

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
October 19, 2022

Dental Policy Review Committee Members Present

Dr. Jason Grinter, Delta Dental
Dr. Jim Thommes, DentaQuest
Dr. Mona Van Kanegan, Illinois Department of Public Health
Dr. Kathy Shafer, Southern Illinois University
Dr. Cyrus Oates, Oates Dental
Dr. Henry Lotsof, Avesis
Ann Tuscher, Chicago Department of Public Health
Dr. David DePorter, Envolve Health

Dental Policy Review Committee Members Not Present

Dr. Bill Simon, Illinois State Dental Society
Dr. Danny Hanna, University of Illinois Chicago

HFS

Jose Jimenez, Bureau of Professional and Ancillary Services
Kelly Pulliam, Bureau of Professional and Ancillary Services
Ryan Dickerson, Bureau of Professional and Ancillary Services
Mary Richey, Office of the Inspector General

Other Interest Parties

Dr. Robert Rada
Dr. James Benz
Dr. Geisel Collazo, UIC Craniofacial Center
Dave Marsh, Illinois State Dental Society
Lindsay Wagahoff, Illinois State Dental Society
David Thielemier, DentaQuest
Pedro Medina-Cuevas
Dani Brazee
Laura Bauss, Illinois Dental Hygienist Association
Dr. Sharon Perlman
Jennifer Boyd
Wendy Hedrick
Bhakti Desai
Brock Ingmire

Call to Order

Old Business

Meeting Minutes

Dr. Jason Grinter asked if anyone had any changes or suggestions to the meeting minutes from the July 27th meeting. There were none. Dr. Henry Lotsof made a motion to approve. Dr. Jim Thommes second the motion. Motion passed

New Business

Agenda

Dr. Grinter asked if anyone had any changes, suggestions, or updates to the agenda. There were none. Ms. Ann Tuscher made a motion to approve the agenda. Dr. Thommes second the motion. Motion passed.

Board Updates

2023 Dates

Dr. Grinter announced the DPRC meeting dates for 2023. They are:

January 25, 2023

April 26, 2023

July 26, 2023

October 18, 2023

Membership

Dr. Grinter announced. Dr. Randall Markarian stepped down due to a conflict with his new position with the ADA. Currently we're working with HFS to finalize the board and letters will be sent soon to new board members effective at the January meeting.

Dental Rates

Dr. Grinter brought up that the committee needs to finalize the recommendation from the Dental Rate Subcommittee's approved 2023 dental rate increase. Dr. Grinter reminded the committee that preventative codes were increased 5%, and the additional codes listed increased to 16% with the exception of the palliative treatment of D9110. Dr. Grinter asked if there were any questions or comments. There were none. Dr. Grinter asked for a motion to approve the rate increases effective January 1, 2023. Dr. Thommes made a motion to approve. Dr. Cyrus Oates second the motion. No one opposed. Motion passes unanimously.

Anesthesia

Dr. Grinter explained one of the main objectives of today's meeting was to have an open discussion on anesthesia codes. Dr. James Benz, the chair of the department of dentistry at Advocate Illinois Masonic Medical explained their challenges is that anesthesia is being capped at six units (an hour and a half) with DentaQuest and Envolve. Adding that their cases routinely run three to four hours. Dr. Benz asked the MCO's to reconsider limiting the six units of anesthesia. Dr. Grinter asked if it states six units of benefit limitation in any type of manual, or if that's just what has been gathered. Dr. Benz responded that's what they have been told when getting their claims back. Dr. Benz gave an example where they bill for 12 units, and it will come back limited to six and the other six were denied.

Dr. Robert Rada added that it's unsafe to do an hour and a half. We can work for an hour and a half, bring the patient back and then go through the induction of the anesthesia. That's an area

where there's high risk of problems in the beginning part of the anesthesia. Dr. Rada added that he does not believe over two hours of moderate sedation is a good idea. The body cannot take that. If we could get to a two-hour maximum, it would help a lot. Dr. Rada brought up that it's difficult to understand if a prior approval is going to be accepted. Giving an example that he had prior approval for a patient and sent in the procedure to be paid and received \$0 for it. Dr. Rada continued that it's very difficult to work with the companies at this point. And just going ahead and charging the fees and those who can afford it, great. Those who can't we're going to look at it as a tough luck situation. It's wrong to do that to people with disabilities. It's morally and socially wrong, but financially it's untenable.

Dr. Van Kanegan asked Dr. Benz if his cost per case subtract out cost supported by other sources of funding, like federal dollars from GME. Dr. Benz responded that their budget template for their overhead includes paying dentist anesthesiologists and covering the cost of associated supplies, essentially the dental assistants and facility charge. The resident stipend is covered by GME dollars.

Dr. Grinter asked if a procedure ran two hours, and two units were denied would it be appropriate to go through an appeal process to validate chart records and length of appointment. If that was the case, would it then be processed for payment or still be denied. Dr. Thommes answered if it got appealed and there was not a prior authorization under EPSDT for the additional units it would get denied and the adult would get capped at six. Ms. Kelly Pulliam answered that there is an appeal process although she understands the frustration of doing your work, submitting your claim, then having to appeal it. Ms. Pulliam added that she and Dr. Grinter looked through fee for service data going back to 2019 for exceeds max benefits for anesthesia. Only 195 lines of service denied for just exceeding max benefit. The majority were patient not eligible, duplicates, and documentation missing. The 195 service lines are important, and we want to move forward with discussions but wanted to mention there are other reasons for denials. Ms. Pulliam asked Dr. Benz how many times a year are you experiencing billing for 12 units and six were denied. Dr. Benz replied from May 5th to September 23rd they ran 107 cases. Out of the 107 cases approximately 33 had significant write offs. To date denied about \$81,000 about half of what was submitted has been denied. Dr. Thommes asked Dr. Benz if the special needs patients they're treating are children and adults. Dr. Benz responded yes. Dr. Thommes then asked Dr. Benz if he's sending in any type of prior authorization on the children to exceed the benefit limit. Dr. Benz responded no, because most of the time they have very little information about what they're going to be doing during the procedure. If they're sedating pediatric patients, it's going to go beyond the hour and a half 100% of the time. Dr. Thommes responded from his understanding in Illinois EPSDT rules apply under the age of 21, and we can exceed the benefits under the age of 21 if medical necessity is demonstrated. However, EPSDT also in Illinois is required to be a prior auth, so it can't be submitted on a claims base. That is why you would be capped at six units, which is the limit. Dr. Thommes taking a guess most of the anesthesia charges we receive are from oral surgeons and not like folks like Dr. Benz and Dr. Rada who are doing full mouth rehab on children who have great need. The way around this for under 21, is EPSDT which is the overlying federal regulation says we must improve things that are medically necessary his best guess is EPSDT was set up to be looked at on a prior auth and post treatment then it certainly would be done. It's just not set up that way right now. Dr. Thommes is not sure who makes that decision. Dr. Thommes added the other piece to this is over 21 and EPSDT does not come into play

Dr. Thommes asked Dr. Benz on what he meant by facility fee. Dr. Benz explained they're an outpatient dental center and we pay essentially "rent" to the hospital, so there's fixed overhead. It's not an AFC type of certification facility fee.

Dr. Thommes asked what kind of recommendation we want to make. For under 21 we should be looking at medical necessity prior auth or with claim. Or for over 21 do we keep the limit to six because it's a program and it's got a budget. Or is there something we should be looking at for medical necessity also beyond the six units. That's for this committee to make a recommendation to HFS then for them to make their decision. Dr. Grinter asked the committee if they're in favor of recommending the removal of the cap of six units to allow individuals with disabilities the ability to get the dental treatment they need. Dr. Shafer said yes. Dr. Grinter added that they have heard some strong testimony that the system does not always work for everybody, and we don't want to limit dental treatment for individuals with disabilities. Ms. Pulliam wanted everyone to think back of why six units were originally in place as a benefit limitation. Dr. Grinter responded that from Dr. Thommes' recollection it was mostly to protect against excessive billing for oral surgery procedures. Dr. Grinter added that we are talking about dental fees. It has no implication for the operating room, it has the implication for outpatient dental treatment. Dr. Oates wanted to know more about the history of why there is a cap then how we can address increasing the time. Dr. Grinter didn't think it was written in the Office Reference Manual it's just an understanding that the procedure codes have been processed. Dr. Shafer brought up that their cases last a lot longer than six units.

Dr. VanKanegan made a motion that the department considers the removal of the six-unit cap for anesthesia services. Dr. Shafer seconded the motion. No one opposed. Motion passes.

Dr. Sharon Pearlman encouraged the committee to eliminate the loophole for EPSDT cases that go past the allotted amount. If it has not been preapproved, it will not be considered. Dr. Thommes brought up if we change the limitation EPSDT wouldn't come into play.

Dental Program Updates

All Kids School Dental Program

Ms. Pulliam announced the All-Kids School Dental Program kicked off last month. Currently there are 146 approved providers. Also, this year we're allowing public health dental hygienists. They are allowed to go into the school without the supervision of the dentist. Currently we have four approved, and six that are pending.

Ms. Laura Baus, Illinois Dental Hygienist Association asked roughly how many RDH's are employed through the Illinois school system that are not PHDH's. Dr. Grinter didn't think that information was collected, just the dentists through the registration process. Dr. Van Kanegan could estimate it, but there's potential for error.

Dr. Oates asked for the process to for his PHDH to enroll in the All-Kids School Dental Program. Ms. Pulliam answered they need to have a NPI and then be enrolled in IMPACT. Once that's done, let HFS know that you're adding that PHDH to your application. They will bill under you and on box 35 on the claim form you would need to put the dental hygienist's name.

Dr. Van Kanegan brought up their sister agency, Department of Human Services had an RFP for oral health care for children and adults and only had two applicants. She wanted to encourage the providers in the southern part of the state to consider applying. The application is for grant funding to provide oral health services for special care patients whose care was

beyond what the Medicaid program covers. The annual application comes out in February or March and check the grant website.

Dr. Grinter asked if there was a resolution to public health hygienists using telehealth independently of a dentist being reimbursable. Ms. Baus responded that one of the programs is and it's not been an issue. Ms. Jennifer Boyd added a comment that they're taking photos and the dentist can complete the exam from the photos. They aren't billing tele dentistry only the exam. Dr. Thommes said from his understanding tele dentistry needs to be billed with D0140 limited exam. Dr. Grinter asked if the tele dentistry code wasn't used could they still submit for an exam. Dr. Thommes answered that if we didn't know it was tele dentistry, any other D0140 limitation would come in. Once it comes in as tele dentistry it should be paying as a D0140 as tele dentistry is a reporting mechanism. Dr. Grinter asked Ms. Tuscher if they have any public health hygienists in the Chicago school program. Ms. Tuscher answered no, because there were issues getting everyone up and going and they're just now getting into the schools. Dr. Oates understands that each dentist is allowed to have four treatment chairs and asked if that includes public health dental hygienists. Dr. Van Kanegan answered that it does not include the two PHDH's.

Illinois Department of Public Health Updates

Dr. Van Kanegan announced that they are working to make sure that the PHDH's are working with the primary provider in the school setting to make sure the follow up care plan is established with the collaborative dentist.

Dr. Van Kanegan announced that school reviews have partnered with HFS. Feel free to talk with the people out there, they want you to do the best work that can be done in a school setting.

Dr. Van Kanegan acknowledged setbacks with the Illinois State Board of Education's anaphylaxis policy, so IDPH put together an information sheet. The Illinois State Board of Education has been advised that many school districts are not knowledgeable about their policy. IDPH is working with the school providers to make sure that the schools are responding to the policy requirement.

Illinois State Dental Society

Mr. Dave Marsh clarified the public health dental hygienists. The dentist can supervise two PHDH's with an agreement independently and they can supervise four hygienists but that's under the other supervision requirements.

Mr. Marsh brought up their Government Affairs Committee is meeting next Friday, and, on the agenda, there will be anesthesia limitation as well as orthodontic standard care along with auto qualifier.

Mr. Marsh asked for a copy of the approved rate increase. Ms. Pulliam answered that once the meeting is over the rates will be sent to everyone on the committee. Mr. Jose Jimenez asked if they can still be called proposed rates as we are still in the process of getting federal approval for the rates and does not want to interfere with federal approval. Mr. Marsh understood completely. Mr. Marsh added that until their board approved the legislative agenda for December, he wanted to bring up those issues that will be coming out. Mr. Marsh informed Mr. Jimenez whatever comes from that, that deals from his agency they'll have conversations about.

Mr. Marsh added that there's still a lot of interest on the legislative side in the Veteran's Program they started. Last year there was \$1 million appropriated to the veteran's Department of Veterans Affairs. They are going to increase care in the veterans' homes around the state, using that appropriation. But Mr. Marsh still wants to pursue an opportunity to get HFS involved.

Dental School Updates

Dr. Kathy Shafer announced they opened a graduate orthodontic program so they're seeing more orthodontic patients for full care.

Dr. Shafer appreciated the anesthesia discussions and thought it will help their program a lot.

Dr. Shafer mentioned that they are getting a lot of calls from the MCOs and have a very long wait list but trying their best to get everyone into the clinic. They're still seeing emergency patients but as far as becoming a patient, they're doing the best they can do.

Dr. Van Kanegan wanted to put on a future agenda how FQHC rates are established. Dr. Van Kanegan added they challenge her to find referral needs for specialty care, so if she'd like a listing of the specialists that are Medicaid enrolled providers. Ms. Pulliam verified if Dr. Van Kanegan was asking about the encounter rates and how they're calculated for the increases every year. Dr. Van Kanegan answered yes, and someone told her that HFS caps it. Mr. Jimenez explained that HFS has an entire team that does that, and the rates are unique based on every individual FQHCs. Mr. Jimenez added that they received a significant rate increase last year. Mr. Jimenez said that we'll try to get the rate development team to give a high-level description at the next meeting on how the FQHC rates are established.

Open Discussion

The UIC Craniofacial Center gave the committee a presentation on orthodontic and prosthodontic needs.

Dr. Grinter wanted to understand correctly. In the past when we had the auto qualifiers cleft pallet would be an auto qualifier but asked in their experience that is not an auto qualifier with the HLD score. Dr. Geisel Collazo answered they understand that it's very complicated for reviewers to understand but they're finding the cases get denied based on the HLD score along without overriding the auto qualifier. Dr. Thommes brought up a couple issues. The cleft pallet stands alone and there's no accounting for the cranial facial anomalies. Also, with cleft cases there's phase treatment and whether it's Illinois or any other state doesn't address phase treatment for cleft cases. Dr. Thommes added that clefts should be approved and if we've missed any those should be appealed with the appropriate documentation. They should not be scored with a HLD because they would be auto approved but the state currently limits it to cleft palate not the cranial facial ones. Dr. Thommes adding he would not be opposed to adding that and as far as phase treatment goes it doesn't exist now in these programs. Dr. Van Kanegan noted that 200 children with craniofacial anomalies are born in Illinois every year.

Dr. Grinter asked the UIC Craniofacial Center if it would benefit to make a recommendation to extend the auto qualifier to include craniofacial anomalies along with cleft pallet auto qualification. They answered yes.

Dr. Van Kanegan made the motion that auto qualifiers be added to cases of craniofacial anomalies and not limited to cleft lip and cleft palate. Dr. Thommes seconded the motion. No one opposed, motion passes.

Adjournment

Dr. Thommes made a motion to adjourn. Dr. Grinter adjourned the meeting at 2:25.

Next meeting is January 25, 2023