**DENTAL ADVISORY COMMITTEE (DAC) MEETING**
**October 27, 2011**

## ATTENDEES:

### Members Attending via Conference Call:
Dennis Thousand, DDS, Chairman
Rolfe McCoy, DMD
John Purk, DDS
Alan Stoll, DDS
Robert Waxler, DMD

### Members Absent:
Dana Browning, DDS
Craig Hollander, DDS
Corbin Marchak, DDS
Sonja Wooten
Ron Wilkerson, DDS

### Consultants Present via Conference Call:
Dr. John Dane, DDS
Dr. William Ramlow, DDS

### MO HealthNet Division Staff Present:
Dawn Cain
Glenda Kremer
Lois Sandbothe
Laura Willis

### Guests:
Donnell Cox, DentaQuest
Steve Kuntz, Mid Mo Legal Services
Aaron Washburn, Missouri Dental Association – Via Phone

### Welcome / Introduction:
Dr. Dennis Thousand called the meeting to order. Attendees were asked to introduce themselves by name, title, and organization; including those on the conference call line.

### Approval of Meeting Minutes:
Dr. Thousand summarized the minutes from the May 12, 2011, Dental Advisory Committee (DAC) meeting. He then requested discussion regarding the previous meeting minutes.

Dr. John Purk, DDS, with the Kansas City Dental School, asked if a conclusion had been reached regarding the Managed Care Discussion section of the May 12, 2011, Meeting Minutes, page 2, paragraph 3. This paragraph is regarding the discussion of a Managed Care vendor in Jackson County who had closed their panel, restricting dentists from becoming Managed Care providers.

Donnell Cox, DentaQuest, reported that Missouri is not an "any willing provider state" which means someone could close a provider panel. She stated that the Department of Insurance has previously tried to pass legislation for "any willing provider" for the State of Missouri; however, it has never passed.

Aaron Washburn, Missouri Dental Association, explained that it is specifically stated within the provider's contracts with the State of Missouri, through the Office of Administration, the minimum is a doctor within 30 miles of the Medicaid patient. As long as they are meeting their contractual obligations, there is no further action the State can take. He suggests that in the future the State not allow panels to be closed.

Dr. William Ramlow, DDS, stated he would like to see the committee involved in future provider contract wording and negotiations with the Managed Care Unit, as well as, future contracts not allowing for panels to be closed. Ms. Kremer said this suggestion could be discussed with the Managed Care Unit.

Mr. Washburn asked how often contracts with Managed Care are signed. Ms. Cox reported every three years. However, an RFP is coming up on Monday, October 31, 2011, that states contracts can be amended at any time.

Dr. Thousand stated there must be some guidelines to follow should they choose to close a panel; how to choose what county to close panels in. Ms. Kremer commented we need Managed Care here to answer that. Ms. Cox replied, as Mr. Washburn mentioned earlier they would have to determine that they have the appropriate number of providers for members in the area.

Mr. Washburn stated when we first started talking about this it was related to carve out, if they do contracts on carve out, that we would like to specify that the panel cannot be closed unless it is negotiated with the MHD. Mr. Washburn stated it is his understanding that the State passed carve out last year. Regulations are being set up for the State so Managed Care will handle carve out. He believes the State needs to set what those standards should be so a panel cannot be closed unless approved by the MO HealthNet Division.

Dr. McCoy asked what the status of carve out negotiations are? Mr. Washburn reported that they are moving slowly and they need to put a proposal together for approval. It would be next summer at the earliest before it is finalized. Dr. Thousand asked if a member of the committee or the committee in its entirety can be a part of the negotiations for carve out. We are here to advise them on these types of contractual agreements.

Dr. McCoy made a motion to approve the meeting minutes of May 12, 2011. Motion was seconded by Dr. Stoll; the motion passed.

**Supervising Dental Students Policy:**

Dr. Thousand stated there was no prior policy in the Dental Provider Manual on how to code or charge for dental students despite the fact that it was being done. A draft of proposed language for the manual was provided. The language includes a dental supervision ratio of 1 dentist to 6 students in an approved clinic outside of a dental school. It is not necessary to establish a ratio in a school because they are Commission on Dental Accreditation (CODA) approved and have to abide by CODA standards.

Dr. Purk stated the dental school is happy with the wording as set in the most recent draft.

Dr. Dane asked if graduate students are defined differently than undergraduate students. Discussion regarding this issue was held. It was decided the statement of “dental student” would apply to both undergraduate and graduate students.

Dr. Stoll motioned to approve the language. Dr. Purk seconded the motion; motion is approved.

**General Anesthesia IV Sedation:**

Dr. Stoll discussed with Dr. Thommas, DentaQuest, regarding billing Intra-Venous (IV) sedations and general anesthesia from the CDT code book using codes – D9220 and D9241. Dr. Stoll reported that the paragraph under the description of the code states, "the level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effect on the central nervous system and **NOT** dependent upon the route of administration".

Dr. Dane reported he has been struggling with this in the hospital setting as well. The terminology has changed to include moderate sedation and deep sedation. These terms are not related to the route of administration. The complexity is not the same as IV sedation. If that is the way the Current Dental Terminology (CDT) is worded we have to go to the American Dental Association (ADA) to get it changed.

Dr. Thousand asked if Dr. Stoll would like the DAC to address this issue. Would he like to compose a question as a group and send it to the Dental Board? Dr. Stoll replied he is wanting to determine if there are billing discrepancies found in audits between D9241 and D9220 (deep sedation, general anesthesia) without IV access, for example oral sedation. If there is no misuse or abuse then it doesn't matter.

Dr. Stoll continued by saying there are two different levels of fees for deep sedation, general anesthetic and IV sedation. Is there a non IV conscious sedation fee? Ms. Cox suggests code D9248. Ms. Sandbothe reported D9248 is reimbursed by MHD at $96.88. Dr. Dane stated as a consultant for the MHD, he often sees requests for additional 15 minutes, where the documentation is not always clear whether it is oral or IV. He sees providers doing moderate conscious sedation for long periods of time to do restorative dentistry and he will request office records in order to confirm or deny the number of additional 15 minutes they request. Often, the documentation is not really clear as to whether it's oral or IV conscious sedation.

Dr. Dane added that there does not appear to be a problem at this time.

**Office Visit Language:**

Lois Sandbothe, MO HealthNet Division (MHD), reported that Missouri Medicaid Audit and Compliance (MMAC) is auditing code 99213 – Office or other outpatient visit for the evaluation and management of an established patient to confirm at least two of these three components: an expanded problem focus history, an expanded problem focus examination and/or medical decision making of low complexity.

Ms. Sandbothe stated that MMAC's concern with code 99213 is it being billed every time a patient comes in for a composite or extraction. Providers are billing it at every visit including follow up visits. Dr. Thousand stated in a previous conversation with Ms. Sandbothe, a similar problem was discussed with the billing of code D9440. Dr. Thousand believes payment should be denied when billed with any other procedure as it's for observation only.

Dr. Thousand suggested putting a limit on how many times an office visit can be billed in a treatment series; however, a treatment series would be difficult to define. Ms. Kremer questioned how we would limit how many times it was billed? If you have different problems you can come in with different diagnoses and treatment plans so you could potentially have multiple office visits.

Dr. Stoll stated as an example he has a referral coming in with an infection from an extraction. The first visit is 99213. He might have to see that patient 10 times before they are healed. What would be the next series of exam codes? Dr. Dane stated he believes there is a code for continued care. Dr. Stoll stated there is a D0170 that's re-evaluation. Dr. Thousand asked if D9430 for follow up visits, defined as "office visit for observation no other services performed", could be used. He reports that the problem we are having with this is it's a thing that cannot be billed with any other codes. It's just an observation. Ms. Kremer stated that it is still an office visit and asks if it is considered part of the same treatment series. An office visit for observation cannot be billed with any other related procedure on the same date of service by the same provider for the same patient; that is currently stated in the provider manual.

Dr. Thousand asked if there is a procedure in place to catch these codes when they are billed with other services. Ms. Kremer stated there is no programming or procedure in place within the current system to prevent this from happening

Ms Cox reported, when we expanded Managed Care we had a lot of dental providers question that because we don't accept any CPT codes. Providers reported that the State allows them to bill CPT codes, the State allows us to bill an exam every six months and then if we see the patient any time in between we bill a CPT code 99213 so we get paid for that as well. The perception is that the CPT codes are viewed as something different. Does the dental community understand that 99213 is an office visit and it would be no different than if they billed a D0120 every time they saw the patient?

Ms. Kremer asked if anyone looked at the samples that were sent out? Is this something the provider should not be billing as an office visit when they are doing other services? If the person had previously come in on a different day, had their treatment plan set up, then they come in on a later date and receive composites for example, they are also billing another office visit.

Dr. Dane suggests billing by report. Dr. Dane stated it could create an auditing headache for the providers that are coding correctly.

Ms. Cox said I think the code that is causing the problem is 99213 and the use of CPT code by dentists. She suggests limiting that code to only oral surgeons or only people with medical degrees versus allowing any Medicaid provider to bill CPT and/or CDT codes. I do think that you all have tightened up the dental codes. It's this one medical code that they are using as a substitution because the dental codes have been tightened.

Ms. Kremer would like to know how commercial insurance bills for follow up visits. Dr. Dane reports that commercial insurance will only pay for two exams per year no matter what they are. We might look at that as an alternative for Medicaid and only allow four of the following codes to be billed on an annual basis. Dr. Thousand agrees that we should limit it to four codes per patient per year. Ms. Kremer does not have stats on this code at this time.

Dr. McCoy suggested sending out all office codes for the committee to review rather than picking them apart one by one. We can redefine each code specifically as to when it can be used or deciding which procedure codes to reimburse with reports or not to reimburse at all.

Dr. Thousand would like a report on all codes associated with an office visit/exam, both CPT and CDT, to get an idea of the number of times each one is used and how much each one pays for the next meeting. Dr. Purk asks that when we compile the information we include the description/definition of each code.

**D0460:**

Ms. Sandbothe reported D0460 was reimbursed 30 times in a six month period. Dr. Thousand noted that of the 30 times this code was used only one provider misused the code. There was only one that used it consistently with exams and it didn't sound like it pertained.

Dr. Thousand suggests running it again in 6 months for further review. He will also follow up with Ms. Sandbothe regarding education for the provider who is billing it incorrectly and see how he is billing it in another six months.

Dr. Thousand presents the motion to leave code D0460 as payable and review it again in six months that it is not an abused code and it is a necessary code.

Dr. McCoy motioned to approve, Dr. Purk seconded the motion. The motion passed.

**Proposed Amendment 13 CSR 70-35.010:**

Ms. Kremer gave the members notice of a proposed amendment to the MO HealthNet Dental Program regulation at 13 CSR 70-35.010 that would be published in the November 1, 2011, Missouri Register. This amendment adds verbiage regarding orthodontia coverage to the dental regulation.

Dr. Ramlow reported that some changes were precipitated by the legal department and attorneys for Division of Legal Services in St. Louis. The Orthodontic consultant may be able to determine a case qualifies for treatment due to psychological or speech reasons if there is proper documentation.

Ms. Kremer stated the proposed amendment will be published on November 1, 2011, with a 30 day comment period.

**Policy Changes Effective November 1, 2011:**

Ms. Sandbothe would like to make the committee aware of a published bulletin about the occlusal guard and palliative care that will become effective on November 1, 2011.

**Amalgam Surface Coding:**

Dr. Thousand was contacted by a Federally Qualified Health Center (FQHC) who received another audit letter that mimicked the original audit letters regarding the billing of restorations. He questioned why the letter was sent out because there was a decision by PI/MMAC that they would not include errors about restoration surfaces in future audits. He asked if anyone has received an audit letter since last year? Two members responded that they had Dr.'s McCoy and Purk.

MHD reported this issue had been discussed with MMAC. The letters did contain the previous language regarding restoration billing errors, but the new letter did not request any reimbursement for that and did not include an attachment listing that type of error. Dr. Thousand will contact the FQHC and make sure they understand their letter correctly.

**MISC BUSINESS:**

Dr. McCoy asked to continue original topic of discussion on negotiations. He suggested that the committee send Dr. McCaslin another letter regarding when MHD and Managed Care are negotiating carve out and contracts, that dental committee have representation for advice specifically providers that are working with Medicaid not just familiar with policy. His preference would be that the whole committee would be allowed to review it before it was passed or approved.

Dr. Thousand suggested sending a letter to Dr. McCaslin. Dr. Thousand requested a volunteer; Dr. McCoy agreed to draft the letter.

Dr. Thousand requested a copy of the agenda and meeting minutes further in advance of the meeting than was currently provided.

Dr. McCoy requested a unified email for MHD so he can find pertinent emails by address instead of various names or that only one person e-mail all notices and attachments.

Dr. Purk stated in the previous meeting we discussed porcelain crowns on posterior teeth. He asked what other dentists are using to restore a molar after an endodontic procedure. Dr. Dane explained it isn't the cast crown that is the issue; it's the fact that he has been receiving requests for full porcelain crowns on tooth #15. Dr. Dane added he cannot justify why a full porcelain crown would be necessary on a second molar.

Dr. Purk suggested it may be because the lab bill is less for porcelain than gold. Dr. Dane agreed that could be a reason, but did not understand why a non-precious crown wouldn't suffice. Dr. Purk suggests it could be because of an allergy.

Dr. Purk asked what is being approved on minors for endodontics? Dr. Dane said it depends on the circumstances. On a lower first molar to upper first molar porcelain fused to non precious crown is fine unless there is a request for something else for medical reasons.

Dr. Purk asked if root canals and crowns for pregnant woman are covered? (Root canals are covered for adults in a category of assistance for pregnant women.) Ms. Sandbothe advised a stainless steel crown would be covered for an individual over age 20 in a category of assistance for pregnant women. Dr. Dane asked if code D2751, a porcelain fused metal crown was payable? Ms. Sandbothe replied code D2751 is only payable for ages 0 – 20 years old. Code D2932, prefabricated resin crown, is covered for adults.

Dr. Purk has a pregnant patient that had a miscarriage and is no longer covered. He would like to know how to handle that. Dr. Thousand advised the claim would be filed with a report attached that describes the situation. This situation is to a discussion at a previous meeting regarding when partials are started and cannot be completed due to loss of eligibility. Depending on what stage it is in, it may be considered for payment. (This situation would fall under the "Custom Made" policy in Section 13.7 of the Provider Manual.) Dr. Purk asked if blind patients are covered for crowns? Ms. Sandbothe reported, yes, for stainless steel crowns.

Mr. Kuntz asks if he understood correctly, is there a proposal to carve out dental from the managed care contracts.
Ms. Cox reported the language that passed is "may" not "shall". Mr. Kuntz stated it's discretionarily mandatory. Ms Cox said MHD may do a dental carve out if they wish to do so. Mr. Washburn seemed to feel that they were looking at it possibly for next summer.

**Adjournment**
Dr. McCoy made a motion to adjourn; Dr. Dane seconds the motion.
The next meeting is scheduled for Thursday, February 9, 2012, 9:00 a.m. to 12:00 p.m., in conference room 201, 615 Howerton Court, 2nd Floor, Jefferson City, Missouri. If the meeting is to be a conference call, members will be advised in advance of the meeting date.