



A CHANGE IN PLANS

- **Effective January 1, 2020**, Village Care Max GG-510-MAP is now a Medicare/Medicaid dual-eligible program. The Medicaid portion of this plan follows the New York State MMIS guidelines with additional limited coverage for implant services as well as fixed bridges, molar root canals, and post and crowns on molar teeth. Village Care Max GG-510-MMAP has a Medicaid benefit only. The benefit of this plan follows the New York State MMIS guidelines. Healthplex is automatically adjusting claims with previously denied claims in cases where the above mentioned services were initially denied. Please do not resubmit denied claims; Healthplex will reprocess them as applicable.
- **As of June 1, 2020**, the WellCare of NY Medicaid, MLTC, CHP and EP business was moved from WellCare to Fidelis. The dental carrier for Fidelis is DentaQuest. This change did not impact the plans that remain covered through WellCare of NY. The dental carrier for WellCare of NY is Healthplex. These plans include:
 - WellCare Liberty Medicaid Advantage - GG-333-MCA, GG-333LMCA, GG-333UMCA; and WellCare Medicare - GG-495, GG-495-500, GG-495-750, GG-4951000, GG-495PPO.
- **Effective July 1, 2020**, YourCare Health Plan (GG-332) members will be transferred to the Molina HealthCare (GG-518) plan. Authorizations received for YourCare Health Plan members prior to June 30, 2020 will be honored when members are transferred to Molina HealthCare. Authorizations received for YourCare Health Plan members prior to June 30, 2020 will be honored when members are transferred to Molina HealthCare if the members are still eligible for coverage.
- As states begin to slowly reopen, it is imperative to inform Healthplex if your office is planning to relocate or close permanently. To advise us of any changes, please submit the notification on office letterhead with the office tax ID number, owner's signature, and date of closure to the Provider Relations department via email providerrelations@healthplex.com or via fax **1-516-228-9571**.

OFFICE OF THE QUARTER

CONGRATULATIONS!



Dr. Stanley S. Weinstein
 38 Van Duzer Street
 Staten Island, NY 10301

A special thank you to Dr. Weinstein and their great staff for their constant quality of patient care and service.

— Inside This Issue —

Bone Graft.....pg. 2
 Healthplex Contacts.....pg. 2
 Toothbrush Facts.....pg. 3
 Quote of the Quarter.....pg. 3
 Staying Safe.....pg. 4

BONE GRAFT AT THE TIME OF IMPLANT

Healthplex has begun to cover CDT Code D6104 – Bone Graft at Time of Implant, to select PPO plans that allow implant coverage. The following update applies to all PPO plans in which there is an allowance for implant coverage:

- Presently, the CDT Code D7953 – Bone Replacement Graft to Ridge Preservation is a covered service under most Healthplex PPO plans that have an implant allowance.
- From a clinical perspective, Healthplex has determined that CDT Code D6104 – Bone Graft at Time of Implant should be treated similarly to CDT Code D7953, as they are rendered to achieve the same basic result.
- CDT Code D6104 will now appear on PPO fee schedules for plans that have an allowance for implants and that currently have an allowance for D7953. Reimbursement for both codes will be equivalent for the amount of \$300. Members will be allowed one bone graft procedure, D7953 or D6104, but not both.



HEALTHPLEX CONTACTS

healthplex.com

Phone Numbers

Provider Hotline.....888-468-2183

(Options)

- 1: Eligibility
- 2: Urgent Referrals
- 3: Website Support
- 4: Claims Automated System
- 5: Contracting *(Commercial Programs)*
- 6: Contracting *(Government Programs)*
- 7: Panel Participation

UM Clinical Review....888-468-5182

Internet Support.....888-468-5171

Fax Numbers *(516 area code)*

Claims.....542-2614

Customer Service.....227-1143

Provider Relations.....228-9571

Referral Authorization.....228-5025

E-Mail

ProviderRelations@healthplex.com

Info@healthplex.com

Claims@healthplex.com

Referrals@healthplex.com

WHAT DO YOU KNOW ABOUT THE TOOTHBRUSH?

Early forms of the toothbrush are cited as early as 3000 BC. Egyptians and Babylonians used chewing sticks which were thin twigs from aromatic trees with frayed edges used to rub against the teeth. They would chew on one edge of the stick until it became soft like a brush, and kept the other edge jagged to pick out any food that would get wedged between their teeth. The first bristle toothbrush was invented in China in the 15th century. Coarse boar hairs were attached to handles made of bamboo or animal bone.

William Addis of England invented the first mass-produced toothbrush. While in prison for initiating a riot, he drilled small holes in a cattle bone, tied swine fibers from wild pigs in bunches, passed them through the holes and then glued them onto the cattle bone. Once released from prison, he mass-manufactured the toothbrush and created Wisdom Toothbrushes. In 1938, The DuPont Company switched to synthetic (usually nylon) fibers, which performed much better and did not preserve the bacteria that animal bristles did. Today, the modern toothbrush consists of a handle made of thermoplastic materials and nylon bristles.



QUOTE OF THE QUARTER

“Build for your team a feeling of oneness, of dependence on one another and of strength to be derived by unity.”

- Vince Lombardi

STAYING SAFE

It is well known that dental offices have distinctive characteristics that cause specific infection control concerns. The COVID-19 pandemic has changed a lot about our everyday lives. Regular visits to the dentist have changed. In March, the ADA recommended that dentists postpone all except emergency appointments until April 30 at the earliest to help reduce the spread of the virus. It was also recommended to save gloves, masks and other personal protective equipment and to keep patients who require emergency treatment from going to busy hospital emergency rooms. Please see below for recommendations on how to keep you, your staff, and your patients safe and healthy:

- Make certain that patients and visitors have put on their own face covering, or provide a facemask if supplies are sufficient.
- Actively take the patient's temperature and inquire about the presence of fever or other symptoms consistent with COVID-19.
- Ask patients to re-apply their face covering at the completion of their dental care when they leave the treatment area.
- Post visual alerts (posters, signs) at the entrance and in places such as waiting areas, elevators, break rooms to provide instructions about hand hygiene, respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60- 95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- Remove toys, magazines, and other frequently touched objects that cannot be regularly cleaned or disinfected from waiting areas.



As of June 17, 2020, the recommendation to wait 15 minutes after completing clinical care and departure of each patient without suspected or confirmed COVID-19 to begin to clean and disinfect room surfaces has been removed to align with CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. To align with CDC's Healthcare Personnel with Potential Exposure Guidance, the timeframe recommended for patients to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 following a dental appointment has been changed to 2 days.