

MEETING HIGHLIGHTS

DENTAL SERVICES SUBCOMMITTEE
Clackamas Community College
Wilsonville Training Center Room 112
Wilsonville, Oregon
February 12, 2009
9:30 – 11:30 a.m.

Members Present: Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DDS; Lynn Ironside, Kristi Jacobo; Deborah Loy; Michael Plunkett, MD; Mike Shirtcliff, DMD.

Members Absent: None.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH; Brandon Repp.

Guests: None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights Darren Coffman first informed those in attendance that the Dental Services Workgroup had been elevated to the status of a permanent subcommittee at the HSC's December 4, 2008 meeting.</p> <p>The highlights of the November 6, 2008 Dental Services Workgroup meeting were reviewed.</p>	<p>No changes were suggested.</p>		
<p>Overview of Methodology for Prioritizing Health Services Darren Coffman reviewed the revised methodology used by the Health Services Commission that resulted in the January 1, 2008 Prioritized List. The methodology places a high emphasis on prevention and chronic disease management. A formula was used that first considers the importance of the broad category of care that a service falls into and secondly, the impact that the service will likely have on both the individual's health and the health of the population as a whole, with the effectiveness of the treatment being a key factor.</p>	<p>None</p>		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Prioritization of Dental Services on January 1, 2009 List Darren Coffman reviewed the initial prioritization of dental services on the 1991 list, their revision as a result of a review by a workgroup convened in 1998 (which also developed the initial dental guidelines at the direction of a budget note to find \$1 M in savings), leading up to the recent placement as a result of the 2008 reprioritization.</p> <p>Mr. Coffman noted that he January 1, 2009 List includes the revisions to the preventive dental services guideline and the placement of the new CDT codes that were recommended to the HSC.</p>	None		
<p>Establish Work Plan for Review of Dental Services on Prioritized List Prior to the next meeting, the members will review the composition of each of eight dental lines and send their comments to staff at a suggested pace of one dental line per week. Comments should include whether or not the code should remain on its current line, move to another line (and which one), and/or whether a guideline should be developed for the service.</p> <p>The subcommittee should also look at those dental services not appearing on the Prioritized List (e.g., diagnostic, ancillary, and excluded services) to see if their current categorization is correct.</p> <p>Additional tasks to be done by the subcommittee at future meetings include:</p> <ul style="list-style-type: none"> • Review current dental services guidelines besides the preventive services guideline • Look at MAC report on recommendations regarding dental services • Consider splitting urgent and emergent care (e.g., sharp tooth vs. chronic maxillary sinus abscess) • Look at the individual and population measure ratings for the prioritization methodology after lines are split or merged to make sure their values have not changed. 	<p>Staff will distribute by e-mail, within the next week, a listing of each dental code and their description for each dental line.</p> <p>Send MAC report and draft DMAP admin rules.</p>	<p>Brandon/ Darren</p> <p>Brandon/ Darren</p>	<p>Within 1 week</p> <p>ASAP</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Establish Work Plan for Review of Dental Services on Prioritized List (Cont'd)</p> <ul style="list-style-type: none"> • Determine federal restrictions that don't allow physicians to get paid for looking for cavities. • Review draft changes in DMAP administrative dental rules. 			
<p>Begin Review of the Prioritization of Dental Services</p> <p>This agenda item was carried forward to the next meeting.</p>	None		
<p>Public Comment</p> <p>No public comment was offered at this time.</p>	None		
<p>Next Steps</p> <p>The next meeting of the subcommittee will be held on Monday, April 27th from 1:00 - 4:00 pm.</p>	Send e-mail of location of meeting when determined.	Dorothy	ASAP
<p>Adjournment</p> <p>The meeting was adjourned by Dr. Dodson at 11:25 am.</p>			

MEETING HIGHLIGHTS

DENTAL SERVICES SUBCOMMITTEE
Clackamas Community College
Wilsonville Training Center Room 112
Wilsonville, Oregon
April 27, 2009
1:00 – 4:00 p.m.

Members Present: Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Lynn Ironside, Kristi Jacobo; Deborah Loy; Michael Plunkett, MD; Mike Shirtcliff, DMD.

Members Absent: None.

Staff Present: Darren Coffman; Brandon Repp.

Guests: None.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of Meeting Highlights The highlights of the February 12, 2009 Dental Services Workgroup meeting were reviewed.	No changes were suggested.		
Review of Work Plan for Review of Dental Services on Prioritized List Darren commended the members for having perfect attendance for a second time in a row. The subcommittees' future work includes: <ul style="list-style-type: none"> • Review the eight “dental lines.” • Review dental codes not on the Prioritized List: These could include ancillary codes as well as services not covered. • Review the five guidelines associated with dental services. • Identify and review any med-surgical lines including dental services (e.g., cleft palate). 	The goal for this meeting is to review the first three lines.		
Review of Prioritization of Dental Services on January 1, 2009 List Darren began by reviewing the meeting document entitled, “Codes Currently on Dental Services Lines – Responses as of 4/23/09.” Lines with a “checkmark” indicate some type of issue that needs discussion; lines with a “question mark” indicate no response or comment was received about that line.	Items requiring research: 526.4 (Inflammatory Conditions Of Jaw) - Might also appear on another line.	Staff	Next meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Prioritization of Dental Services on January 1, 2009 List (Cont'd) ICD-9-CM and CPT codes are included on the dental lines to accommodate certain providers, such as emergency room physicians and Indian Health Services clinics, who are required by law to use those codes, in addition to or rather than CDT codes.</p> <p>The group discussed conditions which are considered to be “urgent” (should be responded to by the end of the day, addressed within 7-14 days) verses “emergent,” defined as intractable pain, trauma, bleeding that doesn’t stop; swelling in the face or airway (should be responded to in an hour, addressed within 24 hours). Conditions meeting those criteria are noted on <i>Attachment A</i> as “U” or “E.” The subcommittee will divide line 59, DENTAL CONDITIONS (EG. INFECTIONS)/URGENT AND EMERGENT DENTAL SERVICES, into two separate lines. Darren mentioned that the two new lines will need to be evaluated using the Commission’s prioritization process to determine the correct ranking of each line on the Prioritized List.</p> <p>The members wondered if it is possible to find out how much is being spent on particular codes. Darren clarified that the information should be more accessible now that HSC staff has direct access to the utilization data.</p>	<p>Items requiring research (Cont'd):</p> <p>V72.2 (Dental Examination) - Should this code be on every dental line?</p> <p>D5951 (Feeding Aid) - Move to a medical or non-emergent line. Consider cleft palate line.</p> <p>D7241 (Removal Of Impacted Tooth- Completely Bony, With Unusual Surgical Complications) – Consider adding a guideline note.</p> <p>D9410 (House / Extended Care Facility Call) - DMAP has this code as not covered (FFS), but it is and “exception” in the encounter system. DMAP can rewrite rules to include a statement clarifying this code is not to be used for preventive services.</p> <p>Please see <i>Attachment A</i> for a summary of all of the subcommittee’s recommendations for Line 59.</p>	<p>Kristi</p> <p>Staff</p> <p>Staff</p> <p>Kristi</p>	<p>Next meeting.</p> <p>Next meeting.</p> <p>ASAP</p> <p>Next meeting.</p>
<p>Public Comment No public comment was offered at this time.</p>	<p>None</p>		
<p>Next Steps The next meeting of the subcommittee will be held on Monday, June 8th from 1:00 - 4:00 pm.</p>	<p>Send e-mail of location of meeting when determined.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p>Adjournment The meeting was adjourned by Dr. Dodson at 4:00 pm.</p>			

Dental Services Lines Recommendations from April 2009

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
	59	520.1	SUPERNUMERARY TEETH	no	Move to a medical or non-urgent/emergent dental line. Could be in fracture line with guideline to include only impacted teeth.
	59	520.6	DISTURBANCES IN TOOTH ERUPTION	no	Move to a medical or non-urgent/emergent dental line.
	59	521.6	ANKYLOSIS OF TEETH	no	Move to a medical or non-urgent/emergent dental line.
	59	521.8	<i>"Parent code" which cannot be used for billing</i>	-	
U?	59	521.81	CRACKED TOOTH	yes	
	59	521.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH	no	Move to a medical or non-urgent/emergent dental line. Consider line 357.
	59	522	<i>"Parent code" which cannot be used for billing</i>	-	
U?	59	522.0	PULPITIS	yes	
U?	59	522.1	NECROSIS OF DENTAL PULP	yes	
U?	59	522.2	DENTAL PULP DEGENERATION	yes	
	59	522.3	ABNORMAL HARD TISSUE FORMATION IN DENTAL PULP	no	Move to a medical or non-urgent/emergent dental line.
U?	59	522.4	ACUTE APICAL PERIODONTITIS OF PULPAL ORIGIN	yes	
E	59	522.5	PERIAPICAL ABSCESS WITHOUT SINUS	yes	
U?	59	522.6	CHRONIC APICAL PERIODONTITIS	yes	
E	59	522.7	PERIAPICAL ABSCESS WITH SINUS	yes	
	59	522.8	RADICULAR CYST OF DENTAL PULP	no	Move to a medical or non-urgent/emergent dental line.
	59	522.9	OTHER AND UNSPECIFIED DISEASES OF PULP AND PERIAPICAL TISSUES	no	Move to a medical or non-urgent/emergent dental line.
	59	525.3	RETAINED DENTAL ROOT	no	Move to a medical or non-urgent/emergent dental line.
E	59	526.4	INFLAMMATORY CONDITIONS OF JAW	yes	Might also appear on another line. Staff will reseach and report back at the next meeting.
E	59	526.5	ALVEOLITIS OF JAW	yes	
	59	V72.2	DENTAL EXAMINATION	-	Kristi will investigate whether this code must be on every dental line and report back at the next meeting.

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
	59	D1550	RECEMENTATION OF SPACE MAINTAINER	no	Move to a medical or non-urgent/emergent dental line. Consider line 474.
U	59	D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	yes	
U	59	D2920	RECEMENT CROWN	yes	
U	59	D2940	SEDATIVE FILLING	yes	
E	59	D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	yes	Per Dental Rules, this service is not billed separately, it is included in the restoration fee, however it is a covered service for Standard Benefit package clients because restorations are not a covered benefit. (Jacobo)
U	59	D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	yes	Per Dental Rules, this service is not billed separately, it is included in the restoration fee. (Jacobo)
	59	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	no	Move to a medical or non-urgent/emergent dental line. Consider line 357.
E	59	D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	yes	
	59	D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	no	Move to a medical or non-urgent/emergent dental line. Consider line 357.
	59	D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	no	Move to a medical or non-urgent/emergent dental line. Consider line 357.
U	59	D5410	ADJUST COMPLETE DENTURE - MAXILLARY	yes	
U	59	D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	yes	
U	59	D5421	ADJUST PARTIAL DENTURE - MAXILLARY	yes	
U	59	D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	yes	
U	59	D5510	REPAIR BROKEN COMPLETE DENTURE BASE	yes	
U	59	D5951	FEEDING AID	no	Move to a medical or non-urgent/emergent dental line. Consider cleft-palette line. Staff will reseach for next meeting
U	59	D6930	RECEMENT BRIDGE	yes	
U	59	D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	yes	
E	59	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	yes	

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
E	59	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTION OF TOOTH	yes	
E	59	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	yes	
E	59	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	yes	
E	59	D7240	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	yes	
E	59	D7241	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	yes	Add a guideline note.
E	59	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	yes	
E	59	D7260	ORAL ANTRAL FISTULA CLOSURE	yes	
E	59	D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	yes	
E	59	D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	yes	D7511 should continue to be on a medical line.
E	59	D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	yes	D7521 should continue to be on a medical line.
	59	D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	no	Move to a medical line.
	59	D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	no	Move to a medical line.
	59	D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	no	Move to a medical line.
E	59	D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	yes	
	59	D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	no	Move to a medical line.
	59	D7710	MAXILLA-OPEN REDUCTION	no	Move to a medical line.
	59	D7720	MAXILLA-CLOSED REDUCTION	no	Move to a medical line.
	59	D7730	MANDIBLE-OPEN REDUCTION	no	Move to a medical line.
	59	D7740	MANDIBLE-CLOSED REDUCTION	no	Move to a medical line.
	59	D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	no	Move to a medical line.

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments	
	59	D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	no	Move to a medical line.
E	59	D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	yes	
	59	D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL APPROACHES	no	Move to a medical line.
E	59	D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	yes	
E	59	D7911	COMPLICATED SUTURE-UP TO 5 CM	yes	D7912 should continue to be on a medical line.
E	59	D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF ARCHBAR	yes	
E	59	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	yes	
	59	D9120	FIXED PARTIAL DENTURE SECTIONING	no	Move to the denture line. Consider changing to covered by report.
E	59	D9410	HOUSE/EXTENDED CARE FACILITY CALL	yes	DMAP has this code as not covered (FFS), but it is excepted in the encounter system. DMAP can rewrite rules to include a statement clarifying this code is not to be used in preventive services. Kristi will research and come report at the next meeting.
E	59	D9420	HOSPITAL CALL	yes	
E	59	D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	yes	
	59	S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	no	Remove from list.
	59	S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	no	Remove from list.
	59	S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	no	Remove from list.
E	59	41000	INTRACRANIAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	yes	
E	59	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	yes	
E	59	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	yes	

Urgent or Emergent	Line Code	Description	Appropriate on Line?	Comments
	59	98966 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (5-10 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.
	59	98967 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (11-20 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.
	59	98968 TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS (21-30 minutes)	Unknown	These codes are included on all lines with E&M codes. Defer to the HSC.

MEETING HIGHLIGHTS

DENTAL SERVICES SUBCOMMITTEE
Clackamas Community College
Wilsonville Training Center Room 112
Wilsonville, Oregon
June 8, 2009
1:00 – 4:00 p.m.

Members Present: Lisa Dodson, MD (Chair); Gary Allen, DMD; Gordon Empey, DMD; Jake Felix, MD; Beryl Fletcher; Cedric Hayden, DMD; Kristi Jacobo; Deborah Loy; Mike Shirtcliff, DMD.

Members Absent: Michael Plunkett, MD; Lynn Ironside.

Staff Present: Darren Coffman; Brandon Repp.

Guests: None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights</p> <p>The highlights of the April 27, 2009 Dental Services Workgroup meeting were reviewed.</p>	<p>On page 2, “emergent” should be defined as “respond to in an hour, addressed within 24 hours.” “Urgent” should be defined as “responded to by the end of the day, addressed within 7-14 days.”</p>	<p>Dorothy will correct and post to the web.</p>	<p>ASAP</p>
<p>Review of Work Plan for Review of Dental Services on Prioritized List</p> <p>Darren asked the group how they wanted to review the dental guidelines, whether as a line is discussed or reviewed after all of the lines have been reviewed.</p> <p>The subcommittees’ future work includes:</p> <ul style="list-style-type: none"> • Review the eight “dental lines.” • Review dental codes not on the Prioritized List: These could include ancillary codes as well as services not covered. • Review the five guidelines associated with dental services. • Identify and review any medical-surgical lines that include dental services (e.g., cleft palate). 	<p>Review guidelines as the lines are reviewed.</p> <p>The goal for this meeting is to review the next few lines.</p>		
<p>Guideline Note Discussion</p> <p><i>GUIDELINE NOTE 10, URGENT DENTAL CARE, Line 59 Treatment only for symptomatic dental pain, infection, bleeding or swelling (D7220, D7230, D7240, D7250).</i></p> <p>These are extraction/impaction codes.</p>	<p>Keep Guideline10 as is. Possibly remove the reference to specific D-codes. Further discussion required.</p>		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Guideline Note Discussion (Cont'd):</p> <p>The guideline should apply to all the codes on line 59, not just the extraction/impaction codes.</p> <p>Should D-codes (plus D7421) listed on Line 660 be removed from line 59?</p>	<p>Research other instances where codes are listed in multiple lines/guidelines.</p>	<p>Darren/Staff</p>	<p>Next DSS meeting</p>
<p>Review of Previous Dental Line Recommendations</p> <p>Darren asked the members to comment on 6 conditions previously discussed and to note whether the condition is urgent or emergent.</p> <p>521.81 - CRACKED TOOTH 522.0 - PULPITIS – Could be an emergent condition, if it is causing pain. The treatment is debridement, which is listed as emergent. 522.1 - NECROSIS OF DENTAL PULP 522.2 - DENTAL PULP DEGENERATION 522.4 - ACUTE APICAL PERIODONTITIS OF PULPAL ORIGIN 522.6 - CHRONIC APICAL PERIODONTITIS</p> <p>V72.2 – Dental Examination –Per Kristi, this code is not being used and can be removed from the dental lines.</p>	<p>Change the master-document to reflect changes:</p> <p>Change 522.0 to “emergent”; leave the others as urgent</p> <p>Recommend to the HOSC: Remove V72.2 from dental lines on the list. Keep on prevention lines.</p>	<p>Dorothy</p> <p>Darren/Staff</p>	<p>ASAP</p> <p>Next HOSC meeting August 6, 2009.</p>
<p>Review of Prioritization of Dental Services on January 1, 2009 List</p> <p>The group continued to review the meeting document entitled, “Codes Currently on Dental Services Lines – Responses as of 4/23/09” starting with line 105 Lines with a “checkmark” indicate some type of issue that needs discussion; lines with a “question mark” indicate no response or comment was received about that line.</p>	<p>Items requiring research:</p> <p>Line 105, code D0160 should be limited to once per calendar year</p> <p>Please see <i>Attachment A</i> for a summary of all of the subcommittee’s recommendations for Line 105 and most of Line 357.</p>	<p>Kristi</p>	<p>Next DSS meeting</p>
<p>New Dental Lines Discussion:</p> <p>The members began to think about how best to organize the dental lines so that the most important conditions to treat are higher on the list. For instance, all root canal procedures are not equal in severity, urgency or complication.</p> <p>Darren clarified that the DSS has the authority to recommend line changed, additions and deletions</p>			

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<p>New Dental Lines Discussion (Cont'd):</p> <p>to the HSC. Those types of changes take place during the “biennial review process,” which will conclude in June 2010. The Legislature would act on the suggestions in the spring/summer of 2011 and the new list would be effective January, 2, 2012. He emphasized that now is the time to start thinking about recommendations.</p> <p>It was noted that the physical health lines are prioritized with a heavy emphasis on prevention and chronic disease management. Should the dental lines be similarly reordered?</p> <p>The group brainstormed several categories they might like to see, including:</p> <ul style="list-style-type: none"> -Emergency Dental Services -Urgent Dental Services -Preventive Dental Services -Basic Restorative Services -Other Restorative Services -Basic Endodontics -Other Endodontics -Basic Periodontics -Other Periodontics -Oral Surgery -Cosmetic Dental Services -Elective Dental Services 	<p>Continue to think about new dental categories.</p>	<p>All members.</p>	<p>Next DSS meeting</p>
<p>Public Comment</p> <p>No public comment was offered at this time.</p>	<p>None</p>		
<p>Next Steps</p> <p>The next meeting of the subcommittee will be held on Tuesday, September 15, 2009, 9:00 am - 12:00 pm.</p>	<p>Send e-mail of location of meeting when determined.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p>Adjournment</p> <p>The meeting was adjourned by Dr. Dodson at 4:00 pm.</p>			

DSS June 2009 Highlights Attachment A

U or E	Line	Code	Description	Appropriate on line?	Comments
	105	520.3	MOTTLED TEETH	no	Move to line 630 (Cosmetic)
	105	520.4	DISTURBANCES OF TOOTH FORMATION	no	Move to line 357 (Restorative)
	105	521.8			Parent Code - Move to line 357 (Restorative)
	105	521.81	CRACKED TOOTH	no	Move to line 357 (Restorative)
	105	521.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH	no	Move to line 357 (Restorative)
	105	V07.31	NEED FOR PROPHYLACTIC FLUORIDE ADMINISTRATION	yes	
	105	V72.2	DENTAL EXAMINATION	no	Remove from dental lines on the list. Keep on prevention lines (3 and 4).
	105	D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	yes	
E	105	D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	no	Move to the emergent dental line: 59
	105	D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	yes	
	105	D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	yes	
E	105	D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	no	Move to the emergent dental line: 59; Limited to once per calendar year - Kristi will research
E	105	D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	no	Move to the emergent dental line: 59
	105	D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	yes	
	105	D1110	PROPHYLAXIS-ADULT	yes	
	105	D1120	PROPHYLAXIS-CHILD	yes	
	105	D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD	yes	
	105	D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT	yes	
	105	D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	yes	
	105	D1330	ORAL HYGIENE INSTRUCTION	yes	
	105	D1351	SEALANT-PER TOOTH	yes	
	105	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	yes	
	105	D5982	SURGICAL STENT	no	Move to line 474
	105	D5986	FLUORIDE GEL CARRIER	yes	
E	105	D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	no	Move to the emergent dental line: 59
E	105	D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	no	Move to the emergent dental line: 59
	105	D9920	BEHAVIOR MANAGEMENT, BY REPORT	yes	
	105	S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DAYS)		Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAYS)	Medical code
	105	S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER 30 DAYS)	Medical code
	105	S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Medical code
	105	S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	Medical code
	105	98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	98969	ONLINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER NOT ORIGINATING FROM A RELATED ASSESSMENT AND MANAGEMENT SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS N	Medical code
	105	99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, OR HOLIDAY OFFICE HOURS, IN ADDITION TO BASIC SERVICE	Medical code
	105	99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION TO BASIC SERVICE	Medical code
	105	99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION O	Medical code
	105	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING A	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH	Medical code
	105	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATIO	Medical code
	105	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF	Medical code
	105	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE	Medical code
	105	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELIN	Medical code
	105	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW	Medical code
	105	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/O	Medical code
	105	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING	Medical code
	105	99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVID	Medical code
	105	99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CA	Medical code
	105	99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENC	Medical code
	105	99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PRO	Medical code
	105	99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDE	Medical code
	105	99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT AND/OR FAMILY, 30 MINUTES OR MORE, PARTICIPATION BY NONPHYSICIAN QUALIFIED HEALTH CARE PROFESSIONAL	Medical code
	105	99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code
	105	99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code
	105	99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS NOR LEADING TO AN E/M SERVICE OR PROCEDURE WITHIN THE NEXT 24	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	105	99444	ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN THE PREVIOUS 7 DAYS, USING THE INTERNET OR SIMILAR ELECTRONIC COMMUNIC	Medical code
	105	99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO REQUIRES INTENSIVE OBSERVATION, FREQUENT INTERVENTIONS, AND OTHER INTENSIVE CARE SERVICES	Medical code
	105	99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, NEW PATIENT	Medical code
	105	99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; INITIAL 15 MINUTES, ESTABLISHED PATIENT	Medical code
	105	99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT AND INTERVENTION IF PROVIDED; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	Medical code
	357	521.0		yes
	357	521.00	UNSPECIFIED DENTAL CARIES	yes
	357	521.01	DENTAL CARIES LIMITED TO ENAMEL	yes
	357	521.02	DENTAL CARIES EXTENDING INTO DENTINE	yes
	357	521.03	DENTAL CARIES EXTENDING INTO PULP	yes
	357	521.04	ARRESTED DENTAL CARIES	yes
	357	521.05	ODONTOCLASIA	yes
	357	521.06	DENTAL CARIES PIT AND FISSURE	yes
	357	521.07	DENTAL CARIES OF SMOOTH SURFACE	yes
	357	521.08	DENTAL CARIES OF ROOT SURFACE	yes
	357	521.09	OTHER DENTAL CARIES	yes
	357	521.3		Parent Code
	357	521.30	EROSION, UNSPECIFIED	yes
	357	521.31	EROSION, LIMITED TO ENAMEL	yes
	357	521.32	EROSION, EXTENDING INTO DENTINE	yes
	357	521.33	EROSION, EXTENDING INTO PULP	yes
	357	521.34	EROSION, LOCALIZED	yes
	357	521.35	EROSION, GENERALIZED	yes
	357	526.0	DEVELOPMENTAL ODONTOGENIC CYSTS	Medical code
	357	526.1	FISSURAL CYSTS OF JAW	Medical code
	357	526.2	OTHER CYSTS OF JAWS	Medical code
	357	526.3	CENTRAL GIANT CELL (REPARATIVE) GRANULOMA	Medical code
	357	526.8		Medical code
	357	526.81	EXOSTOSIS OF JAW	Medical code

U or E	Line Code	Description	Appropriate on line?	Comments
	357	526.89	OTHER SPECIFIED DISEASE OF THE JAWS	Medical code
	357	526.9	UNSPECIFIED DISEASE OF THE JAWS	Medical code
	357	V72.2	DENTAL EXAMINATION	Remove
	357	D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	yes
	357	D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	yes
	357	D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	yes
	357	D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	yes
	357	D2330	RESIN-ONE SURFACE, ANTERIOR	yes
	357	D2331	RESIN-TWO SURFACES, ANTERIOR	yes
	357	D2332	RESIN-THREE SURFACES, ANTERIOR	yes
	357	D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	yes
	357	D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	yes
	357	D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	yes
	357	D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	yes
	357	D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	yes
	357	D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	yes
	357	D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	yes
	357	D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	yes
	357	D2932	PREFABRICATED RESIN CROWN	yes
	357	D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	yes
	357	D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	yes
	357	D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	yes
	357	D2980	CROWN REPAIR, BY REPORT	yes
	357	D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	yes
	357	D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	yes
	357	D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	yes
	357	D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	yes
	357	D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	yes
	357	D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	yes
	357	D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	yes
	357	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	yes
		D3430	RETROGRADE FILLING - PER ROOT	Add to this line in conjunction with D3410