of those plans have not been released.

Open enrollment is set to begin on Oct. 1, for coverage beginning Jan. 1, 2014.

Peter Lee, the Exchange's executive director, took the opportunity of the release of the information about the selection of the dental plans to announce that it is their policy that no one will be required to purchase the pediatric dental benefit in this first year of operation pursuant to federal guidelines. Lee stated that the Exchange would like to work with CDA and other stakeholders to see about mandating purchase of the pediatric dental benefit for 2015.

CDA is continuing its advocacy to require all children who obtain coverage through the Exchange to include the pediatric dental Essential Health Benefit. In recent testimony before the Exchange Board regarding this issue, CDA reiterated its position that it is clearly the intent of the ACA to ensure that all 10 of the Essential Health Benefits are purchased for children. While the federal guidance presented earlier this year allows states flexibility on this issue, CDA contends that California should work to ensure the pediatric dental benefit is purchased for all children. CDA is in talks with the Exchange Board and staff, and a special Exchange Board meeting focusing on pediatric dental will be held in August.

CDA will continue its advocacy on this issue and will keep members informed.

For more information, please contact CDA's Manager of Legislative Affairs Nicette Short at nicette.short@cda.org.

Good News/Bad News Day for Medi-Cal Adult Dental Benefits

from the CDA Executive Bulletin of Peter Dubois, CDA Executive Directory - May 24, 2013

Today saw two significant but conflicting developments in the longstanding effort to rebuild the oral health care safety net in California. Four years after the program's elimination, the Senate Budget and Fiscal Review Committee voted 14-0 to fully restore Medi-Cal adult dental benefits. Support for the proposal was led by Senator Bill Monning (D-Carmel), who had visited the CDA Cares event in San Jose last weekend and specifically cited the event as direct evidence of the extent of the oral health care access problem in California. The proposal will now be part of the final budget negotiations between the senate, assembly, and governor over the next several weeks.

Meanwhile, earlier today, in a disappointing move, the U.S. 9th Circuit Court of Appeals denied a petition filed by CDA and a coalition of health care organizations aiming to stop the state from implementing a 10 percent reduction in Medi-Cal provider reimbursement rates. The decision essentially allows the state to implement a 2011 law that cuts Medi-Cal reimbursements to dentists, physicians, pharmacists and other Medi-Cal providers. Because the cuts have been blocked by court injunction since June 2011, the ruling would allow the state to recoup a portion of payments made to providers since that date.

CDA is working to fully understand the court's decision and its impact on state efforts to recruit more dentists to become Denti-Cal providers. In addition, the court's decision has implications for the discussions on restoring adult Denti-Cal services due to the fact the cuts will make it far more difficult for providers to participate in the program.

CDA will keep you posted on developments and provide you with more information as it becomes available.

Legislative Update June 11, 2013

We are pleased to report that a state budget agreement between legislative leaders and Governor Brown was announced yesterday that includes a phased-in, partial restoration of Medi-Cal adult dental benefits. Since his tour of the CDA Cares Sacramento free clinic last August, Senate President Pro Tem Darrell Steinberg (D-Sacramento) had made restoring some level of adult dental benefits one of his top budget priorities for the year. With the governor holding the line firmly against major new spending initiatives, it is highly significant that adult dental benefits became the only health care program restoration that he gave ground on for this budget year, and one of only a handful of spending concessions of any kind. In order to minimize the state's costs in the 2013-14 fiscal year and to allow time to reestablish the program, funding will be restored beginning May 1, 2014, and will then be carried forward into the entire 2014-15 budget year. While we have not seen all of the details yet, we believe that the budget allocation will provide funding for diagnostic, preventive, and basic restorative services, as well as full-mouth dentures. Legislative leaders already have made clear that they consider this step to be a starting point, and hope to fully restore the program in the future if the state's revenue picture continues to improve. We expect to use the time between now and May 2014 to work with the state to reestablish a provider network for adults and to address some of the administrative issues that have burdened the program for many years. While this budget agreement does not address the 10 percent Medi-Cal provider reimbursement rate reduction enacted two years ago (but not yet implemented), CDA continues to be part of the health care coalition that is seeking a stay of the recent Ninth Circuit Court of Appeals action upholding the reductions. As always, we will keep members informed of future developments.

American Dental Association Offers Updated Coding Books

“CDT 2014 Dental Procedure Codes,”

“Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014”

CHICAGO, Aug. 2, 2013 — The American Dental Association (ADA) is offering two updated dental coding books to help dentists stay up to date on the proper codes to use when billing their patients for dental procedures.

The new “CDT 2014” contains the Code on Dental Procedures and Nomenclature, which is the standard for recording dental services in patient records, on paper claim forms and on HIPAA standard electronic claim transactions. The new book is the only official source for the latest dental procedure codes. The manual has been improved to reflect real world dentistry such as:

- Providing codes that clearly document a service to a patient
- Considering how the latest clinical advances and evidence-based dentistry affect the way you code
- Reducing your workload by eliminating the need for narrative reports for certain codes
- Developing more specific codes to the procedures you perform, including new codes for caries risk assessment and implants, and a new subcategory for carriers

The ADA worked with the American Association of Endodontists and the American Association of Orthodontists to revamp the endodontic and orthodontic sections to convey recent developments in these specialties. “CDT 2014” is a spiral bound book that lays flat for easy reference and includes a searchable CD-ROM for quick code look up. The CDT book ([J014](#)) is available for \$39.95 for ADA members and \$59.95 retail price. “CDT 2014” includes:

- 29 new procedure codes
- 18 revised procedure codes
- 4 deleted procedure codes
- 7 changes to the subcategories and their descriptors
- Fillable 2012 ADA Dental Claim Form

The ADA is also offering the “Dental Coding Made Simple: Resource Guide and Training Manual, 2013-2014” to help dentists and their staff understand the basics — and the complexities — of today’s dental coding system. “Dental Coding Made Simple” ([J443](#)) is available for \$49.95 to ADA members and \$74.95 retail price. Key features include:

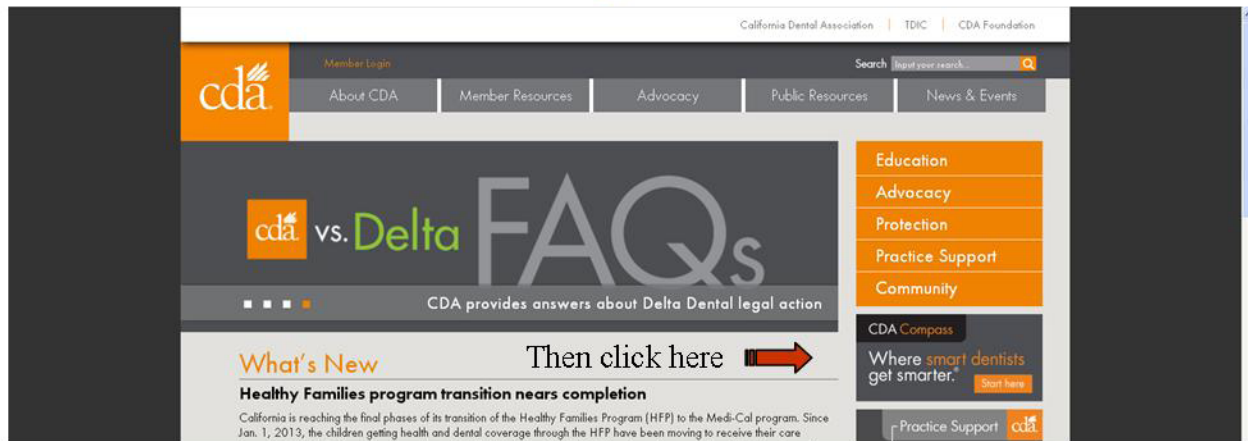
- 151 of the most common questions and answers
- More than 25 coding exercises
- An illustrated dental implant section
- New HIPAA Compliant 2012 ADA Dental Claim Form and completion instructions
- Continuing education (CE) examination with five CE credits

The “CDT 2014/Dental Coding Made Simple Kit” ([K214](#)), which includes both the “CDT 2014” and “Dental Coding Made Simple” books, is \$75.00 for ADA members and \$112.50 retail price.

To purchase any of the books, please visit adacatalog.org or call the ADA Member Service Center at (800) 947-4746. All CDT products will ship by mid-August.

Welcome to the newly designed CDA Compass!

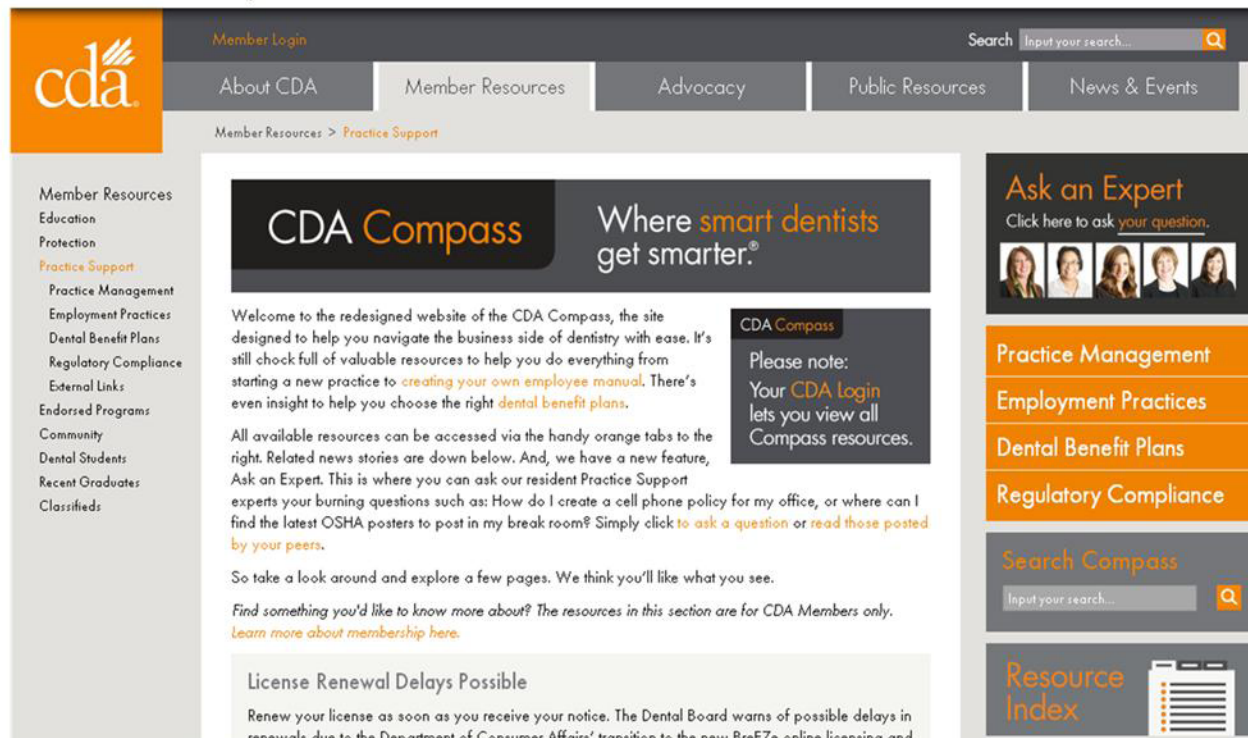
Start here: cda.org. Then you'll see this:



Then login using the following:

Username: Your Last Name

Password: **First Time User:** Enter your **9-digit** ADA Membership Number. Once you have logged in for the first time, you will be prompted to change your password. This can be done by simply selecting "View your Member Profile" on the Welcome Page or by selecting "Member Profile" at the top of the Homepage. Once on the Member Profile page, select "Change Password" and follow the prompts.



Stanislaus Dental Society
2014 Event Calendar

January

1	Wednesday	New Year's Day - office closed
9	Thursday	SDS Board meeting
10	Friday	BLS renewal
17	Friday	CE-OSHA/Dental Practice Act/Infection Control
20	Monday	Martin Luther King Day - office closed

February

14	Friday	BLS renewal
17	Monday	President's Day - office closed
20	Thursday	SDS GM Meeting

March

6	Thursday	SDS Board meeting
7	Friday	BLS renewal
14	Friday	NorCal Leadership Training
28	Friday	CE course

April

4	Friday	BLS renewal
11	Friday	Peer Review workshop
18	Friday	Shred It Event
25-26	Fri-Sat	CDA Cares - Vallejo

May

1	Thursday	SDS Board meeting
2	Friday	BLS renewal
8	Thursday	SDS GM Meeting
15-16	Thur-Fri	CDA Presents - Anaheim - office closed
26	Monday	Memorial Day - office closed

June

6	Friday	BLS renewal
	Friday	Nuts event?

July

3	Thursday	SDS Board meeting
4	Monday	Independence Day - office closed
18	Friday	CE Pearls of the Practice

August

September

1	Monday	Labor Day - office closed
4th-6th	Thurs-Sat	CDA Presents - San Francisco - office closed
11	Thursday	SDS Board meeting
18	Thursday	Staff Appreciation

October

23	Thursday	SDS GM Meeting
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November

10	Monday	Veteran's Day
11	Tuesday	SDS Board meeting
13-16	Thurs-Sun	House of Delegates - office closed
27-28	Thurs-Fri	Thanksgiving holiday - office closed

December

4	Thursday	SDS Board meeting
11	Thursday	SDS Member Mixer
22-31	Mon-Wed	Winter Holiday - office closed



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APEX

BULLETIN OF THE STANISLAUS DENTAL SOCIETY



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*Questions or comments about the content
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Your contributions in the form of articles, photos and/or ideas are greatly appreciated. The APEX Staff is currently accepting articles of general membership interest. This can include an accomplishment, interesting hobby, innovative idea, volunteer effort, etc. Please feel free to submit an article or call for an interview. All articles are subject to editorial review. Requests for donations may be made by members but must be limited to 50 words or less.

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SDS Membership Status Update

264 Total Members

212 Active Members

4 Permanent Disability

11 Lifetime Active

37 Lifetime Retired

6 Retired

3 Affiliates

3 NEW!