

**Colorado Department of
Health Care Policy and Financing**

Dental

Benefits Collaborative

Recommendations:

Pediatric Dental Care: Endodontics, Periodontics and Oral Surgery
and

Hospital-based Pediatric Dental Benefits and Policy
for the Medicaid Dental Benefit

Friday, December 6, 2013

Meeting Ground Rules

- Tough on issues, not people
- One person speaking at a time
- Be concise/ share the air
- Listen for understanding, not disagreement
- Speak up here, not outside
- In the room: Phones on silent/ vibrate
- On the phone: Please mute your line
- Please introduce yourself & state your affiliation when asking a question or making a comment



Contact Information

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Benefits Collaborative Overview



Purpose of Benefits Collaborative

Ensure Benefit Coverage Standards:

- Are guided by recent clinical research and evidence based best practices
- Are cost effective and establish reasonable limits upon services
- Promote the health and functioning of Medicaid clients



Participant Role

Per SB13-242, the Department retains ultimate decision making authority over the Medicaid dental benefit design. However, the collaborative exists to assist the Department in its design of cost effective, evidence based standards by contributing in the following ways:

- Share diverse perspectives to expand understanding ahead of decision making
- Share new information/research
- Ask questions and provide informed insight in response to analysis offered and suggestions made



Department Role

The Department will:

- Work with participants to ensure that input is consistently understood and considered
- Wherever possible, work to ensure that input is reflected in alternatives developed
- Provide feedback on how input influenced decisions made and explanation when input cannot be incorporated/adopted



Introducing:
Dr. Randi Tillman
and
Dr. Scott Navarro



Frame for Discussion at Today's Meeting

Topics open for discussion today:

- Coverage
- Coding
- Professional Policies
(Pediatric Dental Care: Endodontics, Periodontics and Oral Surgery; and Hospital-based Pediatric Dental Benefits and Policy for the Medicaid Dental Benefit)

Topics closed to discussion today:

- Access (provider types, geographic distribution and recruitment)
- Payment (fee schedules)
- Delivery model & network options
- Operational considerations & processes
- Annual Maximum for Adults
- Current claims issues/customer service questions



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Objectives and Assumptions

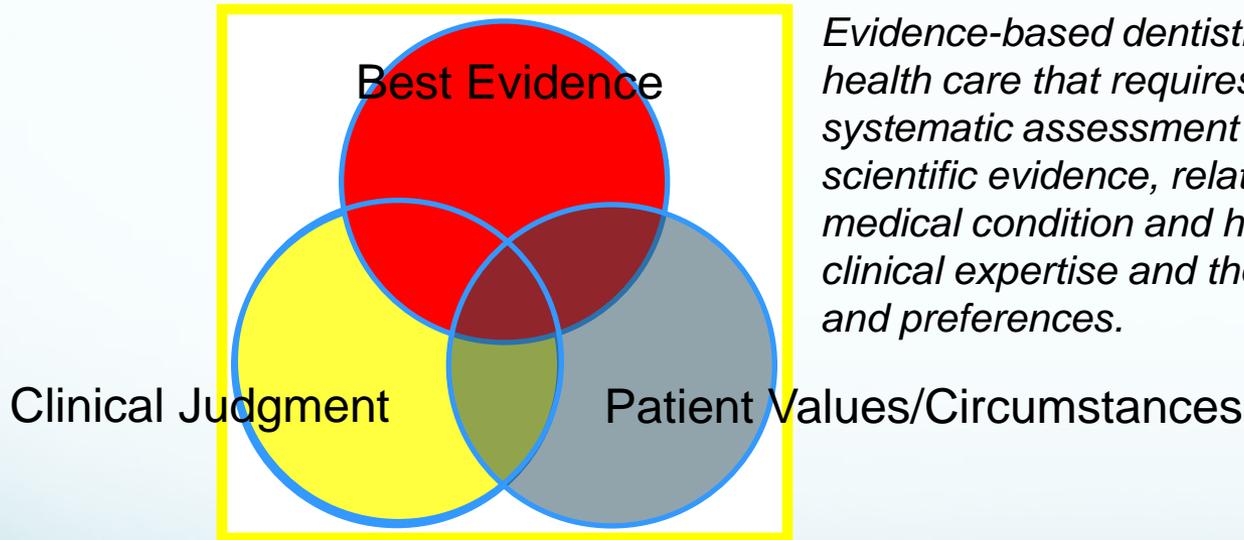
Objective: To develop recommendations for pediatric dental benefits; specifically endodontics, periodontics and oral surgery. Also to develop recommendations for hospital based pediatric care; including parameters for general anesthesia and sedation.

For purposes of these recommendations the following assumptions will apply:

- All benefit coverage will be at 100%.
- There will be no copays or coinsurance.
- Benefits will apply until a recipient turns age 21.

Evidence Based Dentistry

Is the Integration of:



Evidence-based dentistry is an approach to oral health care that requires the judicious integration of systematic assessment of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

...to improve health.



Dental Benefit Design Recommendations

Pediatric Dentistry:
Endodontics, Periodontics
and Oral Surgery

Background:

Children and Dental Disease

According to the Pew Foundation:

- Tooth decay is the most common childhood disease; 5 times more common than asthma.
- Children who do not receive routine dental care are more likely to miss school and to use expensive emergency room facilities for the relief of pain.

Results from National Health and Nutrition Examination Study

- Decay of primary teeth is on the increase in younger children.
- 42% have had decay in their primary teeth.
- Children belonging to highly vulnerable groups (such as those with low family incomes) have more decay.
- Almost a quarter of children in this age group have untreated decay.

Pediatric Dentistry

Discussion Goals for Today

Preventive, diagnostic, and restorative pediatric procedures were presented and discussed on October 25, 2013.

Today's Goals:

- Address those pediatric procedures that are part of endodontics, periodontics and oral surgery conducted in an office or outpatient setting.
- Address those pediatric procedures which are done in the hospital setting under sedation and/or general anesthesia and the applicable policy guidelines.

Updated Pediatric Benefits

(Modifications from 10/25/13 meeting, not inclusive of all procedures)

Code	Description	Frequency	Coverage	Comments
0145	Oral Evaluation for patient under age 3 and counseling with primary caregiver (includes anticipatory guidance)	Once per lifetime per patient; subsequent visits to same dentist are 0120	100%	May be reported with prophylaxis, x-rays and fluoride application.
1351	Sealant	Twice per lifetime per tooth	100%	Permanent molars only. Tooth must be caries-free and restoration-free.
2930	Prefabricated stainless steel crown / primary tooth	May be replaced every 36 months	100%	
2931	Prefabricated stainless steel crown/permanent tooth	May be replaced every 36 months	100%	Up to age 18.
2933	Prefabricated stainless steel crown with resin window	May be replaced every 36 months	100%	Up to age 18.
1510, 1515	Fixed space maintainers for lost primary molars	Once per lifetime per arch	100%	Under age 12.
1550	Re-cementation of space maintainer	Once per year	100%	Not allowed within 6 months of original placement by the same dentist.

Pediatric Endodontics

Code	Description	Frequency	Coverage	Comments
3220	Pulpotomy	Once per lifetime per tooth	100%	Not the first stage of root canal treatment.
3310	Root Canal, Anterior Tooth	Once per lifetime per tooth. Permanent tooth only.	100%	Pre-authorization is required; unless the patient is in acute pain, in which case post-treatment and pre-payment review may occur.
3320	Root Canal, Bicuspid	Once per lifetime per tooth. Permanent tooth only.	100%	Pre-authorization is required; unless the patient is in acute pain, in which case post-treatment and pre-payment review may occur.
3330	Root Canal, Molar	Once per lifetime per tooth. Permanent tooth only.	100%	Pre-authorization is required; unless the patient is in acute pain, in which case post-treatment and pre-payment review may occur.
3221	Pulpal Debridement; permanent teeth only	Once per lifetime per tooth.	100%	For the relief of acute pain; part of root canal treatment if completed by same dentist.

Pediatric Periodontics

Code	Description	Frequency	Coverage	Comments
4210	Gingivectomy	Once per 36 months.	100%	Only covered for patients under age 21 in instances of drug-induced hyperplasia.
4341	Periodontal Scaling and Root Planing/ 4 or more teeth per quadrant	Once per quadrant every 36 months; when covered.	100%	Only covered for patients under age 21 by report and pre-authorization in instances of documented periodontal disease.
4342	Periodontal scaling and Root Planing/1-3 teeth per quadrant	Once per quadrant every 36 months; when covered.	100%	Only covered for patients under age 21 by report and pre-authorization in instances of documented periodontal disease.
4910	Periodontal maintenance	Two times per year; counts as a cleaning, when covered.	100%	Only covered for patients under age 21 by report and pre-authorization in instances of documented periodontal disease; or for patients with diabetes or pregnant women.

Pediatric Oral Surgery and Sedation

Code	Description	Frequency	Coverage	Comments
7140	Simple Extraction	Once per lifetime per tooth.	100%	
7210	Surgical Extraction	Once per lifetime per tooth. Permanent tooth only.	100%	Pre-authorization is required; unless the patient is in acute pain, in which case post-treatment and pre-payment review may occur.
9110	Deep Sedation/General Anesthesia	Prior-authorization is required, even if the full treatment plan cannot be prior authorized.	100%	Pre-authorization is required. Only for qualifying medical conditions and disabilities. Not for apprehension or convenience.
9230	Nitrous Oxide		100%	Inclusive when used with deep sedation or general anesthesia.

In all instances in which the patient is in acute pain, the dentist should take the necessary steps to relieve the pain and complete the necessary emergency treatment. Such treatment may be subject to pre-payment review. The routine removal of asymptomatic third molars is not covered. Only in instances of acute pain and overt symptomatology will the removal of third molars be a covered service.

Policies Specific to Pediatric Dental Care

- Permanent crowns are not approved for children under the age of 16 (codes 2710-2794).
- Restorations and extractions of primary teeth that are close to exfoliation will not be approved.
- Endodontic therapy for permanent teeth only; once per lifetime.
- Prior-authorization of general anesthesia or sedation is required, even if the full treatment plan cannot be prior authorized.



Dental Benefit Design Recommendations:

Hospital-Based Pediatric Benefits

Hospital-Based Dental Care

- Dental treatment is covered in a hospital or outpatient facility only when services in such a facility are determined to be medically necessary.
- Benefits will not be paid for services provided in the operating room or outpatient facility when scheduled for the convenience of the provider or the patient in the absence of medical necessity.
- All operating room cases must be prior-authorized. The case must be prior authorized, even if the complete treatment plan is not available.

The Decision to Use Sedation or General Anesthesia

According to guidance from the AAPD (American Academy of Pediatric Dentistry) the following must be considered:

- Alternative behavioral guidance modalities
- Dental needs of the patient
- The effect on the quality of dental care
- The patient's emotional development
- The patient's medical status

“Prior to the delivery of general anesthesia, appropriate documentation shall address the rationale for use of general anesthesia...”

Conditions which Qualify for Medical Necessity

- Patients with documented physical, mental or medically compromising conditions.
- Patients who require dental treatment but for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy.
- Patients who are extremely uncooperative, unmanageable, anxious or uncommunicative and who have dental needs deemed sufficiently urgent that care cannot be deferred. (*Evidence of the attempt to manage in an outpatient setting must be provided.*)
- Patients who have sustained extensive orofacial and dental trauma.
- Children under the age of six, with rampant multi-surface decay requiring 6 or more prefabricated crowns during one date of service.

General Anesthesia and Sedation are Contraindicated When:

- The patient is cooperative and requires minimal dental treatment.
- The patient has a concomitant medical condition which would make general anesthesia or sedation unsafe.

Clinical Considerations

- The applicable definition of medical necessity (10 CCR 2505-10 8.076.1.8) criteria includes: a good or service must meet generally accepted standards of care, have a reasonable prognosis and be appropriate for the patient's condition.
- Medical necessity will be defined as currently described in 10 CCR 2505-10 Section 8.076.1.8:
 - “Medical necessity means a Medical Assistance program good or service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental cognitive or developmental effects of an illness, injury or disability. It may also include a course of treatment that includes mere observation or no treatment at all.”
 - It further specifies that medically necessary services must be clinically appropriate in terms of type, frequency, extent, site and duration.

Clinical Considerations (continued)

- According to the ADA, anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room.
- If there is more than one way of treating a condition and one way is less costly and sufficient to treat the condition, payment will be made for the less costly procedure. The provider may not charge for the more costly procedure.
- Pre-authorization of treatment plans, general anesthesia, or sedation may be denied for reasons of poor dental prognosis.
- Exceptions to existing policy may be made at the discretion of a clinician at the State's discretion on a case-by-case basis in recognition of extenuating circumstances.
- Providers will have a mechanism for appeal and reconsideration of adverse benefit determinations.
- If a procedure is not listed, it will not be covered.
- Final decision-making authority will reside with the State (per C.R.S. 25.55-207).

Questions?



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Thank You

