



**Policy & Procedure**

<b>Company:</b>	ODS	<b>Reference Number:</b>	SDC39
<b>Department:</b>	Dental		
<b>Business unit:</b>	Screening & Dental Consultants	<b>Category:</b>	Reference
<b>Title:</b>	Inter-Rater Guidelines		
<b>Lines of Business</b>			
<input checked="" type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Vision <input type="checkbox"/> Other			
<b>States</b>			
<input type="checkbox"/> All States <input type="checkbox"/> Alaska <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Texas <input type="checkbox"/> Washington			
<input type="checkbox"/> Other			
<b>Types of Business</b>			
<input checked="" type="checkbox"/> Commercial Group <input checked="" type="checkbox"/> Commercial Individual <input type="checkbox"/> Marketplace/Exchange <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Advantage			
<input type="checkbox"/> Short Term <input type="checkbox"/> Other			
<b>Origination Date:</b>	5/22/2018	<b>Revision Effective Date:</b>	3/4/2024
<b>Original Effective Date:</b>	5/22/2018	<b>Revision Published Date:</b>	3/11/2024
<b>Published Date:</b>	5/29/2018	<b>Next Annual Review Date:</b>	3/4/2025

**I. Policy Statement and Purpose**

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.

When changes are made to the inter-rater spreadsheet, the supervisor or lead submitting the request must provide the Dental P&P coordinator with the wording to be documented within the New P & P / Change / Revision and Rationale column of the Revision Activity section (i.e., added D2929 to the commercial inter-rater based on implementation of the 01/01/2023 DDPA processing policy updates.)

**II. Workflow Warning Message(s)**

None

**III. 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 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 fractures or significant caries below the bone

#### IV. 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

ODS identifies dental clinical practice guidelines using several 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 ODS developed dental clinical practice guidelines.

##### D. Dissemination Process

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

##### E. Monitoring

ODS monitors the use of services that providers are performing as follows:

- 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
- ❑ ODS sends service verification letters to a random sample of Oregon Health Plan members on the 15<sup>th</sup> of each month to confirm the listed services were performed and no other issues were reported
  - 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

**V. Related Policies & Procedures, Forms and References**

[OHP Inter-Rater Updated 03/04/2024](#)

**VI. Revision Activity**

New P & P /Change / Revision and Rationale	Final Review/Approval	Approval date	Effective Date of Policy/Change
03/11/2024 – Updated OHP Inter-Rater list as follows: Added additional wording to the OHP orthodontic codes to clarify for the dental consultants the use of the D8080 code for HM benefits (regardless of patient dentition D8080 is how providers will bill ortho for OHP HM cases.  Per DEN Req #2936, from Aimee Fowell, dated 03/08/2024	Karen Nolon		03/04/2024