



Volume 62, Issue 2

**What is Delta Dental's Plan? Inquiring minds ...  
We still don't seem to be able to get the answers!**

Reprinted from *"The Exchange"* by Regina Collins

In anticipation of calls or inquiries to CDA's information about the anticipated Delta Dental Premier fee reduction, we (CDA) wanted to share some information that we obtained during the dental benefits survey completed in 2011. We asked dentists, in that survey, to self-report what dental plans they accept and to estimate the percentage of patients in that plan. This allowed us to extrapolate what percentage of dentists in each component accept the Premier plan and what percentage of patients have Delta Premier. Although this is only a representative sample, we thought that it would be helpful for you to know approximately what percentage of (FMDS) members may be affected by this anticipated change.

The reported information ranged from a low of 6% of dentists within a component accepting Premier, to a high of 44%. And of those who accept Premier, some report more than 30% of their patient base are Premier patients – as high as 55%.

Again, this data is being shared with you today to help you understand the potential impact Delta's action may have on you. On Friday we sent all of you as much information as we know and will keep you well informed as we learn more. We are currently creating a landing page on our website with all available information and will update it with the most current information.

We encourage you to share this survey information with your president.

Component	% of Dentists Accept DDP	Share of Patients with DDP				Don't Know
		<10%	10-20%	20-30%	>30%	
FMDS	88%	8%	15%	46%	8%	23%

If you have any questions, please let me know. I will connect you with the appropriate CDA staff.

**Regina Collins**

*Director Component Relations*

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Delta, continued on pages 4, 5, 6, 7 & 8

## SAVE THE DATE

1. **September 26, Todd Schoenbaum for a 2 hour presentation—General Meeting. Topic Implants—3 C.E.U.s**
2. **In the works: Shred it and e-waste day scheduled for Thursday, October 17. 5:30-7:30 at the dental society office parking lot.**
3. **CCDC—A special guy for a special group. October 11, 2013**

### Gary Zelesky returns to Fresno.

Gary Zelesky was featured as a one-hour warm-up act for our Key-Note speaker in 2005. His reviews were so over-the-top we just had to have him back, this time for a 6 hour presentation as our Keynote speaker. I quote the Chicago Dental Society: "I believe that Mr. Zelesky would make an outstanding contribution to any program that is trying to improve the everyday operation of any professional office."



**Gary is a human experience that goes beyond a keynote! Discover how to create a passion centered—not problem driven—practice. 6 C.E.U.'s 20%.**

FOR DENTAL ASSISTANTS + +

### Write the winning DARW slogan

**The American Dental Association is holding a contest to choose a new slogan for Dental Assistants Recognition Week in 2014.**

**Dental team members or others working in dental-related fields—education, sales, service, etc. — are invited to submit their ideas for a new slogan that sums up the professional dental assistant's contribution to today's dental practice. The ADAA wants to replace its current slogan, "Key to Productivity: the Professional Dental Assistant," with something brief and energetic.**

**The winner receives a one-year paid membership to the ADAA. Submit entries to [mcdono@adaa1.com](mailto:mcdono@adaa1.com) before August 10.**



Got any good jokes to share send them to Val at [fmdds@cvip](mailto:fmdds@cvip).

### LAUGH LINES

A Young Dentist had just started his own Clinic. He rented a beautiful office and had it furnished with antiques.

Sitting there, he saw a man come into the front office. Wishing to appear the "busy dentist", the gentleman picked

up the phone and started to pretend he had to give an appointment.

Finally he hung up and asked the visitor, "Can I help you?"

The man said, "Yeah, I've come to activate your system."

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**FMDS Officers**

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*Thank you for being  
 “Everything” Including*



- .....
- ◆ *Having a great sense of humor (you needed one with me in charge of the dental office.)*
- AND**
- ◆ *Thoughtfully providing new ideas to improve our services.*
  - ◆ *Resilient in times of economic crises.*
  - ◆ *Compassionate when volunteering your time to give back to the community*
  - ◆ *Great Leaders—not only on committees and the Board of Directors, but in life experiences too.*
  - ◆ *Courageous—never giving up when the going gets tough.*
  - ◆ *Great to work for every single day of my 23 plus years.*
  - ◆ *If you feel that I have given to you it is because you have given so much to me.*
  - ◆ *And thank you for all your kind words upon my announcement of my retirement. I am very proud of the fact that I have been able to serve in such a great organization.*
  - ◆ *You will still be able to reach me here at the dental society office through July 25—then I will be off for Spatsizi, British Columbia for a 9 day adventure.*



**Congratulations to Dr. Allen Chien for his nomination and election to the position of delegate to the 2013 House of Delegates.**

The Board of the Fresno Madera Dental Society is currently searching for a nominee for the position of secretary. Beginning term is 2014. This position is a one year position with the intention of eventually ascending to the position of President. If you are interested in this position, or being nominated for the position of director on the Board of Directors, call Val at 438-7284. This position runs for two years, and does not include ascension up the chairs.



Feb. 1, 2013

## Dentists to see reduction in Delta Premier fees

CDA learned today that Delta Dental is planning to reduce reimbursement to its Premier Providers. We are now in contact with Delta to obtain details and clarification about this decision.

It is likely these reductions will average 8 to 10 percent and may vary by region and provider. The reason for the reductions is not yet clear, but it is likely to be market pressures and a resultant effort to reduce the cost of the Premier plan for employers in order to keep it viable. The reductions will not go into effect immediately, but are intended to be implemented later this year.

CDA is aware that the rapidly changing dental benefits marketplace is creating significant competitive pressures for dentists. Through our Dental Benefits Research Task Force, we are working to better understand the forces behind these changes and seeking to identify strategies to support members in addressing these pressures in their practices.

CDA will provide additional, updated information to members about the changes to Delta Premier as soon as it becomes available.

Feb. 5, 2013

As many of you are already aware, an email went out to all CDA members on Friday informing them of Delta Dental's plans to reduce reimbursement to its Premier providers. CDA is working to obtain details and clarification from Delta about this decision. In addition, we will expect Delta to comply fully with the requirements of AB 2252, the newly enacted CDA-sponsored bill requiring dental plans to provide 45-day notice to providers of material changes to contracts and policies.

It is likely these reductions will average 8 to 10 percent and may vary by region and provider. The reasons for the reductions are not yet fully known, but based on a general presentation by Delta representatives to the Dental Benefits Research Task Force last October, they are likely to include market pressures and a resultant effort to reduce the cost of the Premier plan for employers in order to keep it viable. The reductions will not go into effect immediately, but are intended to be implemented later this year.

CDA understands the importance of this issue to members, and it will be a top priority of this organization to provide additional, updated information about these changes to Delta Premier as it becomes available.

### Sent on behalf of Regina Collins:

Feb 8, 2013

Dear Component Executive Directors:

In response to member concerns about an anticipated fee reduction in Delta Premier reimbursement rates, CDA:

- ◆ Is sending an eblast from CDA President Dr. Lindsey Robinson on Monday, February 11, to all members for whom we have an email address.
- ◆ Has created an FAQ document that will be placed on the [cda.org](http://cda.org) next week. This document, and other related communications, will be updated whenever we receive new information regarding this issue.
- ◆ Has produced a letter from CDA's president that will be used to respond to individual dentists who contact CDA or the component dental society (very similar to eblast content).
- ◆ Has established a CDA contact name (Insurance Analyst [Ann Milar](mailto:Ann.Milar@cda.org) at 916-554-4994) and a separate hotline at 916-554-5858 so that members can ask questions.

The content of the eblast from Dr. Robinson and the FAQ document are on pages 6 and 7 for your information.

**If you have any inquiries, please send them to Regina Collins so that she can have Dr. Robinson respond. Please send your names to: [regina.collins@cda.org](mailto:regina.collins@cda.org).**

Thank you for your assistance on this important issue,

## Delta Dental Premier Plan FAQ

### What is Delta Dental's decision concerning Premier's reimbursement rates?

Based on information CDA has received to date, Delta is planning to reduce fees paid to Premier network providers by an average of 8 to 10 percent and changes will not be implemented until the latter part of 2013. Reductions will be based upon an assessment of each provider's current fee filings, not an across-the-board cut.

### How can Delta reduce my fees? I have a contractual agreement with the company.

Delta's contracts are written carefully to allow for fee adjustments, and we know that a basis for any legal challenge is unlikely. These contracts are individual agreements between the dentist and Delta, and any general legal challenge to adjustments is not likely to be considered by a court. However, CDA will monitor the implementation process carefully, leaving no stone unturned on possible legal or legislative responses.

Delta must comply fully with the requirements of [AB 2252](#), CDA-sponsored legislation enacted January 1, 2013, which requires dental plan providers to be given a 45-day notice of any material changes to the plan's contracts and policies.

### Why is Delta making this change?

Delta has not communicated its reasons, however, we know that the marketplace for health care in general, and dentistry specifically, is changing rapidly due to the combined impact of the economic recession and the onset of federal health care reform. The economy has forced employers to focus on cost reduction to a degree never before seen and the implementation of the Affordable Care Act is reshaping the medical and dental benefits markets in ways that are impossible to predict with any certainty. No group has purchased the Premier product from Delta in more than three years. The number of enrollees in Premier has decreased for a number of years. Premier now represents only 17 percent of Delta's business in the state.

### Why am I learning about this possible fee reduction from CDA instead of Delta?

CDA is committed to keeping members informed, and we wanted to share this information as soon as we were made aware, prior to Delta issuing its formal provider notification. CDA believes it is vital that our members have the most current information possible in order for dentists to begin to analyze and understand the implications for their practices.

### I've heard that antitrust laws prevent CDA from taking certain actions. Why?

Antitrust laws impact dentistry in a number of ways. As a membership organization, CDA is comprised of dentists, all of whom are viewed as competitors in the eyes of federal regulators. Neither CDA, nor any group of dentists may engage in conduct that could be considered price fixing (e.g., agreeing to accept only certain reimbursement rates) or a group boycott (e.g., suggestion that dentists stop doing business with a particular vendor or company). Dentists are limited in how they can work together to respond to what they perceive as unfair action(s) taken by insurance companies.

### I heard that CDA started Delta, is that true?

CDA did not start Delta, nor did CDA have an ownership interest in Delta Dental. CDA has met with Delta on various issues of concern for several years, but to clarify CDA has had no direct or indirect business relationship with the company. Although dentists, some of whom were CDA members, did start these dental service organizations as long ago as 1954, CDA has not had an ownership interest.

### Should I update my Premier fee schedule now, prior to the reduction?

It is recommended that you review your Delta Dental provider agreement and Dentist Handbook to see if you meet the established criteria before submitting a fee increase.

### What can I do now?

There are several tools available to CDA members via the [CDA Compass](#), which can be accessed through your member log-in. These include [Choosing a Dental Practice Model](#) and the [Dental Benefit Plan Handbook, Verification and Explanation of Dental Benefit Coverage](#). These resources address how a plan mix affects the practice and what to consider when contracting with new plans or evaluating existing plan contracts.

eBlast for Monday, February 11

**Subject line:** CDA responds to Delta Premier fee reduction

**Headline:** CDA offers resources, answers to member questions



Dear Colleague,

Delta Dental's apparent intention to reduce provider reimbursement rates within its Premier Plan has prompted concerns and questions from members. We absolutely share your frustration with this impending action, and we are doing everything we can to determine what Delta's actions will be and help members understand the implications for their practices.

CDA immediately conveyed our concerns about this impending action to the highest levels at Delta. We also expressed our strong expectation that Delta comply fully with the law, including the requirements of [AB 2252](#), CDA-sponsored legislation enacted this year, which requires dental plan providers to be given a 45-day notice of any material changes to the plan's contracts and policies.

As of today, we understand from Delta that any changes to Premier fees will not be implemented until the latter part of 2013 and that reductions will be based upon an assessment of each provider's current fee filings, not an across-the-board cut.

It is important to understand that because these contracts are individual agreements between the dentist and Delta, and are written carefully to allow for such fee adjustments, any legal challenge by CDA to their general practice is not likely to be considered by a court. Additionally, antitrust laws require CDA to be careful in responding to or encouraging members on how to respond to actions of third-party payers. However, CDA will monitor the implementation process carefully, leaving no stone unturned on possible legal or legislative responses.

CDA recommends that dentists periodically analyze their various plans and the percentage of patients in each of those plans. [CDA Compass](#) ([cdacompass.com](#)) has, for several years, constantly updated resources on our website to assist dentists in evaluating their current participating provider agreements with dental plans as well as questions to consider when contracting with new plans. [Choosing a Dental Practice Model](#) and the [Dental Benefit Plan Handbook, Verification and Explanation of Dental Benefit Coverage](#) can be accessed through your member login.

CDA will continue to seek answers from Delta as to why it is taking this action, but our research through the [Dental Benefits Research Task Force](#) has shown that the marketplace for health care in general, and dentistry specifically, is changing rapidly due to the combined impact of the economic recession and the onset of federal health care reform. Employers are influencing the dental plan marketplace, looking for cost-cutting measures to a degree never before seen, and the implementation of the Affordable Care Act is reshaping the medical and dental benefits markets in ways that are extremely challenging for anyone to predict with certainty. [The November 2012 CDA Update](#) reported on Delta Dental's presentation to the task force, in which its representatives described the impact these changes were having on Delta's business model.

CDA understands how important this issue is to you. As Delta Dental considers the implementation of this fee reduction, CDA will continue to advocate its members' concerns to the company. We will provide members with information as soon as we learn it and share the resources we have already developed to help our members analyze and adapt to potential changes. Should you have any questions about your contract, please contact CDA Insurance Analyst [Ann Miliar](#) at 916-554-4994 or our hotline at 916-554-5858.

Sincerely,

A handwritten signature in black ink that reads "Lindsey Robinson DDS". The signature is written in a cursive style with a large, looped initial "L".

Lindsey Robinson, DDS

CDA President

March 1, 2013

Mr. Gary Radine  
President and Chief Executive Officer  
Delta Dental of California  
100 First Street, Suite 400  
San Francisco, CA 94105



Dear Mr. Radine,

I am writing on behalf of the 25,000 members of the California Dental Association (CDA) who will be affected by the 8 to 12 percent average cut in Delta Dental's Premier reimbursement rates planned for this year.

Historically, the partnership between Delta and contracted dentists has been an advantage to Delta, dentists and enrollees. Delta pioneered the provision of group dental coverage and helped increase access to care for many Californians. However, in recent years, Delta has treated contract dentists more as adversaries than as business partners. The recent lack of communication about the impending rate cuts is another example of a continued lack of respect for the dentists who make up Delta's most valuable asset—your provider network.

Delta must understand how drastically cuts like these will affect our members – your provider network. Once made aware of this information, our primary responsibility was to inform members, even without details, regardless of how it had been brought to our attention.

CDA contacted Delta immediately to ask for acknowledgement and clarification and, although we received limited information early on, communication now seems to have ceased. This is unacceptable and reflects Delta's continued lack of transparency in communication every time a decision is made that impacts providers. Your providers and our members are demanding answers, and rightly so. Although the rate cuts were not announced according to your preferred timeline, Delta now has the obligation to respond in a responsible and forthright manner.

**We request that Delta respond to the following questions within 30 days of receipt of this letter:**

1. What is your rationale for making these drastic fee reductions?
2. When will these reductions be effective?
3. Have you analyzed what impact these cuts will have on your provider network?
4. Are you informing employers and employees?
5. Will the fee reduction apply to all procedures or only to the most frequently billed, and will there be exceptions based on specialty, geographic location or employer group?
6. Will fees be reduced across the board, regardless of when a provider last updated his/her Premier fees or became a Delta provider?

It has been many years since Delta has treated dentists in the Delta network as partners in the delivery of quality dental care to patients. Whether it was the Premier fee freeze of two years ago, the provider contract adherence requirement or the system conversion that resulted in claim payment gridlock, Delta's pattern of behavior has been to proceed unilaterally. Not only has Delta failed to adequately prepare network dentists for any of these changes, but you also seem to keep dentists in the dark after a decision is made. Once a valued partner in the provision of dental care, Delta now makes unilateral decisions without consulting providers, choosing not to bring its contracted dental partners along with timely guidance and assistance in adjusting to new policies. Dentists have turned to CDA for information only after attempting, and failing, to get answers directly from Delta.

Delta Dental management expressed displeasure that CDA took the lead in informing members of the decision to cut Premier fees. However, in the absence of clear information from Delta, CDA had no choice but to inform members. **Keeping dentists in the dark about decisions that materially affect their practices is not an option for CDA, and it should not be for Delta, either.**

We want to be clear that CDA places top priority on ensuring transparent communication from carriers about decisions that impact our member dentists. CDA is prepared to continue publicly challenging Delta Dental on its communications and provider relations practices – practices we feel are subpar and unfair to dentists. In addition to seeking information and urging you to improve provider relations, CDA will pursue all necessary avenues in support of our membership and the patients they serve.

I look forward to your immediate action,

Lindsey A. Robinson, DDS, President CDA



March 1, 2013

Dear Colleague,

**CDA response to recent decision by Delta Dental to cut reimbursement rates**

As your association president, I share and understand your frustration and anxiety regarding Delta Dental's (Delta) intentions to reduce its Premier plan provider reimbursement rates. The significant reductions of an estimated 8 to 12 percent expected later this year, we think, will be based upon an assessment of each provider's region and current fee filings, not an across-the-board cut.

I want to assure you that CDA is seeking definitive answers from Delta. We firmly believe in transparency and are urging Delta in the attached letter to immediately communicate its impending actions and reasons to Premier plan providers. Delta's unwillingness to communicate with providers on something that will have significant impact on individual contracts and potentially narrow the network is unacceptable.

Members have contacted CDA asking for support in managing this change, and we are here to help you understand your options. We will also monitor Delta's implementation of these changes and evaluate whether any legal or legislative actions are needed to address the issue.

While Delta has not been forthcoming with its reason for cutting reimbursement rates, it has indicated previously that cuts in other states were necessary to remain competitive and viable. In fact, Deltas have established a pattern of reimbursement reductions, with California being the latest target:

Washington state: 15 percent reduction (2011)

Idaho: Up to 13 percent reduction (2011)

New Jersey and Connecticut: Up to 5 percent reduction (2012)

Such fee reductions are not a violation of state laws or regulations. Your contract with Delta is carefully written to allow for fee adjustments and, because it is an individual agreement between you and Delta, it is unlikely that any legal challenge by CDA would be considered by the courts. In addition, anti-trust laws that prohibit CDA from responding to or encouraging actions attempting to change or set fees also apply to individual dentists.

However, we are doing everything we can to protect and assist members in this rapidly changing health care marketplace. CDA has many practice support resources on the CDA Compass ([cdacompass.com](http://cdacompass.com)) that can help you evaluate existing provider agreements and new provider contracts. CDA also sponsored a new law that requires insurance companies to give dental plan providers a 45-day notice of any material changes to contracts and policies.

We are strongly advocating your concerns to Delta in the accompanying letter and intend to verify the legality of its actions with the Department of Managed Health Care and others during this process. We encourage you to reach out to us for support by contacting CDA Insurance Analyst Ann Milar at [ann.milar@cda.org](mailto:ann.milar@cda.org) or **916.554.4994**, or call our hotline at **916.554.5858**. There will be more information provided in the *Update* and on [cda.org](http://cda.org).

Sincerely,

Lindsey A. Robinson, DDS  
President

## Summary of CDT 2013 changes

We'll do Whatever it takes and then some.

CDT 2013 is the newest version of the American Dental Association's Current Dental Terminology. The federal HIPAA legislation requires that it be used in electronic health care transactions. When the ADA changes the codes, carriers must adopt the changes. Please begin using CDT 2013 codes when submitting all claims (paper and electronic) to Delta Dental for services you perform on or after January 1, 2013.

The CDT updates for 2013 include 35 new codes, 12 code deletions and several nomenclature and description revisions. CDT coding and nomenclature are the copyright of the American Dental Association.

Following is a summary of the changes; please note that not all codes are covered benefits. The Delta Dental Dentist Handbook has been updated to reflect these changes and is available online at [deltadentalins.com](http://deltadentalins.com)

### New CDT 2013 codes

- ◆ **D0190 and D0191** – *Screening and assessment of a patient. These procedures are screenings/limited clinical inspections to identify the need for referral to a dentist for a full diagnosis and treatment plan. Procedures D0190 and D0191 are benefitted once per lifetime and are counted toward the enrollee's annual oral evaluation benefit. These codes should not be used when performing a routine evaluation.*
- ◆ **D0364 - D0391** – *Sixteen new procedure codes for cone beam CT image capture and interpretation. These services are not a benefit of most Delta Dental programs. The fee is the patient's responsibility.*
- ◆ **D1208** – *Topical application of fluoride. Procedure D1208 replaces procedures D1203 and D1204; all current fluoride frequency and age limitations will apply to procedure D1208. For dates of service January 1, 2013 and later, please use D1208 when submitting a claim for topical application of fluoride; D1203 and D1204 procedures will be disallowed because these codes will no longer be valid CDT procedure codes.*
- ◆ **D2929** – *Prefabricated porcelain/ceramic crown – primary tooth. Procedure D2929, when covered, is subject to the same processing policies as procedure D2933.*
- ◆ **D2981 - D2983** – *Inlay, onlay and veneer repair necessitated by restorative material failure. Procedures D2981-D2983 are not allowed when submitted by the same dentist/dental office within 24 months of the original restoration.*
- ◆ *dures. These procedures replace procedure D4271 and are subject to the same processing policies as procedure D4271*
- ◆ **D4212** – *Gingivectomy or gingivoplasty to allow access for restorative procedure. Delta Dental considers gingivectomy provided in association with the preparation of a crown or other restoration to be included in the fee for the restoration.*
- ◆ **D6101 - D6104** – *Debridement and bone grafts for implant services. Procedures D6101-D6104 may be covered by groups that include implant coverage.*
- ◆ **D7921** – *Collection and application of autologous blood concentrate product. This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.*
- ◆ **D7952** – *Sinus augmentation via a vertical approach. D7952 is a specialized procedure that is not a benefit of most Delta Dental programs. The patient is responsible for the fee. For groups that cover implants, D7952 may be a benefit when provided at the time of extraction.*
- ◆ **D9975** – *External bleaching for home application, per arch; includes materials and fabrication of custom trays. This service is not a benefit of most Delta Dental programs. The fee is the patient's responsibility.*

**Nomenclature changes include:**

- **D0210 - D0340** – *Diagnostic imaging procedures; the words "film" and "bitewing" have been replaced by "diagnostic image".*
- **D2980** – "Crown repair, by report" *becomes* "Crown repair necessitated by restorative material failure".
- **D6980** – "Fixed partial denture repair by report" *becomes* "Fixed partial denture repair necessitated by restorative material failure".
- **D7951** – "Sinus augmentation with bone or bone substitutes" *now specifies* "via a lateral open approach".
- **D9972** – "External bleaching – per arch" *now specifies* "performed in office".

**The following procedure codes will no longer be valid CDT codes as of January 1, 2013**

- **D0360** – Cone beam CT – craniofacial data capture.
- **D0362** – Cone beam two dimensional image reconstruction using existing data, includes multiple images.
- **D1203** – Topical application of fluoride – child; *replaced by D1208 (program age limitations will apply). For dates of service January 1, 2013 and later, please use D1208 when submitting a claim for topical application of fluoride.*
- **D1204** – Topical application of fluoride – adult; *replaced by D1208 (program age limitations will apply). For dates of service January 1, 2013 and later, please use D1208 when submitting a claim for topical application of fluoride.*
- **D4271** – Free soft tissue graft procedure including donor site; *replaced by D4277 or D4278.*
- **D6254** – Interim pontic.
- **D6795** – Interim retainer crown.
- **D6970** – Post and core in addition to fixed partial denture retainer, indirectly fabricated; *use procedure code D2952.*
- **D6972** – Prefabricated post and core in addition to fixed partial denture retainer; *use procedure code D2954.*
- **D6973** – Core buildup for retainer; including pins; *use procedure code D2950.*
- **D6976** – Each additional indirectly fabricated post – same tooth; *use procedure code D2953 (additional indirectly fabricated posts are not separately payable).*
- **D6977** – Each additional prefabricated post – same tooth; *use procedure code D2957 (additional prefabricated posts are not separately payable).*

**Policy change effective January 1, 2013:**

Periodontal surgical procedures are disallowed if performed less than six weeks after scaling and root planing by the same dentist/dental office. (Previous policy was less than four weeks.)

**Please note:**

Current Dental Terminology® (CDT) and American Dental Association (ADA); all rights reserved. There are important differences between Delta Dental's plan benefits and processing policies and the descriptors found in CDT.

Text that appears in italics is specifically intended to clarify the delivery of benefits and is not to be interpreted as CDT 2013 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association

THANK YOU DR. COSTANZO.



## Reedley Pinning Ceremony and Winner of the FMDS Scholarship.

FMDS President, Dr. Cory Costanzo salutes the graduates from Reedley's Dental Assisting Program during their pinning ceremony. His participation included an inspirational speech, and the presentation of the FMDS Scholarship check in the amount of \$250.00 to Ashley Lynch 2013 graduate.

During her tenure at Reedley Dental Assisting college, Ashley sought out jobs in dental offices to add to her portfolio of experience. She is currently on the Dean's list with a 4.0 grade average. Her volunteer efforts were many. Her dedication will be a benefit to any office situation. We wish her a long and successful career in her chosen field.

## Fresno City College Dental Hygiene Scholarship Recipient

Selecting a recipient of FMDS' \$250 Scholarship award for a student at Fresno City College Dental Hygiene Program was a difficult decision due to the many qualified applicants. The Final tally found its mark with the recipient being Robin Stiles. Robin demonstrated leadership and responsibility through her activities as class president as well as her work as a student delegate to the California Dental Hygiene Association Student House of Representatives in 2012. She will also be the sponsored delegate in 2013. We applaud her fervor and determination to represent her chosen profession.

# E THICS

## Grouponing

In order to maintain the relevance and usefulness of the Code as a viable document for guiding the ethical conduct of CDA members, the council recommended consideration of four additions to the Code in the form of advisory opinions. At 2012 House of Delegates meeting in November, the House adopted Resolution 4S1a, which modified the Code to include four new advisory opinions to the Code, which have been listed below.

FMDS has listed below one of those advisory opinions below because of its timely relevance, Grouponing.

*11.A.1. Split Fees in Advertising and Marketing Services: The prohibition against a dentist's accepting or tendering rebates or split fees applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via "social coupons" if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected. The prohibition against fee splitting is not applicable to marketing via group advertising or referral services that do not base their fees on the number of referrals or amount of professional fees paid by the patient to the dentist.*

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The TDIC logo is located in the bottom right corner of the advertisement. It features the word "tdic" in a white, lowercase, sans-serif font on a red rectangular background. Above the letter "i" is a stylized graphic of three parallel, slanted lines in a golden-yellow color, resembling a flame or a sunburst.