

Provider Newsletter Fall 2006

Preventive Dentistry News: Fluoride Varnish and Gel

The American Dental Association recently released its Executive Summary of Evidence-Based Clinical Recommendations for Professionally Applied Topical Fluoride (See the Special JADA Insert, JADA, August 2006). **The Recommendations noted that for patients under six years of age and who have moderate or high risk of caries there is strong evidence that fluoride varnish applied twice a year or four times a year is effective in preventing caries. The Recommendations also noted that for patients age six to eighteen who have moderate or high risk of caries there is strong evidence that fluoride varnish applied twice a year or four times a year and that fluoride gel applied twice a year are effective in preventing caries.** Moderate risk patients were defined as: 1) patients up to 18 years of age who have had no caries or recurrent caries in the last three years but who have at least one risk factor for caries, such as poor oral hygiene, cariogenic diet, prolonged nursing or bottle, poor family dental health, etc.; or 2) patients age 6-18 who have had one or two incipient or cavitated carious lesions in the last three years. High risk patients are: 1) patients under six years of age who have had any incipient or cavitated carious lesion in the last three years or have multiple risk factors; or 2) patients 6 to 18 years of age who have three or more incipient or cavitated carious lesions in the last three years or have multiple risk factors.

Using your professional judgment, you should apply these recommendations to determine the appropriate preventive measures for each WDS enrollee in your practice.

Please note that the ADA recommendations are timely in that, in January 2007, there will be two new applicable CDT codes. They are: **D0145 – Oral evaluation for a patient under three years of age and counseling with primary caregiver** which applies to diagnostic and preventive services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver; and, **D1206 – Topical fluoride varnish; therapeutic application for moderate to high caries risk patients.** Please be advised that D0145 is covered by all WDS plans at the same copayment as D0150 – Comprehensive examination, and D1206 is covered by all WDS plans at the same copayment as D1203 and D1205 – Topical application of fluoride.



Encounter Data Submission

The California Knox-Keene Act requires all Dental HMOs to monitor plan enrollee utilization. The WDS Utilization Management (UM) Committee meets on a quarterly basis to review utilization trends to ensure that Plan enrollees are receiving services. WDS also uses the utilization data to develop new plans and review existing provider compensation for the managed care dental program.

Please submit your encounter data by the 10th day of the month for the previous month's encounters. To submit monthly encounter data, you may use WDS pre-printed duplicate forms or submit your computerized encounter data report. Encounter forms are available by calling 1-800-811-5111.

Provider Dispute Resolution Process

As previously notified, providers have the right to utilize the WDS dispute resolution process which was developed to provide a fast, fair and cost-effective dispute resolution mechanism. WDS will not discriminate or retaliate against a provider (including, but not limited to, the cancellation of the provider's contract) because the provider filed a provider dispute. The dispute process is available at no cost to the provider. For additional information regarding the provider dispute process, please contact the Provider Relations Department at 1-800-811-5111



2006 Facility and Chart Audits

To ensure that it's enrollees receive quality dental services, WDS performs on-site audits of its contracted offices for compliance with the accepted professional standards for infection control, cleanliness, safety, chart documentation, treatment planning and treatment outcome. During 2006, over 200 such audits were performed. Although the overall results were favorable, need for improvement was most likely to be reported in the following listed audit items. Please review each item, and ensure that your office is in compliance. Should you require assistance with compliance or should you have any questions, please contact WDS Provider Relations at (800) 811-5111.

- *Occlusal/TMJ status documented.* An Occlusal/TMJ examination should be performed and documented for all patients at initial and recall examinations.
- *Existing Prosthetics documented.* All existing prosthetics should be documented, including the age and condition of the appliance. In addition, the absence of prosthetics when there are missing teeth should also be documented.
- *Adequate documentation of Informed Consent.* An informed consent document should be present in the patient chart to evidence that an informed consent discussion occurred prior to performing services. The document should indicate

the procedures the patient will receive, it should note the risks, benefits and alternatives to treatment, and it should be signed and dated by the patient and the dentist. Other documentation evidencing that the informed consent discussion occurred may also be acceptable.

- *Diagnosis of Periodontal Disease is Documented and is Consistent with Radiographs, etc.* For all patients, the periodontal case type should be recorded. In addition, the case type should be supported by the clinical and radiographic findings.
- *Perio Post-treatment Follow-up/Outcome.* After initial periodontal therapy is completed, the patient should be appointed for a re-evaluation to determine the effectiveness of the treatment provided as well as to determine whether there is need for any surgical periodontal treatments.
- *Rubber dam used (endodontic procedures).* Use of rubber dam should be documented for all root canal therapy performed. In instances where rubber dam cannot be used, the documentation should list any factors preventing placement of the rubber dam.



Bisphosphonate Warning: Osteonecrosis of the Jaw

Over the past few months, there have been several articles in the dental literature regarding patients taking medications containing bisphosphonates who developed **bisphosphonate-associated osteonecrosis of the jaw (BON)** after extractions or other surgical dental procedures. Bisphosphonates are used to treat multiple myeloma, Paget's disease of the bone, metastatic cancers of the bone and, more commonly, osteoporosis. Medications containing bisphosphonates include Actonel, Aredia, Bonafos, Boniva, Didronel, Skelid, Zomita and Fosamax. There appears to be consensus that patients taking intra-venous bisphosphonates to treat the cancers affecting bone are at greater risk of developing BON than those who take oral bisphosphonates for osteoporosis.

In June 2006, the American Dental Association published recommendations from an expert panel regarding the treatment of patients who are taking oral medications that contain bisphosphonates. The recommendations are too lengthy to list in their entirety, (they can be found at the ADA website at ada.org). The following are excerpts from the ADA panel's recommendations:

1. The risk for developing BON is very low (0.7 per 100,000 person-years for Fosamax).
2. BON can develop spontaneously.
3. Routine dental exams are recommended. A comprehensive oral evaluation should be carried out on all patients who are about to begin bisphosphonate therapy.
4. Patients taking bisphosphonates should be informed that
 - There is a very low risk of developing BON;
 - There are ways to minimize the risk, but not to eliminate the risk; and

- The consensus is that good oral hygiene along with regular dental care is the best way to lower risk.
5. Routine dental treatment should, generally, not be modified solely on the basis of oral bisphosphonate therapy.
 6. Starting immediately prior to dental surgery that will involve the periosteum or medullary bone (including surgical extractions), chlorhexadine gluconate may be used two times each day for two months to reduce bacteria counts and reduce risk.
 7. The typical clinical presentation of BON includes pain, soft-tissue swelling and infection, loosening of teeth, drainage and exposed bone.

So as to identify all patients in your practice who are taking bisphosphonates, it may be prudent to add an area regarding bisphosphonates to your medical history form. It may also be prudent to add information regarding BON to your informed consent document. The ADA will continue to publish information and recommendations as more become available.



When **LEP (limited English proficient)** WDS Plan Enrollees are receiving care in your office, translation services may be available through Western Dental's Member Services Department. This may be especially important when you are providing details of extensive treatment and/or post-operative instructions and only a minor is available to do the translating.



Please note that under the Healthy Families Program, orthodontic coverage is not a benefit; however, some children may qualify for coverage under the **California Children's Services (CCS) Program**. This means that a child with severe malocclusion ("severely crooked teeth") may be able to get braces through the CCS Program. If you believe a WDS Healthy Family enrollee qualifies, you should send a completed WDS Referral Form and the parent's completed CCS application to the WDS Referral/Claims Department. Please be sure to note that the patient is a Healthy Families enrollee (in the top right corner) and that the child may qualify for orthodontic benefits under the CCS Program (in the Comments section). Include a copy of the FMX (or Panorex) and any other documentation (photos) that may assist in the evaluation for CCS coverage.



To ensure that your **Credentials** are always current, don't forget to submit your renewed credentials to WDS prior to expiration of the previous credential. WDS must maintain copies of your current, valid California dental license, malpractice insurance cover page and DEA certificate in your provider file. Also, please remember to notify WDS Provider Relations whenever your office has a new associate dentist or dental specialist.

