



FIRST IMPRESSIONS

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2009 Calendar

Please note our office will be closed the following dates:

Monday, May 25

Friday, July 3

Monday, September 7

First Impressions Schedule:

- February - Winter
- June - Summer
- October - Fall

Delta Dental of Arizona (DDAZ) Provider Newsletter
Summer 2009

Ideas for a Healthy Practice.

Now is the time to get creative and think of innovative offerings and incentives to keep patients coming in. Consider these ideas to keep your practice healthy.

Make your case.

A small filling that may cost a few hundred dollars could cost thousands if care is postponed. Help your patients prioritize treatment. Consider offering incentives such as movie tickets to senior citizens and students.

Challenge your staff.

Ask for money-saving ideas from your staff. Get everyone on board. Even small changes can add up to big savings over the course of the year.

Convey confidence.

We all form first impressions of others. Your patients form a first impression of you based on your surroundings. Patients feel more confident in a technologically up-to-date, orderly and nicely decorated environment. Even a fresh coat of paint does wonders to keep your space fresh and confident. And right now, investing in equipment and taking advantage of the current tax breaks is a smart move.

Make your presence known.

While it's tempting to slash marketing, don't. It's even more important in economic downturns. Visibility helps make you an

authority: Be the one who comes to mind when people think "dentist."

- Get creative with your public relations efforts; third party endorsements from the local media and community are valuable — and free.
- Don't forget about community involvement. Building a personal level of trust is an invaluable source of positive press and word-of-mouth advertising.

Build relationships.

Good customer service increases a patient's perception of the value of dental treatment and of your office. Greet your patients with a smile at the front desk. Get to know them. Make every patient feel valued. A good relationship does wonders to prevent "dentist hopping."

Ask for referrals.

Word of mouth is still the most effective way to promote referrals. Hand a few business cards or brochures to every patient. Nicely let them know that you'd like to see more patients like them, and ask if they would mind passing your materials along. Most importantly, when you get a referral, thank the sender with a personal note.

Membership Fee Reduced to Zero

Delta Dental of Arizona's (DDAZ) Board of Directors and management are pleased to announce the reduction of our membership fee to zero, effective July 1, 2009. This change will affect all claims that are processed with a date of service on or after July 1, 2009. This reduction will return more than \$2.2 million dollars to our member dentists.

There were many purposes for initiating the membership fee over 37 years ago, one of which was to provide capital to start-up DDAZ and help maintain it as a financially stable company. By staying financially sound we have been able to honor our mission of providing quality dental insurance to our subscribers throughout Arizona. The membership fee has been as high as 8%.

As a result of our ability to increase our financial reserves and growth, we believe that now is the time to affect a change. Delta Dental of Arizona fully understands the impact of these tough economic times on everyone and we are now in a position and feel it is important to give back to our loyal dentists who have supported us over the years.

For those service with a July 1, 2009 or later date of service, your EOP should reflect a "0.0" for the membership fee. For service dates prior to July 1st, the membership fee will still apply. If your EOP shows a dollar amount for the membership fee and the date of service is July 1, 2009 or later, please contact Customer Service at 866-746-1834 for assistance.

Why Does a Claim Process Without Review of an NEA Attachment?

Per the NEA website, NEA is an electronic attachment clearinghouse, which allows dentists to transmit attachments, via the Internet, for payors to view in support of electronic claims.

Processing of claims without review of the NEA attachment is usually a result of a paper claim being submitted via regular mail while the applicable attachment is sent separately using NEA.

To avoid request for information already submitted via NEA attachments, submit your claims and applicable attachments together using either regular mail or electronic submission.

Reasons to Submit Electronic Claims

- Faster turnaround time for receipt of claims.
- Avoid mailing cost and lost mail.
- Reduce printing of paper claims which is great for the environment.



Delta Dental of AZ website vs Delta Dental website

Delta Dental of AZ strongly advises dental offices to utilize our website for all eligibility, benefit and claim status information. Our website also has a CDT procedure code lookup feature that provides Delta Dental of AZ's standard benefit information.

Please note however there is a difference between our Plan Association's Website (www.deltadental.com) and DDAZ's website (www.deltadentalAZ.com). Many of the available features that are specific to the subscriber's benefit information, cannot be accessed through our Plan's website. For example, the Plan's website does not provide you with frequencies, which is a very common question. For access to the most up-to-date information please log-in directly to:

www.deltadentalAZ.com

DDAZ Faxback

DDAZ strives to provide you with the most current benefit information via fax. The information noted in the benefit level and frequency/age limitations section of the fax displays DDAZ's standard benefits. These may not apply to a group that chooses to allow non-standard benefits. The non-standard benefits are noted in the gray box located on the first page of the fax underneath the Eligibility and Accumulations information. Please review the information noted in this area.

Example DDAZ's standard benefit for a D4355 is interchangeable with a D1110, paid under preventive and is allowed once every 5 years. A group may decide they would like the D4355 paid under basic and not interchange with a D1110 and have a different frequency applied.

Dentist Direct Phone Numbers:

Toll free: 866-746-1834 • Local: 602-588-3982

Press 1 - Faxback of eligibility & benefit information

Press 2 - Automated claim information

Press 5 - DDS contracts/appeals - Professional Relations

Press 6 - Claims status/benefits/eligibility - Customer Service

Perio Protect®—What You Should Know

Facts from the AAP regarding a tray delivery device marketed for the treatment of gum disease.

American Academy of Periodontology is an advocate for the periodontal and general health of the public and promotes excellence in the practice of periodontics. As the recognized authority in the specialty of periodontology, the AAP is an information resource regarding new and emerging technologies used to diagnose and treat periodontal diseases. We invite you to browse Perio.org for more information on periodontal diseases and their treatments. The Academy also encourages you to speak with your periodontist or dentist for more information regarding your risk for being affected by these chronic inflammatory conditions.



Recently, questions have been raised in regards to the Perio Protect® tray, a product marketed for the treatment of gum disease. The following fact sheet aims to set forth some facts regarding this product.

What is Perio Protect®?

The Perio Protect® device is a custom-fit tray made by a specialized dental laboratory from impressions of the patient's mouth taken by a dentist. The medications placed in the tray are determined by the dentist.

What We Know

The Perio Protect® tray was cleared for marketing by the Food and Drug Administration (FDA) on grounds that it is substantially equivalent to a previously marketed disposable fluoride tray. This type of tray is traditionally used to prevent tooth decay.

The FDA clearance process did not determine that the Perio Protect® tray has been proven to be a safe or effective modality for the treatment of gum disease.

To date, the Academy is not aware of any published, peer-reviewed* clinical trials that establish the effectiveness, reliability, or potential complications of this therapy.

Numerous clinical studies have suggested that topically applied medicines do not reach the source of periodontal infections.

**Note: Peer-reviewed journals publish articles that have been reviewed by experts in the field. The peer-review process is intended to support publication of relevant findings and acceptable interpretations, while guarding against publication of unwarranted claims and personal views. Professionals look to the peer-review process to support solid scholarship in their field or discipline.*

Laser Therapy Claims

In the court of law the person on trial has presumed innocence. In the court of science what is on trial (e.g. new therapy) has presumed guilt (i.e. unproven efficacy) until there are valid, repeatable studies that prove otherwise.

In Lasers in Periodontics: A Review of the Literature (Cobb, Journal of Periodontology, 2006, Vol. 77) this point is underscored. "Simply put, there is insufficient evidence to suggest that any specific wavelength of laser is superior to the traditional modalities of therapy. Current evidence does suggest that use of the Nd:YAG or Er:YAG wavelengths for treatment of chronic periodontitis may be equivalent to scaling and root planing with respect to reduction in probing depth and subgingival bacterial populations. However, if gain in clinical attachment is considered the gold standard for non-surgical periodontal therapy, then the evidence supporting laser-mediated periodontal treatment over traditional therapy is minimal at best. Lastly, there is limited evidence suggesting lasers used in adjunctive capacity to scaling/root planing may provide some additional benefit."

A more recent review, The Effect of Laser Therapy as an Adjunct to Non-Surgical Periodontal Treatment in Subjects With Chronic Periodontitis: A Systematic Review (Karlsson, et al; Journal of Periodontology; November 2008) had similar conclusions: "This systematic review showed that a limited number of studies have evaluated the clinical effect of laser as an adjunct to scaling/root planing. Results from new methods, such as laser as an adjunct to scaling/root planing or laser replacing scaling/root planing as the first treatment option in chronic periodontitis, should be interpreted with caution until there are several independent randomized controlled trials with sufficient statistical power."

In light of the above, separate benefits for laser therapy in conjunction with scaling/root planing and the fee will be disallowed as a part of the global treatment fee for the scaling/root planing. If the laser therapy is intended to replace scaling/root planing, please submit the scaling/root planing procedure code (i.e. D4341/D4342); in this circumstance the laser therapy is actually the technique being utilized. Perhaps in the future, there may be a distinct CDT code for this purpose.

DDAZ Welcomes Our New Groups

*The International Genomics Consortium
J Hass Group
AmeriFirst Financial, Inc.
Tucson Healthcare Affiliates Federal CU
The Refinery Christian Church
Christ Church of Scottsdale
Fishgold Financial Services
Adobe Gastroenterology
David Wanzek, CPA LLC
GOCO, Inc. dba Media Company
Fixture Zone
CP Control Technologies
Micon, Inc.
Lindquist Tax & Accounting Service
Northwest Clinic for Children
7K Asset Management, Inc.
Digital Systems Engineering
Grubb & Ellis / BRE commercial, LLC
St. Nick's Professional Decorating
Dan Peterson Property Management, LLC
The Body Sculpting Center
Shelly Farms, LLC
Nepturme Design Group
Pegasoft dba Pegastaff
Comprehensive Claims Management
Clear Air Conditioning & Heating*

*Kerry's Car Care, Inc.
Overhead Door of Tucson
Simons Physical Therapy
Catalyst Paper
Arizona Tile, LLC
Shadow Beverages & Snacks, LLC
National healthcare, Inc.
Casa Grande Pediatrics
Red River Resources
Superstition Plumbing
Sesame Inn Carefree
Interior Trends Remodel, LLC
Southern Arizona Glassworks, Inc.
KBCA, Inc.
Child Crisis Center*

Delta Dental of Arizona
5656 W. Talavi Blvd.
Glendale, AZ 85306

Non-Covered Services for PPO Network

A letter was recently sent out to our contracted PPO providers noting changes to the PPO Provider Contract, along with a copy of the current PPO fee schedule. Please note that this change only affects our PPO Network, and does not affect our Premier Network. All Premier claims should continue to be submitted using your UCR fees, and not those of the PPO fee schedule.

2009 Front Office Seminars

Throughout 2009 Delta Dental of Arizona will be holding a series of seminars for Front Office dental staff titled "Sharing Insurance Solutions For a Better Practice". Delta Dental Provider Relations staff will explain how to verify benefits, submit clean claims, read and understand EOP's, access on-line patient marketing materials and more. These seminars will be scheduled in different locations across the state. Below is a schedule of our up-coming seminar dates:

- West Valley - June 26
- East Valley - July 24
- Flagstaff - August 21
- Prescott - September 25 (*tentative*)
- Yuma - October 23 (*tentative*)

Information will be faxed to all offices in the area approximately one month prior to these dates with location, time and registration instructions. *Date and times are subject to change.*

If you have any questions, please contact our Provider Relations department at **602-588-3982**.