

Fall/Winter 2023 | Vol. 18

Dental Dispatch

News and information for network providers

Using CAQH ProView for credentialing and re-credentialing

The Dental Credentialing department uses CAQH ProView for providers who have a complete and current CAQH profile.

To help streamline our processing, ensure you submit your CAQH ID for new provider credentialing or re-credentialing. Ensure the following:

- Your CAQH ProView profile is fully complete and approved through CAQH ProView
- You've re-attested to the completeness and accuracy of your CAQH Profile within at least the last 120 calendar days
- Your profile includes your current professional liability/medical malpractice insurance information
- Your profile includes at least the last five years of employment history
- You've authorized DeCare and its affiliates to access your profile on CAQH ProView

For more information about using CAQH ProView, review the article on our website at decare.com/dentists

> Communications > CAQH ProView.

ADA guide for locum tenens

Is your office needing to temporarily add a dentist to help with patients?

Locum tenens is a person who temporarily fulfills the duties of another (such as when someone is out, like on medical leave or vacation, or when the practice is short-staffed).

The new American Dental Association (ADA) *Locum Tenens* and *Dentistry* guide discusses when to hire a locum tenens dentist, when and how to notify dental plans, how billing works in a locum tenens arrangement, and more.

To learn more about locum tenens, visit the American Dental Association website at ada.org.





Consolidated Appropriations Act (CAA) provider directory federal mandate — effective January 1, 2022

As required by the *Consolidated Appropriations Act (CAA)* and several state laws, we must ensure our provider directories are accurate. Your patients — our members — need the most up to date information to reach you.

Please keep us informed of any changes impacting you or your office, especially those changes impacting the directory. We will reach out to our contracted providers partners as required by federal and state laws to verify contact information.

As a contracted provider, you must respond to the notification by providing updated contact information. We appreciate your due diligence in keeping us informed of any changes impacting you or your office.

Working together, we can ensure your patients — our members — can reach you quickly while we meet our compliance obligations.

Misrouted PHI

Dental providers and facilities are required to review all members' information received from DeCare to ensure no misrouted protected health information (PHI) is included. Misrouted PHI includes information about members that a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax, email, or electronic remittance.

Dental providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, providers and facilities must contact Customer Service or call the number listed on the documentation received to report receipt of misrouted PHI.

Dental providers and facilities should review claims and documents carefully before submitting for payment to ensure that the member ID and name listed on the claim is accurate. Taking these additional steps will help eliminate explanation of benefits being sent to the wrong member and prevent *HIPAA* violations.

CDT 2024 updates

This serves as notification by DeCare that we posted 2024 Code on Dental Procedures and Nomenclature (CDT Code) decare.com/dentists.

To view the latest Current Dental Terminology (CDT) 2024 updates, and continued annual updates, visit our website at decare.com/dentists. Under **Communications**, select *CDT Updates (effective 01/01/2024)*.

If you have questions or would like to request a full listing of the claims processing guidelines, call Dental Network Professional Services at **866-947-9398**.

You will use the new CDT dental codes effective January 1, 2024. The new CDT 2024 code book includes dental procedure codes and revisions to procedure code nomenclatures or descriptors.

To order the new 2024 CDT code book, contact the American Dental Association Member Service Center at **800-947-4746** or visit catalog.ada.org/.

Quick Reference Guide

If you need help with...

Paper claims address	Review the back of the member's ID card to determine the appropriate dental claims mailing address (address varies by group). In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim.
Electronic claims	Follow current process or contact your clearinghouse.
Customer service numbers	See back of patient's ID card.
Grievance/appeals Note: Sending to a PO Box different than the following may result in a delay in your appeal.	Attn: Dental Claims Appeals and Grievances P.O. Box 551 Minneapolis, MN 55440
Professional services	866-947-9398

Have a data update request for your Professional Service team?



What to know:

- Each request receives a unique case ID to help us track your request.
- When calling our team, referencing any known case IDs can help us retrieve your request.



decare.com/dentists

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