

**DENTAL ADVISORY COMMITTEE (DAC) MEETING
February 11, 2010**

ATTENDEES:

Members Present:

Corbin Marchack, DDS
Alan Stoll, DDS
Dennis Thousand, DDS
Robert Waxler, DMD

Members Attending via Conference Call:

Dana Browning, DDS
Craig Hollander, DDS
Rolfe McCoy, DMD
John Purk, DDS

Members Absent:

David Johnson
Travis Shearer
Robert Waxler
Ronald Wilkerson
Sonja Wooten

Consultants Present:

Dr. William Ramlow, DDS

MO HealthNet Division Staff Present:

Dawn Cain
Glenda Kremer
Cindy Lenger
Tisha McGowan
Lois Sandbothe
Julie Trimble
Pam Wheeler
Jayne Zemmer

Guest:

Donnell Cox, Doral Dental
Dr. Ferguson, via conference call
Aaron Washburn

Welcome/Introduction:

Dr. Dennis Thousand called the meeting to order. All were asked to introduce themselves by name, title, and organization; including those on the conference call line.

Approval of Meeting Minutes:

Dr. Purk made a motion to approve the October 8, 2009 meeting minutes with correction:

- 1) Misspelling of molars on page 8; closed session

Dr. Hollander seconded the motion. The minutes were approved.

Dr. Purk asked if acid etched or composite resin replacements were a covered service and if it covered for pregnant woman or just for children? Lois Sandbothe

stated that it was not a covered service. He also asked if D6250 (pontic – resin with high noble metal) is a covered service. D6250 is a covered service for children under age 20. Dr. Purk asked how we can get D6710 (crown – indirect resin based composite) covered. Tisha McGowan explained that a memorandum would have to go through the agency requesting the code in question was suggested for coverage by the dental advisory committee. If approved, monies would need to be appropriated at the legislative level. Dr. Purk asked if there was another code that this process could be covered for children and pregnant women. D6205 was suggested by Dr. Thousand however, this code is also not covered.

Old Business:

Quarterly Report for the D9310:

In previous meetings, the use of code D9310 (consultation) has been discussed; how to use and when to use. The DAC requested additional reports showing when and how often this code was billed at the same time as other codes. After review it was determined that only twice was it questionable. It was determined to be a billing error and the provider has been notified and educated.

The committee was asked to review one case study that Tisha had brought to the meeting. The committee reviewed the case; but was not able to read the abbreviations and notes; it will be sent back to the provider and asked to send a typed transcript of the report so the committee can review at a later date.

Dr. Ferguson/DentaQuest – Orthodontia models:

Dr. Ferguson, who joined the meeting by teleconference, wished to share some information on Orthodontic diagnostic photos. Dr. Ferguson would like to see MHD use diagnostic photos instead of plaster models. For the provider, it is more convenient than and just as accurate as the plaster models. Shipping costs are considerably less and photos will not be damaged during shipping. Many dental schools are no longer teaching the art of plaster models.

Donnell Cox with DentaQuest, shared a letter being sent to their providers, encouraging them, when possible, to also start moving toward diagnostic photos for many of the reasons Dr. Ferguson brought up.

Rolfe McCoy stated he felt the tracking of the process would also be easier. Dr. McCoy also asked Dr. Ramlow to express, as the consultant, how he felt about the diagnostic photos. Dr. Ramlow explained there are some concerns, as there are different types of photos; however, it might work. HLD analysis is the most difficult to determine from photos, but if guidelines and parameters are set up, then it might work. Dr. Ramlow would like to contact a group of consultants he has conferred with on different occasions; he will then give his recommendation to the DAC and MO HealthNet. The fact that an orthodontist may want to continue sending models must also be allowed; as well as the provider that does not have digital equipment. Special software or equipment would be needed to read these pictures by the consultant. The cost for the orthodontist and MO HealthNet consultants will also need to be investigated.

Dr. Thousand also brought up the subject of training, guidelines, etc, as to what equipment is to be used and the knowledge needed; we do not want to restrict the providers. Dr. Thousand also asked Dr. Ferguson to send some written guidelines and standards for diagnostic photos from his past experiences. Before the next meeting, Dr. Ferguson and Dr. Ramlow will communicate and work on those guidelines and standards.

Anesthesia Codes:

Dr. Stoll had brought up previously the inconsistency of reimbursement in anesthesia codes. A report showed three of the procedure codes are consistent with each other. D9241 is at a higher reimbursement due to the findings in a court case; the court ordered the reimbursement amount for D9241. Tisha wanted to explain to the committee the history of "why" the difference in reimbursement for anesthesia codes.

Section 14 and HLD form:

Section 14 and the HLD form in the provider manual has been updated and corrected. Aaron Washburn stated that all MDA members will receive the form this week electronically.

D1203 & D1204 (Fluoride) have editing to restrict to every 6 months:

In a previous meeting, committee members had asked if there could be restrictions on the number of times D1203 and D1204 could be used with-in a certain time frame. After research, it was determined that those restrictions are already in effect. Dr. Browning is concerned, if a pediatrician applies the varnish, will the dentist also be reimbursed. Since the pediatrician will be billing as such, the dentist would receive reimbursement under the dental codes; the restriction is also every 6 months per provider.

Dr. Marcheck asked if it were possible for a participant to receive too much fluoride since there are so many ways now kids can have the fluoride application. Dr. Hollander stated that as long as the fluoride is not ingested, there should be no harm, and it is recommended for application up to every 3 months for kids most at risk.

Dr. Thousand asked the MHD look into how Hygienists and Head Start bills for fluoride application; being sure there is no overlap of billing and thus no reimbursement for providers. The committee will receive a confirmation on this code and billing next meeting.

D9110 Palliative Care:

MHD Program Integrity had several concerns on the billing of D9110 Palliative Care. A report was provided to the committee regarding this code and what codes are being billed with D9110. MHD is seeking guidelines and restrictions from the committee as to when D9110 should be reimbursed and what codes should and should not be billed with D9110.

After discussion from the committee, Dr. Purk made a motion that code D9110 Palliative Care must be billed by report. Dr. Marchack seconded the motion. The motion passed; the D9110 code will be billed by report.

D7310 Alveoplasties:

Tisha looked into the code D7310 being used in conjunction with a cancer diagnosis; of the 724 billed claims over half did not have a cancer diagnosis. Alveoplasty should be done for a cancer patient; it was determined if a patient has a cancer diagnosis, the alveoplasty must be completed or recovery could be detrimental.

The earlier discussion was that alveoplasty can be billed if there are at least 4 teeth involved in the procedure. Code D7311 involves 3 teeth or less and is not a covered code.

Dr. McCoy suggested that in conjunction with a primary or permanent tooth or with the age the procedure should be billed by report. Tisha stated that the claim form will have to be reviewed to be sure that information can be distinguished. MHD will report back to the committee at the next meeting with information and suggestions.

Old Business:

D6999 – Etched Teeth: not sure about this

Dr. Purk asked if there is a procedure code that can cover D6999 Etched tooth; it is a covered procedure and is by report. The code is a general code and therefore a price for the code can not be submitted; the service performed under that code would have to be evaluated. Dr. Purk made a motion that D6999 for etched tooth be covered with a maximum reimbursement fee of \$250.00. Dr. Marchack seconded the motion; the motion passed.

2006 ADA Form:

Dr. Purk asked about the 2006 ADA Form. Tisha stated that the NPI number is what is requested at this time, not the provider number as in the previous form; but a revision and update to the 2006 ADA Form has been requested.

Pregnant Women Coverage:

Dr. Purk is concerned about pregnant woman who are not able to complete their dental work in 60 days after delivery; Tisha stated this is a Family Service Division (FSD) decision. Dr. Stoll and Dr. Thousand also asked about when the patient runs out of time, and you are half way through the denture process. Policy for this is in section 13.11 of the dental manual; Tisha will send the link to the committee members. If the procedure has been approved and the item is custom made, then this policy would apply for the dentures example. This also applies in the case of nursing homes when the patient expires before the dentures are delivered.

Budget Update:

Dr. Oestreich was hoping to address the committee about the budget; however, he is in hearings at the Capital and will not be able to join us today.

Lewin Group Review:

The Lewin Group Reports may be found on the MHD website: www.dss.mo.gov/mhd/oversight/reports.htm. At this time there is not a dental report. Aaron Washburn added that one of the money saving issues the Lewin Group Report suggested is expanding Manage Care. Aaron suggested the committee members be sure to evaluate this report. Tisha also stated that the Lewin Report was a tool to open a dialog and to show ideas of things that have worked in other areas; MHD will be medically responsible to our participants.

Manage Care Participants:

Dr. Waxler, at a previous meeting, had asked manage care questions.

Concern was expressed about the providers actually accepting and treating new patients. Tisha mentioned that MHD does have a unit that looks into this concern and asked that specific information be forwarded to Tisha; she will have these situations investigated.

It was also expressed that the provider information needs to be updated, some providers have not been purged from the system. Dr. McCoy stated that information about when to terminate enrollment and to update provider information

would be a good article for the MDA news letter as well as looking into this subject in a future meeting.

E-MoMed Review:

Dawn Cain, MHD, presented a demonstration to the committee on the existing E-MoMed Review; this is the present system but it was thought that a walk through would be helpful. The system demonstrated will be the format for the new system; nothing will be lost but additional items and benefits will be added for the new system. Dr. Purk asked if a power point or step by step process could be made for new providers and especially for those potential Medicaid providers; then put on the website. Tisha stated that she would see what MHD could create. Dawn Cain stated there is a training power point that they will be glad to share.

Doral also has a Missouri phone number for providers at (888) 307-6547 for questions related to claim filing.

New Business:

Dr. Stoll:

Point of Information: In the Hannibal Hospital, the emergency department treated 240 patients in 2009 with dental issues; being the number 4 reason for emergency room visits. Dr. Thousand added that he is with the Access Care Advisory Committee in Green County, working on a study with St. John's Hospital and the number one case for emergency room visits age 20-29 are dental emergencies; from age 30 – 39 it drops to number two. It is felt that since dental was dropped from Medicaid the emergency room is the place that participants go. It is becoming quite a problem for the hospitals.

Dr. Stoll spoke of the concern on the letter sent out November 30th to all participants of DentaQuest, requiring patients needing hospitalization due to anesthesia must have approval by a Primary Care Physician (PCP). This process by the insurance carrier was determined because of some possible fraud. Dr. Stoll made a motion asking that the committee recommend to DentaQuest the requirement for a PCP narrative due to dental hospitalization is not justified; Dr. Purk seconded the motion. The resolution will state, "Opinion of the committee is the letter should not include oral surgeons who already have admitting privileges to hospitals and are performing their own histories (HMP)". The motion passed, Donnell Cox will deliver the resolution to Doral.

Dr. Stoll also has a concern regarding Bridgeport Insurance; a general dentist in Hannibal had an 8 year old pediatric patient in the office that needed 7 teeth extracted. The dentist referred the patient to Dr. Stoll for extraction, but it was denied stating the review board sent the patient for a second option after looking at x-rays, the board felt the teeth could be restored. The main concern was the second option was sent to Mid MO Pediatrics, which the owner of sets on the Bridgeport Board. Dr. Stoll stated the dentist just want wanting to bring this information to the committee, with fraudulent concerns. Tisha asked for a copy of this case to have the situation looked into.

New PI Director:

MHD has a new Program Integrity (PI) Director, Mark Cicka. Tisha asked if the committee would like him to present goals of the PI department; the committee accepted.

Goals/Direction of Agency:

This subject would go along with the budget concerns, which as we all know is very tight. Unfortunately, our concerns are cost cuts; do as much as we can with less and less. Tisha stated that MHD is having weekly meetings to find possibilities of cutting cost, see where dollars are spent, and those dollars are not wasted. Any recommendations and suggestions the committee members have, MHD would appreciate hearing about those.

Dr. Marcheck asked how much of the budget goes to orthodontic care regarding early orthodontics detection that may save money later in the child's life. Tisha stated that the budget was determined by House Bill 11. Dr. Ramlow stated that this has been a concern for years and there are a few orthodontic treatments covered but they are limited and the reimbursement is very low. The orthodontic guidelines have been added to the provider manual.

Future Meeting Venues:

Due to budget constraints; we will be looking into Tele-monitoring and Video conference for future meetings. We will advise of our findings.

Additional Questions:

Dr. Marcheck had a question for the committee regarding patients who come in for a fitting of crown, space maintainers, or dentures and then never return for the placement; is there any type of reimbursement for these situations or is the dentist to just take the loss? There is a re-cement code for space maintainers (1515) and a prior authorization for the replacement. There is also coverage of custom made items in which the patient does not return for fitting.

Dr. Marcheck also asked the unilateral space maker and the bi-lateral space maintainer be reviewed and looked into for the betterment of the patient. Lois is going to talk to Dr. Marcheck office staff about claims and denials they have had.

Dr. Purk asked Dawn Cain some follow-up questions about her demonstration and invited her to the School of Dentistry, University of Missouri – Kansas City, to do a demonstration to the graduating class this spring.

Adjournment

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

The next meeting is scheduled for Thursday, May 13, 2010, 10:00 am to 3:00 pm in conference room B, 205 Jefferson Street, 10th Floor, Jefferson City, Missouri. We will look into video conferencing possibilities for the next meeting.