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To: Lisa Ellinger, Administrator of Division of Insurance Services

From: Mara Brooks, Wisconsin Dental Association

Date: May 20, 2013

Re: Potential Complaints and Gaps in Coverage in Proposal for State Uniform Dental Benefit

Thank you for taking the time to meet with WDA representatives in your offices on Wednesday, May 8. In follow up to your questions, you will find a listing of the specific codes and coverage of the proposed Uniform Dental Benefit that the leadership and members of the WDA believe should be changed because they are either outside of the current standard of care or because they could lead to a gap in expected coverage by state enrollees.

(1) Proposal: Comprehensive Oral Evaluation (CDT Code D0150) will be covered 2x/year. (the same goes for D0160 Detailed & Extensive Oral Evaluation, and D0180 Comprehensive Perio Evaluation)

This provides a potential for overuse; comprehensive exams are not done multiple times in a year but Periodic Oral Evaluations (D0120) are and should be covered 2x/year. D0160 is only necessary when a patient presents with a specific problem; and D0180 is only necessary with patients who present with periodontal issues.

Solution: Cost savings will result if you cover 1X at initial "new patient" appointment and periodic oral exams should be covered up to 2X/year thereafter. (D0150 should only be allowed *again* if patient has been absent from dental care for over three years; code D0180 is only done the one time at initial visit to determine periodontal issues and then, like D0150, it would also transition into a D0120 Periodic Oral Evaluation thereafter).

(2) Proposal: Panoramic radiographic image (D0330) is covered 1x/36 months

Standard of care is 1x every 5 years (72 months)

Solution: Cost savings will result if you change proposal to 1x every 5 years. It is also standard, depending on patient needs, to allow for inter-changeable films between panoramic image and an Intraoral - Complete Series of radiographic images (D0210) to be completed (1x every 5 years as well, a dentist should provide either one or the other - but not both).

(3) Proposal: Endodontic coverage – will include only coverage for pulpal therapy coverage only

This creates a gap in coverage because pulpal therapy is only the first step to a complete root canal procedure. Pulpal therapy can be definitive treatment for baby teeth, but not for adult teeth. Pulpal therapy, without completing the subsequent root canal therapy, will lead to recurrence of pain and infection and possible extraction. The pain and infection could recur in days, weeks or months but, rest assured, without full root canal therapy it will flare up again and this will result in higher medical costs as more enrollees will seek urgent care (medication) for their recurring symptoms (pain) in the emergency rooms when the cause

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(infection) remains untreated (because appropriate definitive treatment will either be an extraction or root canal therapy depending on the viability of the tooth; these dental procedures are not performed in the ER).

Solution: Leave in pupal therapy coverage but also add coverage for Endodontic Therapy (root canals) codes D3310-D3333

(4) Proposal: Stainless steel Crowns will be covered only for primary (baby) teeth

This leaves no crown coverage for adults who need crowns because stainless steel crowns are only done on children. Adults with a cracked tooth and/or root canal therapy need to have crowns to maintain tooth structure for longevity.

Solution: Add basic crown coverage for adults: Crown – Porcelain (D2750)– fused to high noble metal, or one of the other noble metals that work adequately for full cast or porcelain to metal crowns.

(5) Proposal: Periodontal Maintenance (D4910) will be only covered 2x/year

Covering only maintenance procedures will result in a gap in coverage because the basic scaling and root planing services (D4341, D4342) are not covered and these services are what need to be done first in order to allow the patient to reach the maintenance phase. Also once patient reaches maintenance stage, cleanings (D4910) are standard at 3-4x/year.

Solution: Add coverage for Periodontal scaling and root planing (D4341 which is for 4+ teeth per quadrant), and Periodontal scaling and root planing (D4342 which is for 1-3 teeth per quadrant) so patients can address their periodontal issues which allows them to reach the stage where they can actually use the maintenance procedures that the proposal covers. Also increase the Periodontal Maintenance coverage from 2x/year to 3-4x/year so they can maintain their benefits from scaling and root planing and not resort back to worse oral health.

(6) Proposal: Extractions – listed under Oral Surgery - will be covered only for orthodontic needs

This will result in a gap in coverage because it states that all other extractions are covered via the medical plan but that is not a correct assumption because medical plans only cover bony or completely bony (non-erupted teeth) extractions. For example, this means that if a young adult's wisdom teeth have erupted, there will be no coverage but if they have not erupted, there will be coverage (but through the medical rather than the dental plan).

It is odd that the dental plan only covers extractions when done in conjunction with orthodontics because there will be a greater number of enrollees who need an extraction due to a broken tooth or who choose to have an extraction of an infected tooth rather than to move forward with additional treatments such as root canals and crowns. This lack in coverage for extractions of erupted teeth will encourage patients to put off necessary extractions which will increase costs to the medical plans because it will increase the number who seek care in an emergency room. Once in the ER, they will have their symptom (pain) addressed with medications while leaving the cause (infection) and treatment (extraction) still unaddressed.

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Solution: Add coverage for extractions for teeth within the oral cavity that are not impacted (This would include the following codes: D7111 Extraction, coronal remnants – deciduous tooth; D7140 Extraction, erupted tooth or exposed root; D7210 Surgical Extraction of erupted tooth and D7250 surgical removal of residual tooth roots.

Proposal: Orthodontic Services –Anesthesia, sedation codes (D9220 – D9242)

It does not make sense to have these Anesthesia codes listed with orthodontics because orthodontia does not require the use of general anesthesia, or any sedation efforts.

Solution: Change this to allow anesthesia to be performed in conjunction with oral surgery/extraction procedures rather than in conjunction with orthodontia.

Thanks again for taking the time to meet with us and to listen to the specifics of our concerns regarding the proposed Uniform Dental Benefit. The WDA would like to continue to be a resource to you and to the Group Insurance Board as you continue to struggle with the dilemma of how to both maintain costs and enrollee satisfaction with regards to their dental benefits. Please don't hesitate to contact me at mbrooks@wda.org or at (608)250-3442 if I can be of assistance to you in the state's efforts.