

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
January 25, 2023

Dental Policy Review Committee Members Present

Dr. Jason Grinter, Delta Dental
Dr. Bill Simon, Illinois State Dental Society
Dr. David DePorter, Envolve Health
Dr. Danny Hanna, University of Illinois Chicago
Dr. Flavia Lamberghini, UIC/Apple Dental Care
Dr. Henry Lotsof, Avesis
Dr. Sharon Perlman, Oral Health Consultant
Dr. Kathy Shafer, Southern Illinois University
Dr. Jim Thommes, DentaQuest
Ann Tuscher, Chicago Department of Public Health
Dr. Ryan Tuscher, PCC Community Wellness Center
Dr. Mona Van Kanegan, Illinois Department of Public Health

Dental Policy Review Committee Members Not Present

Dr. Cyrus Oates, Oates Dental

HFS

Arvind Goyal, Medical Director
Jose Jimenez, Bureau of Professional and Ancillary Services
RaTasha Bradley, Bureau of Professional and Ancillary Services
Kelly Pulliam, Bureau of Professional and Ancillary Services
Christina McCutchan, Bureau of Professional and Ancillary Services
Ryan Dickerson, Bureau of Professional and Ancillary Services
Mary Richey, Office of the Inspector General
Dani Mendez, Office of Legislative Affairs
Angela Ryan, Office of Legislative Affairs

Other Interest Parties

Dave Marsh, Illinois State Dental Society
Lindsay Wagahoff, Illinois State Dental Society
Dr. Geisel Collazo, UIC Craniofacial Center
Bob Egan
Cristy Wedemeyer
Bhakti Desai
Pedro Medina
Stephanie Atella
Lisa Kearney
Jennifer Bereckis

Call to Order

Dr. Jason Grinter called the meeting to order at 1:00 P.M.

Introductions

Dr. Grinter announced new members, Dr. Ryan Tuscher, and Dr. Sharon Perlman. Dr. Tuscher and Perlman introduced themselves to the committee.

Old Business

Minutes from Previous Meeting

Dr. Grinter asked if anyone had any changes or suggestions to the meeting minutes from the October 19, 2022, meeting. There were none. Dr. Henry Lotsof made a motion to approve. Dr. Jim Thommes second the motion. Motion passed.

New Business

Time Change

Dr. Flavia Lamberghini was not present at this moment. Dr. Grinter added the time change to April's agenda.

Update on Policy Recommendations

Dr. Grinter informed the board that everything that is proposed must be on the agenda for the Open Meetings Act. Adding that the committee needs to take a more methodical approach and do more research before making any recommendations.

Allowing Orthodontists to Submit a Non-Qualifying HLD Form

Dr. David DePorter stated to the committee that the current process of requiring orthodontists to submit non-qualifying HLD form denials wastes resources for dental offices, Managed Care Organizations (MCO), and state administrators. Dr. DePorter proposed letting the provider submit the case. If it doesn't meet the criteria, it's not eligible. Then explain that rationale to the client and allow the provider to only submit the D8999 payment. Dr. Thommes agreed that an automatic D8999 might be issued for denied cases rather than resubmitting, however the problem with providers not submitting a case and not getting a denial results in the patient not receiving the information on the right to appeal. In Illinois, patients have the right to appeal and cannot do anything that would take away the patient's appeal rights.

Dr. DePorter mentioned this came about when the State brought up the denial rate for orthodontic cases being artificially high due to the lack of meeting criteria. He compared it to Missouri that does not require a submission of those forms. Dr. Thommes stated his understanding is that under CMS regulations you cannot charge someone for a covered service if that service has never been denied. Dr. Danny Hanna mentioned that if the practitioner judges in their office that they expect it to get denied, puts them in jeopardy if they don't have a formal denial before going into an agreement with the patient.

Consider Adding D4346 to the List of Covered Codes

Dr. DePorter introduced the idea of the State implementing coverage of D4346, the scaling in presence of generalized moderate or severe gingival inflammation to the list of covered dental codes. Dr. DePorter stated that they see a lot of requests for children under 21 for four quadrants of scaling and root planing, which is very rare for those under 21 and still rarer for adults under the age of 30. These cases come in without any visible bone loss and radiograph, no documentation of lost clinical attachment, no root surface calculus. Frequently, they won't be accompanied by documentation of the dominant spongy leading tissue but without bone loss. Right now, there is no code to treat that diagnosis, which leads to two effects. First, it results in abuse of the D4341 codes. Second, provider dissatisfaction with participation in the Medicaid program for having to perform a prophylaxis in a legitimate case of moderate to severe gingivitis.

Dr. Bill Simon spoke in favor of Dr. DePorter's proposal, stating that there is a gap in between the patients that qualify for scaling and root planing and those that have significant gingival inflammation and aren't candidates for scaling and root planing. Dr. Simon believes that if the procedure is integrated into the Medicaid program that it needs to include antimicrobial therapeutic rinse and should include the ability for the patient to have a routine prophylaxis at some time period following that procedure. Dr. Simon added that reimbursement for code D4346 should be above and beyond what a routine prophylaxis would be.

Dr. Thommes spoke on how this is a funded program with limited funds and adding this code with the volume that it may generate, even though it may be the more correct code to bill than a D1110 or D1120 could break the program. Dr. Thommes added that if we really want to cover this, so that it is billed properly with the code is that we allow it at the same price as a prophylaxis and it's edited against a prophylaxis. It becomes revenue neutral but allows the provider to bill what they think is the appropriate code. Dr. Lotsof asked where you draw the line from a D1110 to a D4346, adding concerns that it will be abused.

Dr. Grinter thought there would be no problem recommending incorporating that code to edit with claiming but asked if we feel committed that we make a stance to make it an elevated fee or an elevated frequency. Dr. DePorter added a couple points after agreeing there is potential for abuse of reporting. The conditions of D4346 are specific, but there's quite a bit of abuse on code D4341 when there is no bone loss or no root surface calculus.

Dr. Tuscher stated she is interested in seeing the data and knowing the frequency of the D4346. Dr. Perlman was concerned about the potential for abuse and the return on benefit. Dr. Perlman added if we pursue it further, she would like to see a provision of mandatory oral hygiene instruction and demonstration. Dr. Perlman believes it's difficult to monitor and thinks we should designate our limited funding towards other more definitive causes. Dr. Mona Van Kanegan agreed with Dr. Perlman and Dr. Tuscher's comments.

Dr. Simon added the practicality standpoint of our Medicaid program, perhaps it isn't something that can be introduced as he described. But stated it is ultimately important to properly code these things even if they are at the same reimbursement level. By doing this, there is a better idea of the metrics of the population and accurately describes what's being done for the patient. Dr. Grinter asked Dr. Simon if he meant open the code, regardless. Dr. Simon answered, that's a possibility. Dr. Thommes doesn't believe it's realistic stating that if D4346 is available then D4341 will not be abused but agreed with Dr. Simon's point of adding the code and editing it against the D1110 and paying the same way. It is adding the benefit level that is challenging in the program right now.

Dr. DePorter's final point is the unnecessary upcoding to D4341 in the State of Illinois is real. When there is that many outliers coming from one state there's something going wrong, and it could be reimbursement.

Dr. Hanna asked the Department to provide data on perio codes versus the prophy codes and if we want to move forward on the D4346, we need to show cost savings that Dr. DePorter is suggesting. Dr. Hanna continued that we're not solving a problem if we add the code and edit it against the prophy but, if we decrease abuse that might be happening with scaling root planing codes, that's something we can get through.

Ms. Kelly Pulliam requested the committee send the Department their recommendations for which codes they would like to see and the parameters around that, HFS would pull the data. Dr. DePorter suggested data be stratified by age, 21 and under, 21-30, 30-40, etc. His particular concern is the volume of scaling and root planing in children. Dr. Grinter asked since that it goes through a pre auth, we don't typically approve scaling and root planing under the age of 30. Dr. DePorter answered true but then it generates customer complaints and appeals.

Reimburse for Fluoride Varnish Application Presentation

Dr. Van Kanegan gave a presentation on ideas to reach pregnant women and children ages three to six with additional services, such as risk assessments, prevention, messaging, and fluoride varnish services by both non oral health and oral health providers.

Dr. Flavia Lamberghini agreed with Dr. Van Kanegan's presentation and believes the earlier the better for seeing kids. If someone on the medical side can catch problems earlier than dentists can see them that's fantastic. Dr. Tuscher added that this is a great idea with a lot of opportunity. She hears from her medical colleagues they are often not comfortable assessing oral health conditions and if they had basic training, it's something where kids have the opportunity for more prevention, preventative care, and early intervention. Dr. Perlman asked what specifically the change would be for pregnant women. Dr. Van Kanegan answered they would reimburse the medical provider to do education and risk-based fluoride varnish at least once during the pregnancy period and provide a referral for follow up care. For the dental provider or oral health provider cover risk-based fluoride application during the pregnancy period.

Dr. Perlman suggested a recommendation medical reimbursement that they ask about oral health, and referrals, but also Obstetrician's ask about a dental home for the newborn child. The most important thing is to ensure that they get a dental home. She predicts if they receive care at a doctor's office there isn't a need to go to a dental home anymore. Dr. Perlman added that it sounds wonderful but can really backfire. Physicians have so many responsibilities that they have to take care of in a well-baby visit, they don't have the time to go over everything we would like them to. Dr. Van Kanegan agreed and explained that the idea is to utilize the rest of the public health and healthcare system to highlight the person's oral health needs, get some basic information and then refer them for follow up and ongoing care. A non-oral health person is not intervening, they are going to provide some basic health promotion prevention, fluoride varnish, risk assessment, and then connect them to a place for regular follow up and oral health care. Dr. Perlman responded that it's the last part that is lacking and whatever we can do to improve that would be fabulous.

Dr. Geisel Collazo introduced herself to the committee as a pediatrician who is working on the training for Bright Smiles, and they are making sure they train all the providers to refer. Dr. Collazo added she wanted to advocate to increase services until the age of six since pediatricians only see kids once a year after they are three years old. So, we're adding one more fluoride varnish and if approved to three or four a year we're not taking away services, we're providing more services. Dr. Van Kanegan added that they see 25% of third graders have untreated dental issue. We really need to expand to age six.

Dr. Perlman added physicians and other healthcare providers could mention to parents and guardians that they need to brush their children's teeth and not have the expectation on the child. Since children do not have the dexterity to effectively brush their teeth until they can tie their shoes. Dr. Perlman continued that she knows some dental chains that do not purchase dental fluoride varnish, which is a concern. And, if fluoride varnish is applied that it's not a separate visit but combined with the well-baby visit so people don't have to come in just so encounter rates can be increased.

Dr. Grinter wants to look at what the utilization is right now. Dr. Van Kanegan hoped this will be supported and sent to the HFS medical side. Dr. Van Kanegan asked Mr. Jose Jimenez if this is a strong enough case. Mr. Jimenez replied that the Department has some internal meetings on this topic, continuing that these are not easy decisions. We need to continue to work and collaborate and make sure we see the benefit. The discussion is helpful, and it takes time to process, and we need to review how we can formalize this to make sure we have all the approvals we'll need. But the Department will need to do an analysis.

Dr. Grinter asked Dr. Thommes how the system knows if someone is pregnant. Dr. Thommes wasn't sure, but guessed there's an identifier that allows that benefit level to kick in. Dr. Van Kanegan brought up the Dental Quality Alliance out of the American Dental Association has a methodology that Medicaid programs can use to identify pregnancy status. Dr. Perlman commented if we can get modifications on the medical side for discussing oral health that they focus on addressing all dental needs and pain and not just prophylaxis. Dr. Van Kanegan added that covering this basic level of oral health prevention by non-oral health can get more pregnant women in the right dental setting early on to address any issue they are facing during pregnancy. Dr. Tuscher brought up that unfortunately she sees in her clinic that a lot of women do not know that they can go to the dentist during pregnancy.

Dr. Hanna verified that the changes that are being talked about are specific to fluoride varnish. Dr. Van Kanegan answered, yes. Dr. Hanna asked if a medical provider does that will in come out of the dental side or go through the medical side. Dr. Van Kanegan answered that we're just putting the oral health case together to recommend that the medical program adopts this because it is evidence based and will have an impact. Dr. Van Kanegan added that she's not with HFS but would think the funding would come out of the medical side of the program. If it's an oral health provider doing the service, then it would come out of the oral health section of the HFS budget. Dr. Hanna asked if there would be any coding or payment issues. Mr. Jimenez answered that we still need more time to understand all the potential issues.

Dental Rates Effective 1/1/23

Ms. Pulliam informed the committee the dental rates were increased and effective January 1, 2023. Ms. Pulliam added that the motions made at the previous meeting have been working

through the HFS rankings and that the Illinois State Dental Society (ISDS) is going to talk more about those.

Dr. Van Kanegan asked Ms. Pulliam if the information Ms. Pulliam sent Dr. Van Kanegan about FQHC rates could be shared with the committee. Ms. Pulliam answered it wasn't on the agenda, but it can be sent out via email.

Illinois State Dental Society Update

Dr. Simon started the ISDS update with the challenges of processing orthodontic claims and HFS' standards. There's resistance in reinstating automatic qualifiers and because of that ISDS drafted a proposal to utilize the American Association of Orthodontic (AAO) Automatic Qualifiers. If HFS cannot make this change, ISDS will pursue legislation that codifies orthodontic automatic qualifiers as part of ISDS' legislative agenda. Dr. Grinter asked for HFS' input. Mr. Jimenez shared that we're discussing the tool, doing research, but HFS is aware of the potential legislation. Dr. Lotsof commented that the State of Illinois once had the modified Salzmann index which was a scoring system, that no one really liked. Then a group of 11 auto qualifiers was introduced and the administration of that was much easier but the approval rate went up five-fold and it had a negative effect on the budget. From there the State went to a combination of the HLD Index with automatic qualifiers. Dr. Lotsof mentioned these systems work but the question is how much is allotted for ortho and how do we use this criteria to stay in budget. Mr. Dave Marsh informed the committee that the language has been introduced into the legislature, adding their goal is to either come up with an agreement with the department to either include the new AAO qualifiers or some modification that works for both, orthodontists, and the Department. Mr. Jimenez commented that it's not only a budgetary item, but it's also a high utilization rate so we need to tailor that tool to make sure our limited resources to the appropriate individuals.

Dr. Simon continued stating that ISDS made a recommendation that was approved to pursue legislation regarding changing the anesthesia limitations for children and disabled adults if HFS does not change their policy. Dr. Lamberghini added there's a big constraint on the provider side on the anesthesia limitation. Dr. Grinter asked for comments from HFS. Mr. Jimenez asked Dr. Simon if they're recommending capping it at a certain number or lifting the limitations all together. Dr. Simon answered they do not have a specific recommendation at this point. Mr. Marsh added they do have a recommendation but doesn't remember exactly what it was.

Dr. Simon announced the annual ISDS Access to Care Conference scheduled for May 2, 2023, at the President Abraham Lincoln Springfield Doubletree Hotel.

Dr. Simon brought up that he hopes our program can get more in line with fee balancing. Dr. Simon gave examples that a periodic exam is reimbursed higher than a comprehensive exam. Occlusal composites are still reimbursed less than the sealants. Dr. Simon added the newest rate increase elevated the reimbursement for a surgical extraction. However, that fee now exceeds the reimbursement for soft tissue impaction. Dr. Simon lastly brought up for consideration that occasionally a Medicaid provider gets a patient who has primary insurance coverage that is not through the Medicaid program along with secondary coverage that is Medicaid. It puts providers in a precarious situation because the primary carrier will typically have a deductible that needs to be collected from the patient and waiting deductibles is not legally doable. At the same time, Medicaid is not allowing providers to charge a patient for

covered services. Providers are potentially faced with fraudulent practices to the insurance and the Medicaid program.

Dr. DePorter asked Mr. Marsh and Dr. Simon if the proposed legislation is to just have the auto qualifiers as the measuring stick or also have an adjunct with a HLD score for auto qualifiers that aren't met. Mr. Marsh answered right now it's just the AAO auto qualifiers, but open to any modification or discussion.

Dental School Updates

Dr. Hanna asked about the status of adding retreatment root canal therapy codes. Mrs. McCutchan stated that she will check the status of the recommendation.

Adjournment

Dr. Lotsof made a motion to adjourn the meeting at 2:46. Dr. Thommes seconded the motion.

The next meeting is April 26, 2023, at 1:00 pm.