Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
July 29, 2026

Dental Policy Review Committee Members Present
Dr. Jason Grinter, Chair, Delta Dental, Onsite Dental
Dr. David DePorter, Envolve
Dr. Danny Hanna, University of Illinois Chicago
Dr. Cyrus Oates, Oates Dental
Dr. Henry Lotsof, Avesis
Dr. James Thommes, DentaQuest
Ann Tuscher, Chicago Department of Public Health
Dr. Anushree Tiwari, Illinois Department of Public Health
Dr. Ryan Tuscher, PCC Community Wellness Center
Lindsay Wagahoff, Illinois State Dental Society
Dr. Sodabeh Etminan
Dr. Geri Jones-Sarpong

Dental Policy Review Committee Members Not Present
Dr. Flavia Lamberghini, University of Illinois Chicago/Apple Dental Care

HFS
Dr. Arvind Goyal, Medical Director
Seth Ovington, Bureau of Professional and Ancillary Services
Mary Richey, Office of the Inspector General
Bradley Ray, Bureau of Professional and Ancillary Services
Pamela Cuffle, Bureau of Professional and Ancillary Services
Kelly Pulliam, Bureau of Professional and Ancillary Services
Jose Jimenez, Bureau Chief-Bureau of Professional and Ancillary Services

Other Interested Parties
Dr. Dan Ketteman, Interim Assistant Dean for Clinical Affairs, SIU-SDM
LaDessa Cobb, DentaQuest
Kathryn Klein, DentaQuest
Elizabeth Nicely-Erickson, DentaQuest
Shannon Horrigan, DentaQuest
Sheri Foran, Illinois Department of Public Health
Wendy Szymarek, Illinois Department of Public Health
Lisa Masinter, Illinois Department of Public Health
Melissa Stalets, Illinois Department of Public Health
Monica Dunn, Illinois Department of Public Health
Laura Baus
Sarah Sugar
Brianna Lantz
Elvina McHenry
Jazmeir Miller
Citywide Smiles

1. **CALL TO ORDER:**
    a. Dr. Grinter called the meeting to order at 1:00 pm
2. **ROLL CALL OF COMMITTEE MEMBERS**
    With 12 members present, a quorum was established.
3. **OLD BUSINESS**
    a. **Meeting Minutes from April 15, 2026**
        i. Motion to approve the meeting minutes as written. Dr. Thommes motioned to approve followed by a second from Ms. Tuscher. Motion approved.
    b. **D7471, D7472, D7473 Update**
        i. Dr. Grinter summarized those codes as follows:
            1. D7471-removal of exostosis priced at $175.22 limited to once per lifetime per quadrant.
            2. D7472 removal of tori priced at $213.43 limited to once per lifetime per patient.
            3. D7473 removal of lower tori priced at $203.25 limited to once per lifetime per quadrant.
4. **NEW BUSINESS**
    a. **New Committee Member Introduction**
        i. Dr. Grinter introduced Dr. Etminan, Dr. Jones-Sarpong, Dr. Tiwari.
    b. **Subcommittee Recommendations for All Kids School Program**
        i. Dr. Grinter stated that at the last meeting it was discussed and decided to have a formal subcommittee to look at the All-Kids School Program quality assurance checklist. There were two meetings that were open to the public and reviewed approximately a hundred QA checklist items that the school based oral health program uses with the IDPH to do an unannounced visit in the school program.
        ii. Dr. Grinter asked the committee to approve and asked for Ayes, Nays, Abstentions or discussions. Committee members voted in the affirmative with one abstention. Dr. Grinter stated that the recommendations have been approved by the committee and thanked the members who served on the subcommittee.
    c. **2027 CDT Code Updates**
        i. Dr. Thommes again stated that these are recommendations and questions could be asked afterwards.
            1. D1209- application of caries preventative medicament topical, non-fluoride, full mouth. The recommendation is to add the code and edit against the D1206 and 1208. If allowing for once per six months on those two codes allow D1209 and match the fee for D1206
            2. D4324/D4325-repair of fixed splints, intra-coronal and extra-coronal natural teeth or prosthetic crowns. The recommendation is to match the frequency of the splits and only cover if periodontal splits are covered. If it's not covered then the repair would not be covered. If it is covered then the frequency would be no greater than we do for the split. The fee recommendation is 15% of the

split.

3. D4326/D4327-removal of fixed splints intra-coronal and extra-coronal natural teeth or prosthetic crowns. The recommendation is again only if the splint is covered. The fee is matched to D1557 which Dr. Thommes believed to be the space maintainer removal code. The limit would be recommended too, not allowed by the provider who placed the splint.
4. D5521/D5222-replace all teeth on complete denture maxillary and mandibular. The recommendation is to cross check against the other full dentures in that arch. What is not wanted is someone replacing all the teeth getting the benefit and making a new denture a year later. Only cover if the full denture is covered and a 40% fee for replacing the teeth.
5. D5859-placement of the semi-precision attachment on a natural tooth. The recommendation is once in a lifetime per tooth and matching the fee to D6191 as D5859 is the natural tooth version.
6. D5950/D5961-auricular and nasal moldings. The recommendation is that these should only be covered if the existing D5900 series prosthesis are covered. If the auricular and nasal prosthesis are covered then it would be put at a difference between the covered fee and the fee for the impression. This is basically unbundling the code as it was and breaking it into 3 parts. So, the thought is to keep its budget neutral by taking the 3 parts and making them equal the whole.
7. D5998- repair maxillofacial prosthesis by report. This is a generic code so it would only be covered if the D5900 series were covered and would need to be evaluated to see what is paid on other D5900 series codes.
8. D6108-placement of the healing cap on an implant body. The recommendation is not to add it as this should be part of the implant benefit.
9. D6109-removal of a screw retained indirect restoration on an implant. The recommendation is that this should already be included in the implant retained restorations and not to add.
10. D6124/D6125 -implant abutment retained interim fixed dentures for partially edentulous arch, maxillary/mandibular. The recommendation is to only cover if the implant codes are covered. If covering, then this would be matched to an interim partial denture as far as a fee.
11. D6126-replace all teeth and acrylic on hybrid prosthesis per arch. The recommendation is to cross-check against other existing codes with a 40% fee which is like some of the other repair or replacement codes.
12. D7882-repair or reline of an occlusal orthotic device. The recommendation is to match frequency of D7880 and if D7880 is covered it would be covered at 15% of other prosthetic fee recommendations

13. D8689-re-cement or re-bond orthotic fixed appliance. The recommendation is to match the re-cement of a space maintainer and only if D8220 is covered.
14. D9127-chemodenercation of salivary gland by report. The recommendation is to pay by report or match code D7981 and only cover if D7981 is covered
15. D9132/D9134/D9136/D9138/D9140/D9142-various nerve blocks with or without a corticosteroid to provide relief from oral facial pain. The recommendation is to bill medical and not dental. If covered then the suggestion is not to allow it with any of the 2,3,4,5900,6000,7000 series or any other anesthesia codes.
16. D9937-cleaning and inspection of an occlusal orthotic device once per 12 months. Recommendation is to match D9932 and cover only if D7880 is covered.
17. D9958-overnight pulse oximetry. The recommendation is to have that go to medical and no further recommendation currently.
18. D9998-dental case management, pediatric to adult transition services, patients with special health care needs. The recommendation is once per lifetime and cover only if the other D9991 to D9994 are covered and match the D9994 fee.
19. D2390 is being changed from resin composite crown, anterior to resin composite crown, direct. The program can not limit the teeth but is an expansion of a benefit if the decision is to cover all the teeth.
20. D8210/D8220 is being changed from removable/fixed appliance therapy to adjunctive orthodontic therapy removable/fixed appliance. The recommendation is for any state to continue to consider leaving these as harmful habit appliances.
21. D9130 is TMJ dysfunction noninvasive physical therapy. This used to be a single use code and is now set in 15-minute increments. The recommendation is to limit the number of increments so if it is covered the limit could be by the number of services per day and divide that fee or allow more.
22. D9910 is being changed from application of desensitizing medicament to application of desensitizing medicament-per tooth. The recommendation is to limit it to one tooth per day or one instance per day. If allowing per tooth, then take the existing fee and divide by 32 and then allow it.

d. **SDF Benefit Limitation**
    i. Dr. Grinter brought up that at the Illinois Oral Health Coalition meeting in June one of the issues brought up was Silver Diamine Fluoride. Dr. Grinter advised that in previous discussions it was bought up that the SDF ions do positively improve other adjacent teeth. If there is to be a discussion it would have to be limited to the frequency of this code.

e. **DENTAL PROGRAM UPDATES**
    i. Ms. Pulliam thanked all the committee members for their work and

welcomed the new board members. Ms. Pulliam thanked Dr. Thommes for the CDT presentation. Ms. Pulliam advised that the update for the Dental Program is that provider revalidation through IMPACT is ongoing. Ms. Pulliam reminded that committee that this is happening throughout all HFS and not just the department. The program is trying to bring awareness to providers as they attend conferences.

f. **IDPH UPDATES**
    i. Dr. Tiwari advised that there were no updates and asked if there could be further discussions about the QA checklist and if the question about the use of x-rays could be discussed further.

g. **ISDS UPDATES**
    i. Ms. Wagahoff advised that ISDS has been working closely with the HFS IMPACT team to assist providers with revalidation and enrollment. ISDS just had a conversation with the Medicaid Technical Assistance Center to make things more accessible to dentists. ISDS is also working with MCO's.

5. OPEN DISCUSSION FOR COMMITTEE MEMBERS

a. Dr. Etminan brought up a credentialing issue that has come up with IMPACT and trying to enroll a provider in more than nine sites.
b. Ms. Cuffle advised that there are three dates and two provider notices have been sent out and were posted on the HFS provider notice page, on those dates. The dates are August 5th, August 9th, and August 14th are all offered at different times. Ms. Cuffle stated that they are asking for all participants, all dentists, and all public health dental hygienists to attend,
c. Dr. Hanna advised that an oral surgeon on staff brought up that code D7922-placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, charged per site is not a covered procedure and if possible, to have a presentation provided to us on the next meeting and see if we want to consider covering it.

6. OPEN DISCUSSION FOR THE PUBLIC

a. Ms. Baus asked if the recent telehealth bill that passed would affect the school dental program and if so, those changes would be implemented this coming school year. Ms. Baus asked if something could be added to the agenda for next meeting regarding IDPH direct Medicaid reimbursement for public health dental hygienists and if there was any update on this matter.

7. ADJOURNMENT

a. Dr. Grinter advised of the next meeting on Wednesday, October 21st. Motion to adjourn by Dr. Etminan, second by Dr. Tuscher. Meeting adjourned at 2:12p.m.