



Seal Out Dental Decay! Protect your Children Now!

Sealants are a coating that is painted on the biting surface of molar teeth that seals the pits and grooves and helps prevent dental cavities. Sealants are placed without numbing the teeth and usually without any tooth preparation (“drilling”).

The use of dental sealants was the theme of the October 2010 issue of the California Dental Association Journal. The following facts were noteworthy:

- 1) The most recent data shows that only 28% of California third-grade children have received a sealant.
- 2) Yet by the time California children were in kindergarten, 63% had a cavity, 28% had at least one untreated cavity, and 19% had rampant cavities.

Western Dental hopes to reverse this trend. But we need your help! Instead of waiting for your child to get cavities, you can take the following steps to prevent them:

- Establish a dental home for your child by age 1, and continue regular dental visits as recommended
- Assist your child with brushing and flossing every day until age 8
- Starting at age 4, use a fluoride toothpaste (use a non-fluoride toothpaste until age 4)
- Limit your child’s snacks and avoid sugary foods and drinks
- When your child is six years of age, ask your dentist about sealants for the newly-erupted adult molars (the “six-year molars”) – Ask about sealants again when your child is twelve years of age (for the “twelve-year molars”)

Join Western Dental in sealing out the cavities for your child. Make an appointment today!

New CDT 2018 Codes

CDT 2018 is the newest version of the American Dental Association’s code on dental procedures and nomenclature. Below is the list of new CDT 2018 codes that will be included as covered benefits for all Western Dental Plan’s. The below changes are effective January 1, 2018.

D5511 - Repair broken complete denture base, mandibular. When performed on the mandibular arch, this procedure replaces deleted code D5510 and is subject to the same policy and limitations.

D5512 – Repair broken complete denture base, maxillary. When performed on the maxillary arch, this procedure replaces deleted code D5510 and is subject to the same policy and limitations.

D5611 – Repair resin partial denture

base, mandibular. When performed on the mandibular arch, this procedure replaces deleted code D5610 and is subject to the same policy and limitations.

D5612 – Repair resin partial denture base, maxillary. When performed on the maxillary arch, this procedure replaces deleted code D5610 and is subject to the same policy and limitations.

D5621 – Repair cast partial framework, mandibular. When performed on the mandibular arch, this procedure replaces deleted code D5620 and is subject to the same policy and limitations.

D5622 – Repair cast partial framework, maxillary. When performed on the maxillary arch, this procedure replaces deleted code D5620 and is subject to the same policy and limitations.

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Dental Care For Special Needs Members

Special needs members need regular dental care. A healthy mouth helps a person eat well, and avoid pain and tooth loss. Brushing and flossing every day and seeing the dentist regularly can make a big difference in the quality of life for a special needs member, and regular visits to the dentist are important. A ‘get acquainted’ visit with no treatment provided might help. The member can meet the dental office staff, sit in the dental chair if he or she wishes, and receive instructions on how to brush and floss. This type of visit can go a long way toward making future dental appointments go easier.

Parents and/or caretakers can also make dental appointments easier by being prepared. You may be asked to provide the special needs member’s dental history and you should bring their complete medical history. This will assist the dentist in providing the best possible care in the safest environment.

Public Policy

The Plan welcomes Member participation on its Public Policy Committee, which meets quarterly at the Plan’s corporate office in Orange, California. In order to be considered for membership, please write or call the Plan’s member service department at 1-800-992-3366.

Language Assistance Available

Many Western Dental enrollees speak a language other than English, or may prefer to speak another language when discussing their dental health or dental plan benefit matters. Currently Western Dental offers language assistance to our members. To arrange for this service, you or your dentist may call the Member Services department directly at **1-800-992-3366** to arrange for an interpreter to join the call. Please allow some time for connection to this service.



Face-to-face interpreters in languages other than English (including Sign Language) may be available in some circumstances. Vital Documents such as plan brochures, provider directories, important forms and letters about Western Dental services, language rights and certain outreach materials are currently produced in Spanish. For more information about Language Assistance, contact **1-800-992-3366**.

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D9222 - Deep sedation/general anesthesia – first 15 minutes. Procedure D9222 is a new procedure code with CDT 2018 to be used when billing for the first 15 minutes of deep sedation/general anesthesia. Procedure D9223 is being revised to be used when billing for each additional 15 minutes of deep sedation/general anesthesia. There is no change to policy for general anesthesia. Any combination of D9222 and D9223 is allowed a maximum of four times per date of service; any additional time will be disallowed. Providing more than one hour of deep sedation or general anesthesia for routine dental procedures is unusual and additional submissions will only be considered on a by-report basis. When documentation of exceptional circumstances is submitted, benefits may be approved for additional units of D9223.

Inquiries and Complaints

Enrollees (members) are encouraged to contact Western Dental at 1-800-992-3366 regarding any concerns that they may have while obtaining services. Western Dental maintains a grievance process to address these concerns. Enrollee complaints or grievances can be made over the phone in person, at any Western Dental Provider Office, by obtaining a Western Dental Member Incident Form and submitting it to Western Dental, or by submitting the complaint using the Western Dental website at www.westerndental.com. Western Dental will send notification that the complaint has been received within five calendar days of receiving the complaint, and Western Dental will send a written response to the concerns within 30 days of receipt of the complaint.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your Health Plan, you should first telephone your Health Plan at 1-800-992-3366 and use your Health Plan's grievance process before contacting the Department.

Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your Health Plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a Health Plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired.

The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms, and instructions online.

Not Sure Who Your Primary Care Dentist Is?

Every Western Dental member is assigned to a primary care dental office (a "PCD"). The PCD will provide for the general dental needs of its assigned members. If you do not know who your PCD is, or if you would like to change your PCD, you can contact Western Dental to request a provider directory or specific information regarding your PCD or other PCDs in your area. The information that Western Dental can provide includes location and contact information for the PCD as well as the PCD's professional degree, board certifications, whether or not the PCD is accepting new patients at this time, and any recognized sub-

specialty qualifications a specialist may have.

For assistance or to receive a copy of the Western Dental Provider Directory for your area, please contact Western Dental by telephone at

1-800-992-3366, by email at MemberServices@westerndental.com, at our Western Dental website (www.westerndental.com) or by mail at Western Dental Benefits Division, 530 S. Main Street, Orange, CA 92868. We will be happy to help you select your PCD and begin your oral health care relationship.

Disclosure of Review Processes

Upon request, WDS' Member Service Department will send you a copy of the guidelines and criteria that are used to determine if a service is covered or not when a dentist or WDS provider sends requests to WDS for benefits and/or claims for payment to an enrollee, a dentist or a member of the general public. You may ask for this information by writing to Western Dental Services, Inc., P.O. Box 14227, Orange, CA 92863, or by calling WDS Member Services at 1-800-992-3366.