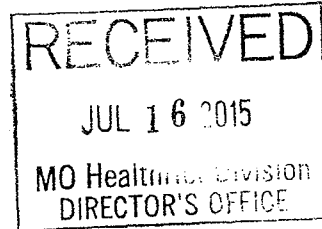




American
Dental
Hygienists'
Association

Missouri



550 Coeur de Royale #203
Creve Coeur, MO 63141
July 11, 2015

Dr. Joe Parks
MO HealthNet Division Director
Missouri Department of Social Services
615 Howerton Court
Jefferson City, MO 65109

Dear Dr. Parks:

On behalf of the Missouri Dental Hygienists' Association (MDHA), which represents the interests of more than 2,800 dental hygienists throughout the state of Missouri, we are writing to request the inclusion of specified preventive and therapeutic benefits for those who qualify for adult dental services along with two CDT codes for children's care.

Most adults who have not received routine dental services have periodontal (gum disease) problems that not only impact oral health, but also their overall health. One of the treatments for periodontal disease is the non-surgical treatment called scaling and root planing (SRP) which allows a licensed dental provider (dentist or dental hygienist) to remove the hard and soft bacterial components from the teeth above and below the gum line as well as to remove infected products from around the inflamed, diseased areas. SRP is considered a definitive treatment for those in the earlier stages of periodontal disease or as a pre-surgical phase in more advanced stages.

The adult CDT codes include:

SRP-4341 (4 or more teeth per quadrant)

SRP-4342 (1-3 teeth per quadrant)

At the present time, SRP may be covered for adults such as pregnant women who qualify for such services. Radiographs and periodontal charting numbers must be submitted to MO HealthNet usually with a narrative describing the need for SRP. It is our understanding that

most cases have been denied because “the radiographs do not show sufficient evidence of bone loss.” Radiographs are often poor indicators of the early stages of bone loss, and periodontal disease is most successfully treated in this early phase. It appears that the deep probing numbers are not taken into account as part of the need for this service or the noted indication for its definitive treatment. MDHA feels that allowing periodontal disease to progress to the point that ‘sufficient evidence of bone loss’ exists compromises both the medical and dental health of the patient.

Therefore, MDHA is writing to request that SRP be included as a priority service for adults who qualify for adult dental benefits. We also respectfully suggest that you consider adjusting the authorization review process in order to facilitate more prevention and early-stage treatment.

Here are some resources which outline the rationale for SRP: [http://www.adha.org/resources-docs/7839 Rationale for Comprehensive Nonsurgical Periodontal Therapy.pdf](http://www.adha.org/resources-docs/7839_Rationale_for_Comprehensive_Nonsurgical_Periodontal_Therapy.pdf)
<http://www.webmd.com/oral-health/root-planing-and-scaling-for-gum-disease>
[http://ebd.ada.org/~media/Nonsurgical%20tx%20of%20chronic%20perio%20Systematic%20Review-Unabridged%20\(2\).ashx](http://ebd.ada.org/~media/Nonsurgical%20tx%20of%20chronic%20perio%20Systematic%20Review-Unabridged%20(2).ashx)

In addition, MDHA has anecdotal information that “debridement” is not generally covered for pregnant women. Debridement refers to treatment to remove supragingival (above the gumline) and subgingival (below the gumline) plaque and calculus that interferes with the performance of a comprehensive oral evaluation and is coded as CDT D- 4355. There are times when patients have so much debris on their teeth that it is not even possible for the dentist to probe around the teeth in order to perform a thorough diagnostic exam. MDHA believes this treatment should also be routinely covered by MO HealthNet.

In October 2012, the American Dental Association’s Code on Dental Terminology and Nomenclature (CDT), added two new codes that may be used by states to support their efforts to maximize the ability of all healthcare professionals, medical and dental, operating within the scope of state practice acts, to serve Medicaid and CHIP children enrollees. **D0190** can be used to screen a patient and **00191** deals with assessing a patient which can be used in settings such as schools, day care centers, Head Start and WIC Centers when a comprehensive dental examination is not conducted. *Please see <http://www.medicaid.gov/federal-policy-guidance/downloads/CIB-04-18-13.pdf> which further explains these codes.*

States are encouraged by the Centers for Medicare and Medicaid (CMS) to adopt the use of these codes in Medicaid in order to expand opportunities for children to gain access to the dental delivery system. Because experienced Missouri dental hygienists can work unsupervised

on medically-eligible children in public health settings to provide fluoride, sealants and 'tooth cleanings', there would be great opportunities to utilize these codes. According to a 2014 Survey of the Medicaid, Medicare-CHIPS State Dental Association (MSDA), the states of New Jersey, Rhode Island, and Washington State have implemented both the screening and assessment codes; Iowa has implemented the D0190 screening code; and Minnesota and Wisconsin have implemented the D0191 assessment code.¹

Thank you for considering our requests. We truly feel that adding these elements will help increase oral health access and improve overall health. We look forward to hearing from you about these important issues. Please contact us if you have any questions.

Bobbie Brown

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Senator Dan Brown
Veterans Affairs and Health Committee Chairperson

Rep. Sue Allen
Select Committee on Social Services, Chairperson

Rep. Marsha Haefner
Appropriations-Health, Mental Health and Social Services Chairperson

Rep. Donna Lichtenegger

Rep. Jeanne Kirkton

John Bardgett, Jr.
MDHA Lobbyist

¹ Conversation with Martha Dellapenna, MSDA Center Director.

