

## NEWSLETTER FOR GENERAL DENTAL PROVIDERS

### Specialty Referrals:

#### Periodontist Emergency Treatment

When a member needs to be seen by a periodontist, the Plan will authorize a consultation only. The periodontist may perform an examination and develop a treatment plan. Any actual treatment must be pre-authorized by CDN, to verify that scheduled treatments are eligible for coverage at the specialists office. Non-surgical periodontal therapies (scaling and root planning, scaling and root planing in the presence of moderate/severe gingival inflammation, full mouth debridement, prophylaxis and periodontal maintenance) are to be performed by the general dentist. If performed by the periodontist, the Member may only be charged the copayment listed for care by a GP unless the chart record shows that the Member was first informed of 1.) GP coverage at copayment, and 2.) the additional cost for performance by the specialist office AND the Member agreed to treatment by the specialist office. You may obtain over-the-phone authorization from the Plan for treatment performed on the same day as the initial visit, during the Plan’s regular business hours, however, please remember that procedure D9310—”Consultation” - may not be charged on the same day of service. The Plan requires general dentists to manage acute periodontal emergencies and provide phase I therapy prior to referring the Member to the periodontist. Therefore the Plan’s policy is to not authorize emergency periodontal referrals. If you have any questions, please contact Provider Services at 877-433-6825.

### CALIFORNIA DENTAL NETWORK 595 PLAN—SPECIALTY

We know the CDN 595 plan for specialty can be a bit confusing so here are examples of how the 595 plan works for specialty.

1. If a member is in the first year of purchasing the 595 plan, the members gets a 30% discount from the provider’s UCR fee. Which means the member’s copayment is 70% of the provider’s UCR fee. The Plan pays zero.
2. If the member is in their second year of purchasing the 595 plan, the member pays 50% of specialists UCR fee the first \$1000 of approved covered services. When the member exceeds the \$1000 of approved covered services, then the member pays 70% of the provider’s UCR fee. The Plan will pay 20% of the first \$1000 of specialists UCR fee on approved covered services per member, per year (see below table).
3. Once the \$1000 of approved covered services at specialists UCR has been met for the year, the member pays 70% of the provider’s UCR fee (a 30% discount to the member). The Plan pays zero. Benefits start again at the beginning of each calendar year.

If you have any questions, please contact Provider Services.

#### 595 Plan for treatment by a specialist (2nd and subsequent years of coverage) 70% provider contracted with CDN

Member is financially responsible for 50% of the specialist’s UCR fees to a maximum of \$1000 in services per Member per year

Procedure Code	UCR Fee	Member Copayment	Adjust to Contracted Amount	CDN Payment
D0140	\$100.00	\$50.00	\$30.00	\$20.00
D3330	\$900.00	\$450.00	\$270.00	\$180.00
D7240	\$300.00	\$210.00	\$90.00	\$ -
<b>Total Billed</b>	<b>\$1,300.00</b>	<b>\$710.00</b>		<b>\$200.00</b>

#### WE NEED YOUR 2018 ENCOUNTER FORMS



Encounter forms are a key component in accurate reporting. Send them in to P.O. Box 2428 Laguna Hills, CA 92654-9941 or [CDNclaims@caldental.net](mailto:CDNclaims@caldental.net).

