

**DENTAL ADVISORY COMMITTEE (DAC) MEETING
October 8, 2009**

ATTENDEES:

Members Present:

Craig Hollander, DDS
Corbin Marchack, DDS
Rolfe McCoy, DMD
John Purk, DDS
Alan Stoll, DDS
Dennis Thousand, DDS
Robert Waxler, DMD

Members Absent:

Dana Browning, DDS
David Johnson, DDS
Travis Shearer, DDS
Vicki Wilbers
Sonja Wooten, RDH

Consultants Present:

Dr. William Ramlow, DDS

MO HealthNet Division Staff Present:

George Oestreich
Jayne Zemmer
Lois Sandbothe
Diane Jones
Glenda Kremer
Tisha McGowan
Julie Trimble
Pam Wheeler

Guest:

Donnell Cox, Doral Dental
Aaron Washburn
Edward Williams, Missouri Care Health Plan

Welcome/Introduction:

Dr. Dennis Thousand called the meeting to order. All present were asked to introduce themselves by name, title, and organization.

Approval of Meeting Minutes:

Dr. Stoll made a motion to approve the January 22, 2009 meeting minutes; Dr. Hollander seconded the motion. The minutes were approved.

Old Business:

Quarterly Report for the D9310: The committee has asked for billing information on this code to see how often a consultation has been billed at the same time as another code/service by the same provider. For the period of April 2009 – June 30, 2009; 57 claims were filed for \$3,500.00 by 12 providers. Dr. Thousand suggested that a consultation should be performed by a specialist rather than a regular dentist.

The committee has asked:

- For a more specific report as to how many claims per provider, and
- Those clinics with potential for abuse.

MHD will pull more specific claim information and will send the information to committee members prior to the next meeting for review. MHD would like the policy clarified.

Monodont Bridge:

A Monodont Bridge is an interior replacement for a single tooth which is a prosthetic device that is cemented to the adjacent teeth; to be used instead of a "flipper", which is an acrylic provisional replacement that often causes problems because it fits in the top of the mouth. Reimbursement for a flipper is \$175.00. Reimbursement for the Monodont Bridge is \$312.50 part of which is a lab bill of \$150. MHD plans to cover but wanted to let them know code D6251 would be used.

Dr. Purk asked about coverage for an acid etched denture tooth or composite resin replacement. There is more chair time for this procedure (1½ - 2 hours) and would have a \$175.00 reimbursement, coded as two large class fours. With this procedure there is no lab fee, however, there is more chair time. Procedure code D6710 can be used for this procedure.

Dr. McCoy made a motion to approve the Monodont Bridge for coverage. A Monodont Bridge Bulletin will be put out with the policy restriction of coverage, once per life time of the tooth.

Alveoloplasties:

At the last meeting it was asked if Alveoloplasties in the case of pre-existing chronic disease such as transplants, cancer or chemotherapy patients was covered. Of the 733 alveoloplasties claims from June 2007 to May 2009 filed with MO HealthNet Division (MHD), 26 showed a diagnosis of transplant, cancer or chemotherapy.

Dr. Thousand stated that in many of these cases, the result is extraction of the teeth and the alveoplasty should be done at the time of extraction. Dr. Stoll, oral surgeon, agreed that the Alveoloplasties is a necessary treatment that he performs on extractions. The reimbursement for the Alveoloplasties is \$89.51.

The recommendation of the committee is that Alveoloplasties be covered in the case of a medically compromised participant or pre-existing chronic medical condition. Dr. McCoy made a motion to cover Alveoloplasties, following the committee's recommendation; Dr. Stoll seconded. The motion passed.

Review Occlusal Guard (D9940):

At the last DAC meeting, the committee was concerned that occlusal guards are being used as athletic guards and thus being abused. Of the 270 paid claims, reimbursement of \$54,000, only one of these claims had diagnosis for bruxism based on medical claim diagnoses.

The committee recommended that the occlusal guard not be covered by MHD. Dr. Waxler made a motion that the occlusal guard not be covered, Dr. McCoy seconded. The motion passed.

Removal of Fluoride Attachment:

The bulletin titled "Removal of Fluoride Attachment" for adult participants was included in the meeting packet. The over 21 patient's medical record must now indicate the need for fluoride treatment which meets MHD criteria. The paper form is no longer required.

The committee requested that a restriction of twice a year be added to the procedure codes D1203 and D1204.

Dr. McCoy made a motion that adults be allowed fluoride application with a limit of twice a year. Dr. Stoll seconded the motion. The motion passed.

Diagnostic Casts (D0470), Oral/Facial Photographic Images (D0350) and Cephalometric Film (D0340) do they need to be on review:

The following codes are currently on review: D0470, D0350, and D0340. Dr. Ramlow, the DAC consultant, explained that when an orthodontic case was denied, these codes in the past were paid as diagnostic work-up. However, going forward if the orthodontic case is now denied, the study models and exam will be covered. The other codes will only be covered if the orthodontic work is approved.

The committee recommended facial photos not be covered and that the coverage be left as is, with a report. A motion was made by Dr. McCoy to leave the report as is, however, must be by report for photos.

HLD/Dental Manual Section 14 changes:

A handout of changes that Dr. Ramlow had requested for section 14 of the Dental Manual [the handicapping labio-lingual deviation (HLD) index] was approved by MHD, and we would like to share and receive comments from the advisory committee. The main concern is that the MHD manual and the HLD are not completely compatible; and the hope is that we can change the wording so that the two are compatible. The main concern is on the definition of palliative emergency.

If a participant is denied, they have an appeal process and the hearing is running quite extensive because of wording on the HLD form. So hopefully these changes will be the best for all, especially the participants.

Dr. McCoy made a motion that these changes be accepted; Dr. Hollander seconded the motion. The motion passed with the committee.

Dental Sealant-Recoupment for Bicuspid Dr. Dennis Thousand:

Dr. Thousand was informed by dentists in the Springfield area that they have received notification from Medicaid regarding pay back of reimbursements that were made for sealants on bicuspid teeth that should not have been

paid. Amounts asked to be returned are as much as \$70,000 and the money must be returned in 45 days.

An audit determined reimbursement was given for bicuspid, which is not a covered service.

The biggest concern was the five (5) year look back at claims. The five year limit is a CMS policy, not a state policy.

George Oestreich stated that MHD would look into the audits. The system has been changed to prevent making a payment for sealants on bicuspid. MHD will review internal policy and notification.

Dr. McCoy asked if there is a schedule, time frame or guide lines as to when does it become a fraud or criminal act. Dr. Oestreich's definition is improper filing compared to someone who is intentionally trying to get money for themselves that are misrepresented or services not provided; known or should have known. At this point anything over \$500, it is a felony. The levels of action for MHD are: (1) Program Integrity, (2) Fraud Unit of DSS, (3) MFCU (Medicaid Fraud Control Unit) which is part the AG office, and (4) Federal Prosecutor in St. Louis.

Budget Comments from George Oestreich:

MHD is doing a lot of work on health information technology and using as a platform CyberAccess. Within the next quarter will be able to see patient information, eligibility, in addition past claim history, medical, dental and drug claims. We are in a significant financial concern time. Because of the economy we will see a substantial growth in participant base and with the federal discussion of health care reform; those numbers are likely to increase further. The state is already feeling the pressure for next year. We have been told that we need to have a zero growth in programs for next year. We have had our [program reviewed by Lewin](#), a national consultant, and are expecting feed back from them for suggestions in the future.

We wanted to give the advisory committee a broad base of things to come, that will help providers to be more efficient and target what we need to provide for our participant base. Feel free to contact MHD if you have addition questions and concerns, he will do his best to answer those.

Palliative Emergency Treatment:

MHD's Program Integrity Unit (PI) runs reports regularly on different codes to watch for red flags and concerns of claim processing. Palliative emergency treatment, Code D9110, had such a report ran. The report included in the packet was for the time frame of Fiscal Year 2008. The policy is also included in the packet, stating "Palliative emergency treatment on the same date of service as any other dental care on the same tooth is *not* covered." The code pays \$36.81, and the code was billed approximately 4000 times; coming to about \$140,000. At this time we do not have a tooth identified for the billing of this code.

Tisha McGowan stated that this information has been brought to the committee to further define the code within policy and lower the dollar

amount and number of claims. The current report does show that of the 4,000 claims, 3,068 were from one particular provider. PI would like the committee to verify which codes would be appropriate to bill with D9110.

The committee requested a more detailed report at the next meeting regarding what additional codes the provider is performing with D9110. The committee also recommended that a tooth or quadrant number be required when billing this code.

Division Dashboards:

The MHD website is planning a section just for different metrics; average cost of prescriptions, average number of eligible's, etc. We are asking the advisory committees if there were any specific information that the members would also like to see at a future date.

Dr. Waxler requested the number of participants within the manage care population, and how often do those participants choose and change plans.

Dr. Thousand suggested the number of providers per plan and number of providers that are actually seeing patients.

Dr. Thousand also recommended the availability of care, not access, but available waiting time for patients, especially for new patients.

Dental Rate Increase:

A Dental Rate Bulletin was sent out that published the rate increases effective July 1, 2009. If you are signed up for the MHD Email Blast you will receive notification of bulletins. Fluoride Varnish was mentioned in this bulletin upon the request of Dr. McCaslin. The fluoride varnish is a good preventative procedure as long as it's completed in a safe manner. The standard of care is twice a year; three times a year for high risk children.

Dr. Stoll was concerned about the anesthetic codes are not consistent:

- IV solutions – code D9242 are \$45 for each 15 minutes
- IV solutions – code D9241 are \$242
- General anesthetic – code D9220 is \$110 with the 2nd 15 minutes is more than the IV solution cost

Tisha stated that she would look more into these code and the reimbursements. Lois gave the increase percent information; last year 38.5% of the 50th percentile of UCR and this year 38.75% of the 50th percentile of UCR. If the code was priced higher than that amount, then there was no increase.

New Business and Future Topics of Discussion:

Dr. Purk asked why the 2006 ADA form is not acceptable when submitted. Tisha responded that all of the programming changes to the MMIS system are not completed at this time, but that she has the 2006 ADA in process. We are working toward accepting this form.

Pregnant women have a hard time to complete dental work as they only have 60 days after the pregnancy. The 60 days is an eligibility issue with the Family Support Division. If the pregnant woman is working with their case worker, and if they meet qualifications, then there might be coverage available for another program.

Dr. Purk's main concern is that the coding is difficult and deters providers from participating in Medicaid. Dr. Purk also asked why when looking up eligibility, if there could be more of a description of the codes that are shown. Tisha stated that she would look into that possibility. Unfortunately, the coding has changed due to the Health Insurance Portability and Accountability Act in 2003, when the code was reduced to a much smaller list. Dr. McCoy suggested that entering the information online is much more efficient and accurate. Jayne Zemmer stated the Health Information Exchange, where everything will be electronic, will in the future assist in this problem as the provider will receive immediate confirmation or denial. Tisha did request that if continual errors occur please let us know so we may research.

On the e-momed website, Dr. Purk requested why color code tabs couldn't be used to make the website more user-friendly and convenient.

Dr. Purk feels if systems were less complicated we would have more providers enrolled in Medicaid. Dr. Purk suggested using the seniors graduating from the college to use as a focus group in order to test the system and get feedback. Jayne stated that an outreach program with the college was a very good idea and suggested perhaps doing a demo on the website at the next meeting for the committee.

Dr. Waxler added that the orthodontic reimbursement has a negative image because it is difficult to explain why Managed Care is paying as much as \$600 more than Medicaid. Tisha McGowan stated that is an issue being looked at this time.

Aaron Washburn stated that at the next legislative session, the Missouri Dental Board is pushing for one dental health program state wide. He feels the program being looked at is much more efficient and much more beneficial for the provider.

Dr. Thousand suggested committee members should study some of the guidelines of the HMOs. The guidelines indicate why certain cases are accepted or denied, require prior authorization, etc. If a procedure is covered by MO HealthNet, the managed care plan must also cover, however, the managed care contractor can create their own guidelines.

The advisory committee agreed that they are here for a common goal, dental care for the Medicaid participants that need it. Dr. Thousand summed it up - we can not believe everything we hear, but must investigate. Ultimately, the health plans and the dentist must work together. The Lewin Group investigation will also include the dental portion and MHD will be pleased to share that information with the advisory board.

A motion was made that the November 12, 2009 meeting be cancelled;

Dr. Stoll seconded the motion. The motion passed; the November meeting is cancelled.

Closed Session:

Adjournment

Dr. McCoy made a motion to adjourn; Dr. Waxler seconded the motion.

The next meeting is scheduled for Thursday, February 11, 2010, 10:00 am to 3:00 pm in conference room B, 205 Jefferson Street, 10th Floor, Jefferson City, Missouri.

Closed Session:

Dr. Stoll handed out 3 Doral Dental Authorizations Determinations on 3 different systematic patients that he has concerns about the denial. The main issue is that there is a Doral reviewer, only one reviewer, who is accessing pre-authorizations removal of molars on 15 - 16 year olds and denying the pre-authorizations on the fact that there was "no sign of infection." The medical reason for tooth removal, under the age of 21 there has no need for pre-authorizations. Dr. Stoll spoke to the reviewer and the reviewer stated that he did not see infection on the panacea of a 3rd molar. Dr. Stoll states that it is not possible to see infection on a panacea.

Tisha also spoke with the MHD Director of Managed Care and the director wishes to see the information, and she will contact Dr. Stoll. Tisha thanked Dr. Stoll for bringing this situation to MHD's attention.