

DENTAL ADVISORY COMMITTEE (DAC) MEETING
February 9, 2017

DAC Members Present via Conference Call:

John Purk, DDS, Chairman
Alan Stoll, DDS
Dennis Thousand, DDS
Matthew Tinnel, DDS
Nicole White, DDS
Vicki Wilbers, Missouri Dental Association (MDA)
Ron Wilkerson, DMD

DAC Members Absent:

Nicole Medley, DDS

Consultants Present via Conference Call:

Robert Waxler, DMD

MO HealthNet Division (MHD) Staff Present:

Stephen Calloway
John Dane, DDS
Kimberly McGinnis
Julie Pace
Julie Phillips

Missouri Medicaid Audit and Compliance (MMAC) Unit Staff Present:

Toni Sneller

Guests Present via Conference Call:

David Thielemier, Dentaquest

Guests Present via Conference Room

Lucas Caldwell-McMillan, Legal Services of Eastern Missouri, Inc.

WELCOME/INTRODUCTIONS

Dr. Purk took roll call and welcomed all to the meeting.

REVIEW OF MEETING MINUTES

Dr. Dane motioned to approve the minutes of the November 10, 2016 meeting as written. The motion was seconded and approved by all.

OLD BUSINESS

Mobile Dental Services Update

Dr. Dane and Dr. Thousand worked together to comprise a complaint form. Dr. Dane has submitted the form to MHD's legal counsel, but the form has not been approved yet. Dr. Dane stated that any complaint filed must be related to a specific patient experience. He requested that

completed form be submitted to him and he will submit to the Dental Board for review. Once the form is approved it will be posted on line or given to the MDA to distribute.

Silver Diamine Fluoride Update

De'Nel Holliday stated she is working on developing the fiscal impact of this proposed policy change and advised that she will give an update at the next DAC meeting. She stated she will send out findings prior to the next meeting for the committee to review.

Timely Filing Letter Update

Dr. Dane stated the letter regarding the timely filing issue was given to the managed care area for review. At this time, there has not been a response. Dr. Dane stated that Nanci Nikodym is looking in to where this is at. This issue will be tabled until the next meeting.

Orthodontic Fee Update

Discussion was held by the committee regarding the status of increasing orthodontic fees. Due to the statewide managed care change effective May 1, 2017, it was decided that this issue be tabled to determine what the most effective way to proceed with this issue may be once the managed care change has taken place. Prior authorizations for orthodontic services will likely decrease significantly once this happens. Dr. Waxler also advised that he has been having issues with Dentaquest following the state regulations. Dr. Dane stated that he provided Dentaquest with a copy of the white paper that Dr. Waxler wrote regarding the guidelines that should be followed and he was told by Dentaquest that it would be considered. Dr. Dane stated he would follow up with Dentaquest in the future to see if they have made any changes in their criteria. It was also determined that the other health plans and their contractors should be sent the white paper as well to advise of the appropriate guidelines for approving orthodontic services.

CPT Codes 99201 and 99203 Update

Currently, MHD policy does not allow an exam to be reimbursed on the same date of service as surgery. If an exam is performed on the day of surgery, it is considered part of the surgery reimbursement. Dr. Dane explained that exam code 99201 requires 10 minutes of face-to-face time with the patient and exam code 99202 and 99203 requires 30 minutes of face-to-face time with the patient. He stated that most dental offices would not spend 30 minutes reviewing a patient's medical history and review of systems. Dr. Dane recommended a policy be developed to allow reimbursement of an exam on the same date of service as surgery to eliminate the need for participants to have to go to the dental office on a date prior to their surgery in order for the dentist to perform the exam and be reimbursed for it. He stated he would work with MMAC on this to ensure that all documentation requirements are met.

NEW BUSINESS

Full Mouth X-rays, Panoramic Films and Bitewings for Adults

Dr. Purk wanted clarification as to which services are covered for adults regarding full mouth x-rays, panoramic films and bitewings. De'Nel Holliday advised the committee to review the May 6, 2016 bulletin regarding coverage of adult dental services. Dr. Dane advised that full mouth x-rays are not covered, but a panoramic film, 4 bitewings and up to 5 periapical films are.

CDT Code D4355 (Full Mouth Debridement)

Dr. Dane presented an issue for the committee to consider regarding full mouth debridement (CDT Code D4355). He advised there providers billing this service on the same day as a prophylaxis and are receiving reimbursement for it because the system does not have a way to stop it. He asked the committee if they felt this procedure should be but on prior authorization. The committee did not want to make this code a prior authorization code. The suggestion was made that the system be changed and MHD advised the committee that the system change could be requested but likely would not be considered a priority and would take quite some time before anything would be changed. It was discussed that there be a hot tip sent out to remind providers that this is not appropriate billing.

Prescription Writing for Medicaid Participants

A Medicaid requirement has been mandated that will require any provider that writes a prescription for a Medicaid participant to be enrolled as an OPR (ordering, prescribing, or referring) provider regardless if they are enrolled as a Medicaid provider or not. If the provider is currently enrolled in Medicaid, nothing needs to be done as they are automatically enrolled. If the provider is *not* enrolled as a Medicaid provider they will need to enroll as an OPR provider in order for their Medicaid participants to get their prescriptions paid for by Medicaid.

Stephan Calloway, Director of Pharmacy for the MO HealthNet Program, presented information to the committee regarding how this will affect the pharmacy community as well as the participant's ability to receive their prescription.

Jesse Dresner, Director of the MMAC Division, is charged with getting this information out to the provider community regarding this requirement. Currently, there is a soft edit in place by MMAC, but beginning in June or July of this year; this will become a hard edit. De'Nel Holliday suggested there be discussion with Ms. Dresner to determine the most effective method to disseminate this information to the provider community. The MDA agreed to disseminate any information that is shared with them to their members. Discussion was held regarding contacting all the various healthcare associations to contact their members and advise of this requirement. The focus will be on informing those providers that are not a Medicaid provider. Ms. Holliday advised that a bulletin will go out advising when this change will become effective.

Hot Tip Correction

Dr. Dane reported there was a hot tip that came out in error that stated that bitewings were not covered. He advised that bitewings are a covered service and a correction to the hot tip has been requested.

NEXT MEETING DATE

The next meeting is scheduled for May 11, 2017.

ADJOURNMENT

A motion was made to adjourn the meeting and all approved.