

## **DENTAL CARE**

### Connected to overall health

The connection between oral health and overall health is clear. For people with many conditions—including diabetes, heart disease, intellectual and/or developmental disabilities, mental health conditions, oral cancer, pregnancy, Sjogren's syndrome, and stroke—dental care can improve health and well-being.

Enhanced Dental Benefits is part of our commitment to improving members' overall health. It offers the following benefits to members with these health conditions\*:

CONDITION	ONE CLEANING OR PERIODONTAL Maintenance <sup>1</sup> 4 per Calendar Year	PERIODONTAL SCALING ONCE PER Quadrant every 24 months <sup>1</sup>	ORAL CANCER SCREENING TWICE PER CALENDAR YEAR	FLUORIDE TREATMENT 4 PER CALENDAR YEAR	
Coronary artery disease	<b>✓</b>	<b>~</b>			
Diabetes	<b>✓</b>	<b>✓</b>			
Intellectual and/or developmental disabilities <sup>2, 3</sup>	<b>✓</b>		<b>✓</b>	<b>~</b>	
Mental health conditions <sup>2, 3</sup>	<b>~</b>		<b>✓</b>	<b>✓</b>	
Oral cancer	<b>✓</b>		<b>✓</b>	<b>✓</b>	
Pregnancy <sup>2</sup>	<b>~</b>	<b>~</b>			
Sjogren's syndrome	<b>✓</b>		<b>✓</b>	<b>✓</b>	
Stroke	<b>~</b>	<b>~</b>			

<sup>1-</sup> Available with plans that offer periodontal maintenance; standard waiting periods apply. There must be at least three months between a periodontal maintenance cleaning and any other cleanings.

**Note:** Certain dental plans cover preventive dental services and Enhanced Dental Benefits at different frequency intervals. Please verify the member's benefits and eligibility prior to scheduling services.

Enhanced benefits are paid at 100 percent and are not subject to deductibles, co-insurance, or calendar year maximums when performed by a participating or preferred dental provider.

#### HOW WE IDENTIFY AND ENROLL MEMBERS IN ENHANCED DENTAL BENEFITS

Members who have both medical and dental coverage through Blue Cross Blue Shield of Massachusetts are automatically identified to receive Enhanced Dental Benefits if they have had a claim with a diagnosis of diabetes, coronary artery disease, oral cancer, stroke, or Sjogren's syndrome.

Members who have intellectual, developmental or mental health disorders or disabilities or who are pregnant, or who have only dental coverage with us, can enroll by having their physician complete an Enhanced Dental Benefits Enrollment Form, which is available on our provider and member website.

You can confirm that their group has opted to include Enhanced Dental Benefits when you use our provider technologies to verify benefits and eligibility prior to rendering services.

**Note:** Electronic eligibility will show if the member has Enhanced Dental Benefits; however, it does not mean they have met the clinical criteria to use these benefits.

<sup>&</sup>lt;sup>2</sup> Self enrollment is required.

<sup>&</sup>lt;sup>3</sup> Added on renewal on or after October 1, 2023 for commercial plans and for Dental Blue 65 members on January 1, 2024.

#### **CLINICAL RATIONALE FOR THE PROGRAM**

- Clinical studies have shown an association between periodontal disease the most common infectious disease in adults and the control of diabetes¹ and the severity of heart disease.²
- Periodontal disease among pregnant women has been associated with an increased risk of delivering a pre-term, low birth-weight baby.<sup>3</sup>
- Poor oral health has also been associated with the increased likelihood of certain types of stroke<sup>4</sup>, and dry mouth can be one of the principal signs of Sjogren's syndrome<sup>5</sup>. Members with both conditions may benefit from additional annual cleanings and dental care.
- People with mental health conditions face challenges that prevent them from taking care of their oral health, and emerging evidence is showing a direct impact that poor oral health care can have on mental and cognitive health.<sup>6</sup>

#### HOW TO BILL FOR SERVICES YOU PROVIDE TO MEMBERS WITH ENHANCED DENTAL BENEFITS

Submit your dental claim electronically or by mail in the same manner as all other dental claims. This is an example of an enhanced benefit service that could be submitted depending on the condition.

R	RECORD OF SERVICES PROVIDED												
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity		27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee			
1	010822					D1110			Adult Prophylaxis				
2									• •				

<sup>&</sup>lt;sup>1</sup> perio.org/consumer/gum-disease-and-heart-disease

# PATIENT MATERIAL FOR YOUR OFFICE

Your office staff can use these materials to promote total health and to explain the available benefits to our members. The following materials can be downloaded on our secure website.

Simply log on to bluecrossma.com/provider and select Clinical Resources>Clinical Programs & Information>Oral & Overall Health.

- Enhanced Dental Benefits Enrollment Form
- Member Fact Sheet

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<sup>&</sup>lt;sup>2</sup> ncbi.nlm.nih.gov/pmc/articles/PMC3228943/

<sup>3</sup> ncbi.nlm.nih.gov/pmc/articles/PMC3217279/

<sup>4</sup> ncbi.nlm.nih.gov/pmc/articles/PMC5836263/

<sup>&</sup>lt;sup>5</sup> nidcr.nih.gov/health-info/sjogrens-syndrome

<sup>6</sup> ncbi.nlm.nih.gov/pmc/articles/PMC8859414/