



Policy & Procedure

Company:	ODS	Department Name:	Screening & Consultant		
Subject:	Inter-Rater Guidelines				
P & P Original Effective Date:	5/22/2018	P & P Origination Date:	5/22/2018	P & P Published Date:	05/29/2018
P & P Revision Effective Date:	4/22/2019	P & P Revision Published Date:		04/23/2019	
Reference Number:	SDC39	Next Annual Review Date:		4/22/2020	
Division:	Reviews				
State (select all boxes applicable to this policy)					
<input type="checkbox"/> Alaska <input type="checkbox"/> California <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington					
Product (check all boxes applicable to this policy)					
<input checked="" type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other _____					
Type of Business (check all boxes applicable to this policy)					
<input type="checkbox"/> Commercial Group <input type="checkbox"/> Commercial Individual <input type="checkbox"/> Exchange Business <input checked="" type="checkbox"/> EOCCO <input checked="" type="checkbox"/> OHP <input type="checkbox"/> Medicare					
<input type="checkbox"/> Self-funded <input type="checkbox"/> Other _____					

I. Policy Statement and Purpose

Moda Health/Delta Dental/ODS contracts with individual credentialed and licensed dentists who use their clinical expertise, along with consistent clinical guidelines and clinical requirements as guiding principles for making clinical appropriateness, comorbidity and standard of care decisions related to member care/claims.

II. Definitions

Clinical Guidelines – Systematically developed fixed protocols that are to be followed to assist in identifying and recommending appropriate courses of dental treatment

Clinical Requirements – The information requested from providers/dentists for Moda Health/Delta Dental/ODS to perform clinical reviews/determinations

Dental Necessity – The procedure should be clinically appropriate for the patient’s diagnosed condition; the diagnosis must be consistent with the symptoms and must be delivered within the community standard of care. The treatment shall not be primarily for the convenience of the patient or provider. Necessity can be established by using the proper and current CDT codes accompanied by documents and supporting evidence when appropriate, such as radiographs, intra-oral photos, periodontal charting, clearly written chart notes and reports from physicians or specialists. It is important to note that while a procedure may be dentally necessary, it may not be a covered benefit per group contract

Inter-Rater Reliability – The extent to which two independent dental consultants, each using the same tool or examining the same data, arrive at matching conclusions

Poor Prognosis – The determination of poor prognosis includes the following factors: radiographic bone height, mobility, pocket depth, crown to root ratio, the presence of active periodontal disease, unresolved periapical pathology, incomplete endodontic therapy, degree of furcation involvement, root proximity, root resorption, short tapered root anatomy and presence of fracture or significant caries below the bone

III. Procedures

Independent dental consultants are responsible for reviewing chart notes, including diagnosis, x-rays, periodontal charting, any photographs available and definitive treatment plans to make clinical determinations for member's dental care/claims.

A. Guideline Resources

Moda Health/Delta Dental/ODS identifies dental clinical practice guidelines using a number of widely accepted resources, including:

- American Dental Association
- American Association of Oral Maxillofacial Surgeons
- American Academy of Periodontists
- American Academy of Pediatric Dentists
- American Association of Endodontists
- Oregon Administrative Rules (OAR)

B. Guideline Usage and Approval

The Dental Vice President and Dental Consultants review and approve clinical guidelines. Each quarter, a minimum of three (3) cases are discussed in a quarterly calibration meeting to ensure consistency amongst the dental consultant's reviews in decision making.

C. Review and Revision

Guidelines are reviewed annually. Refer to attached for a list of Moda Health/Delta Dental/ODS developed dental clinical practice guidelines.

D. Dissemination Process

When the ADA updates the CDT procedure codes, or OHP updates the dental services OAR, Moda Health/Delta Dental/ODS sends updates to its providers via Dental Office Update [newsletter] or via email or letter. Moda Health/Delta Dental/ODS also holds annual workshops with its dentists to share updates during those meetings.

E. Monitoring

Moda Health/Delta Dental/ODS monitors the use of services that providers are performing as follows:

- Moda Health/Delta Dental/ODS runs annual reports to identify providers who may be over-utilizing dental services/over-treating
- Some procedure codes are reviewed randomly by a clinical support specialist or a dental consultant, and some procedures are reviewed 100% of the time
 - Chart notes, including diagnosis, x-rays, periodontal charting, any photographs available and definitive treatment plans are reviewed to verify chart notes match what is being billed and/or to determine long term prognosis and/or necessity
- Processors undergo an annual fraud and abuse training to be educated on how to identify possible fraudulent billings

- ❑ Moda Health/Delta Dental/ODS sends service verification letters to a random sample of Oregon Health Plan members on the 15th of each month to confirm the listed services were performed and no other issues were reported
 - The Moda Health/Delta Dental/ODS Medical and Dental Quality Improvement Committee monitors the number of letters sent and the number of responses received quarterly
 - If a persistent or significant problem regarding verification of services is identified, the committee is to identify areas for improvement and implement appropriate interventions

IV. Related Policies & Procedures, Forms and References

V. Revision Activity

New P & P / Change / Revision and Rationale	Final Review / Approval	Approval date	Effective Date of Policy / Change
04/23/2019 – Added new definitions. Per DEN Req #910, from Missy Runyon, dated 04/22/2019	Karen Nolon	04/22/2019	04/22/2019

VI. Affected Departments: