Medicaid Managed Care Organizations in Kentucky

Problems Encountered in Dentistry

Dr. William E. Collins, DMD PSC

2012

MEDICAID MANAGED CARE ORGANIZATIONS (MCOS) IN KENTUCKY
PROBLEMS ENCOUNTERED IN DENTISTRY

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PIKEVILLE, KENTUCKY

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On July 7, 2011 Gov. Steven Beshear of Kentucky announced an agreement on contracts between Medicaid and four managed care organizations (MCOs) in order to facilitate an expansion of managed care services to Medicaid recipients. In his press release, Beshear stated, "We were confident that moving Medicaid from a mostly fee-for-service system to managed care would create significant savings, preventing unnecessary and devastating cuts." The expansion added three new MCOs—Coventry Cares, Kentucky Spirit, and WellCare-- to the Medicaid program and renewed preexisting agreements with MCO Passport; this initiative will reportedly save $97.3 million for FY 2012. The contracts began in November 2011, at which point around 560,000 Medicaid patients switched to the new managed care model (Honeycutt Spears). Says Beshear, "Managed care will provide consistent, comprehensive care to patients, so our vulnerable families will continue to get the quality medical services they need" (Richardson).

This statement could not have been farther from the truth. Access to "consistent, comprehensive care" has been limited by the differing levels of coverage offered by the three new MCOs. Despite initial assurance that coverage would be augmented and Medicaid reimbursements would not be altered, dental patients and professionals have encountered great difficulties in the receiving and provision of medical services. Coverage has been increasingly denied to patients in need, while MCOs have altered service codes and bundled procedures to reduce reimbursement rates.

Many children and adults in Kentucky have a limited ability to seek regular dental services due to lack of dental insurance and adequate financial resources. Poor oral health can have significant effects on overall health and has been associated with heart and lung diseases, stroke, and low birth weights. Oral diseases are progressive and cumulative, affecting the ability to eat certain foods, physical appearance, and communication. These diseases can affect economic productivity and compromise workers' ability.

Pediatric oral health is an area of particular concern, given its strong ties to overall health in adulthood. Parental awareness, public and private dental coverage, and the availability of dental providers—especially for children receiving Medicaid—are critical factors in pediatric dental care. Though children enrolled in Medicaid are entitled to comprehensive preventative and restorative dental services, utilization of care among this population is low. This is due to many reasons, most notably a lack of dental providers who participate in Medicaid—less than half of all active, private dentists in some areas (Hardy). Dentists commonly cite low reimbursement rates, burdensome administrative requirements, and high incidences of lost appointments for not participating in Medicaid. In addition to these barriers to provider participation, MCOs have recently introduced pre-authorizations, increasingly complex denials and appeals processes, slow pay cycles and other obstacles that will deter dentists from joining.

Provision of dental care for vulnerable populations in Kentucky performs poorly in comparison with its neighbors. While Kentucky is known for its edentulous population, West Virginia has developed several proactive programs to provide dentures for its citizens, in the hopes of improving health outcomes and productivity. One such program is the Donated Dental Project, which falls under the Office of Maternal, Child and Family Health. Under this initiative, dental providers donate their services to provide denture fittings to patients who receive Supplemental Security Income or have an income at or below 133% of the Federal Poverty Limit. Providers receive up to $500 in reimbursements for their services.

> "Dental costs for children enrolled in Medicaid for five continuous years who have their first preventative dental visit by age one are nearly 40% less than for children who receive their first dental visit after age one" (Hardy).

Meanwhile, inadequate reimbursement rates for Kentucky providers provide another barrier to care. Prior to the expansion of managed care for Medicaid, dentists in Kentucky were already working for 35-40% of regular reimbursement rates. With the introduction of new MCOs, providers have experienced increased cuts in payments. Dentists receive reimbursement rates at 35% of their normal fees, while struggling to afford office overheads of 65-70%. In Pikeville, KY three of the most recent dentists to move to the area have been forced to more elsewhere due to the inability to meet office overhead. The inadequate reimbursement rates negotiated in Kentucky do not match competitively with those seen in neighboring states. West Virginia pays Medicaid providers nearly double what Kentucky providers receive; for instance, while Kentucky pays $38 for an extraction, West Virginia pays $80 (refer to **Appendix A and B** for complete Medicaid dental fee schedules for Kentucky and West Virginia).

With the transition to increased managed care for Medicaid, Kentucky providers face even deeper cuts in reimbursements. While Kentucky has not received a raise in Medicaid fees in over 10 years, West Virginia has seen consistent reimbursements at more appropriate levels and covers a wider range of dental procedures. The introduction of new MCOs to the Medicaid system in Kentucky will cut Kentucky fees further, creating additional disincentive for provider participation. The policies asserted by increased managed care in Medicaid will not improve access to care, as Governor Beshear has claimed, but reinforce preexisting barriers to dental care for the most vulnerable.

Lastly, providers have been faced with an MCO policy of "cutting deals" with certain providers. These select few receive higher fees, waiver of pre-authorization, and minimal requirements while most other providers must follow strict protocol and receive standard rates. While MCOs claim these providers are private companies exempt from standard Medicaid policies, it is our belief that tax dollars have been used to wrongfully disqualify members and limit the number of providers. This practice of "flea-market dentistry" permits MCOs to complete their networks while cutting costs, but limits access to care and

breeds animosity among area providers. This practice needs to be stopped and all providers must be reimbursed equitably by the same ADA codes and fees.

As a licensed dentist of Kentucky, I have treated patients on Medicaid for 21 years while my peers have increasingly abandoned the system. While providers have suffered under the new Medicaid system, the citizens of Kentucky have borne the brunt of the negative implications for expansion of managed care. Rather than improving the oral health of Kentucky's citizens, the new system and the discriminating policies of MCOs have blocked access to care and limited the ability of providers to bridge public health disparities. These are my people, and I know their pain for I have walked in their shoes. I know how it feels to suffer from oral disease with no insurance or money for treatment. My heart is with them, and this is why I stand so firm on these issues.

CASE STUDIES: GENERAL

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The following case studies have been drawn from patients seen in Dr. William Collins' office in Pikeville, KY. They date from August 2011-April 2012. Currently there are no oral surgeons accepting WellCare/DentaQuest or Kentucky Spirit/MCNA in Pikeville and the surrounding counties. The following case studies intend to illustrate the difficulties in delivering sufficient and proper dental care under the new managed care-oriented Medicaid system.

CASE 1 | Male with facial abscess

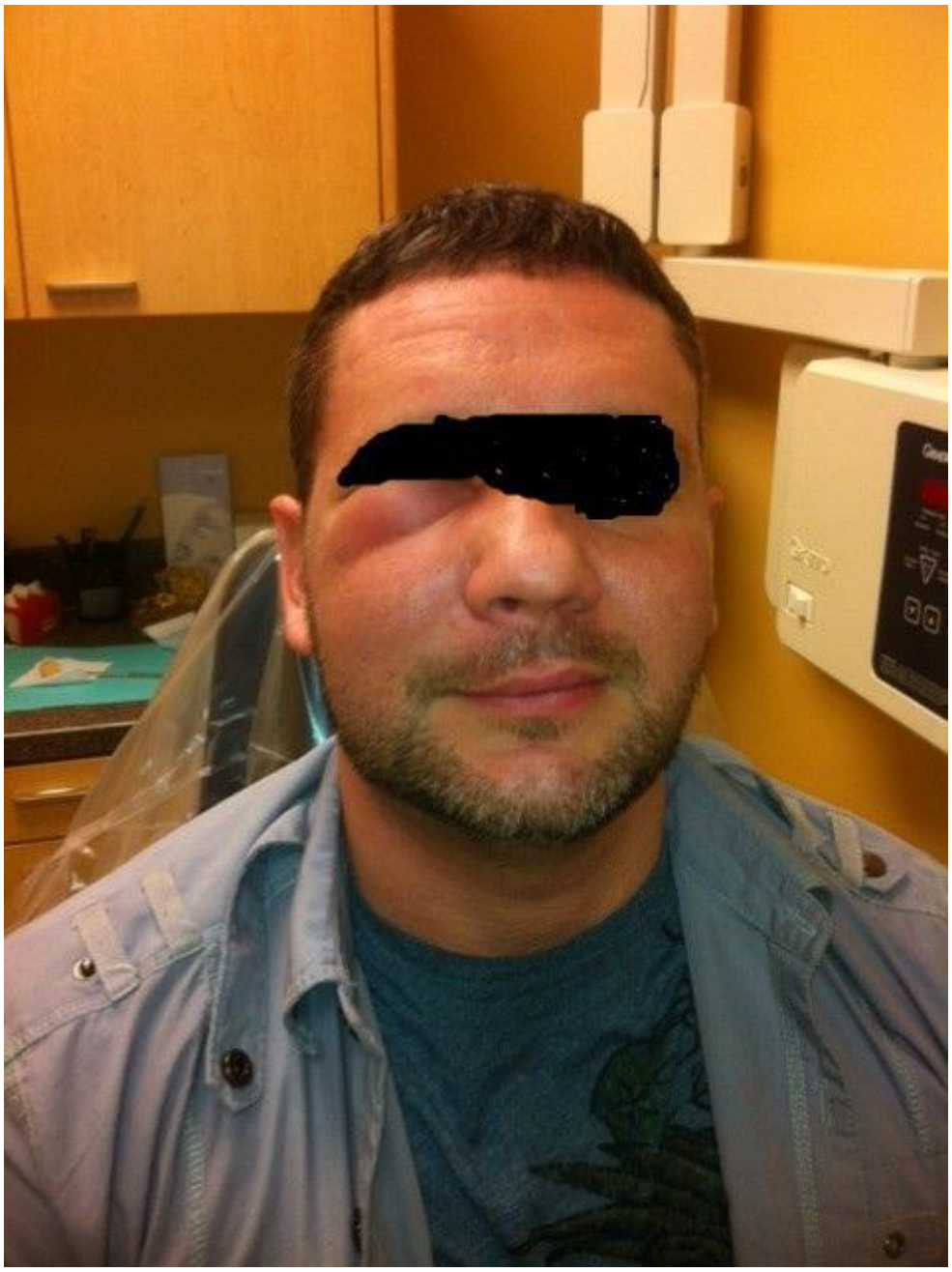


Figure 1.1 Facial Abscess, located under the right eye.

This is a 33 year old, Caucasian male who initially presented to the ER with a large facial abscess and periorbital cellulitis associated with an abscessed upper right incisor (#7). He had been on two different antibiotics for the last 6 days that he had received from his dentist. In the ER he received two intramuscular injections of Rocephlin and intravenous Clindamycin, in addition to a bolus of intravenous fluids. He was referred to Dr. Collins' clinic by the hospital staff.

Though he arrived in the office at 9 a.m. the patient did not receive pre-authorization from Medicaid until approximately 2 p.m. Additionally Medicaid denied coverage for deep sedation and mandated that the tooth had to be extracted and the abscess drained with only local anesthesia. After several hours of putting the patient at risk the Medicaid MCO agreed to pay for sedation.

CASE 2 | Female with perforated palate

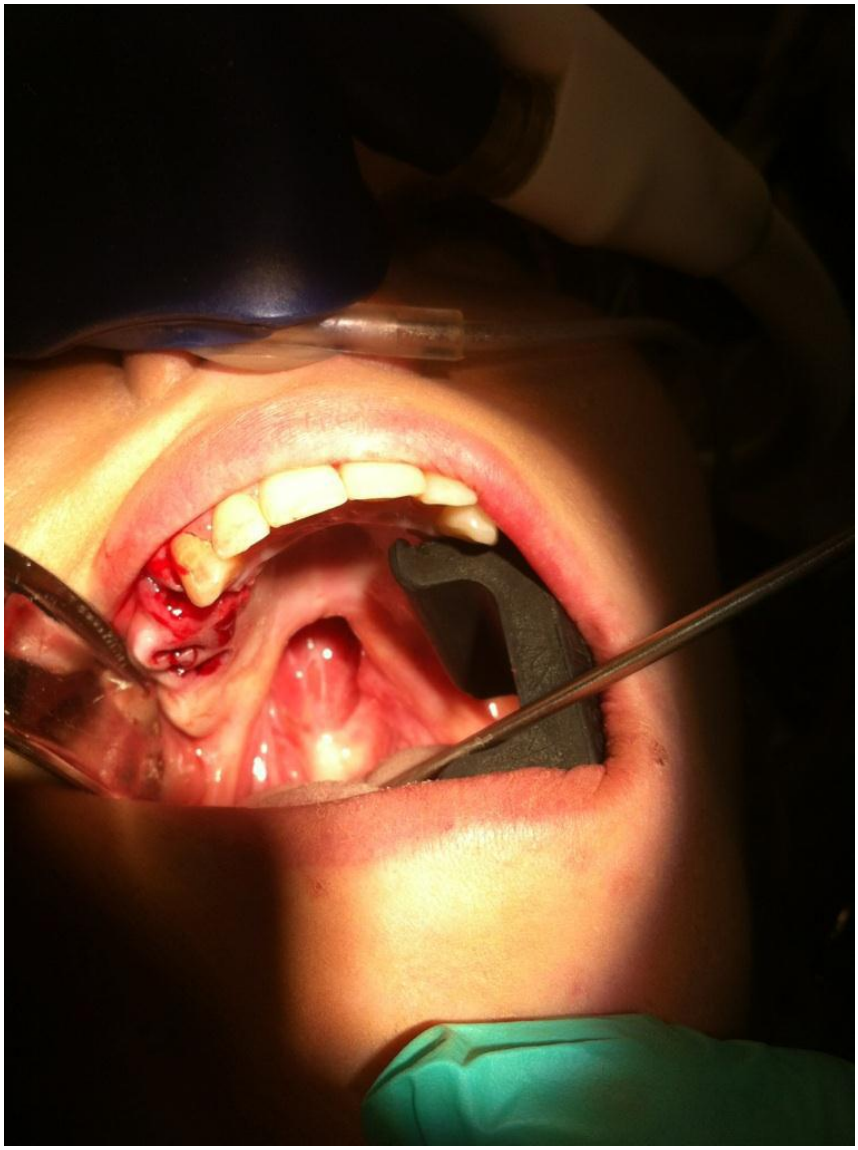


Figure 2.1 Perforated palate

This is a 30 year old, Caucasian female that presented to the clinic unable to swallow food due to a hole in her palate. The wound resulted from crushing and snorting prescription hydrocodone. Drugs such as hydrocodone can be easily obtained through patient abuse of the Medicaid system. Patients are limited to one dental visit per month *per provider,* meaning that patients may visit multiple providers per month. Additionally, if recipients cross state borders and receives prescriptions in Virginia or Tennessee, Kentucky providers have no access to these records. In this case, all teeth had to be removed and a denture was placed to obdurate the perforation.

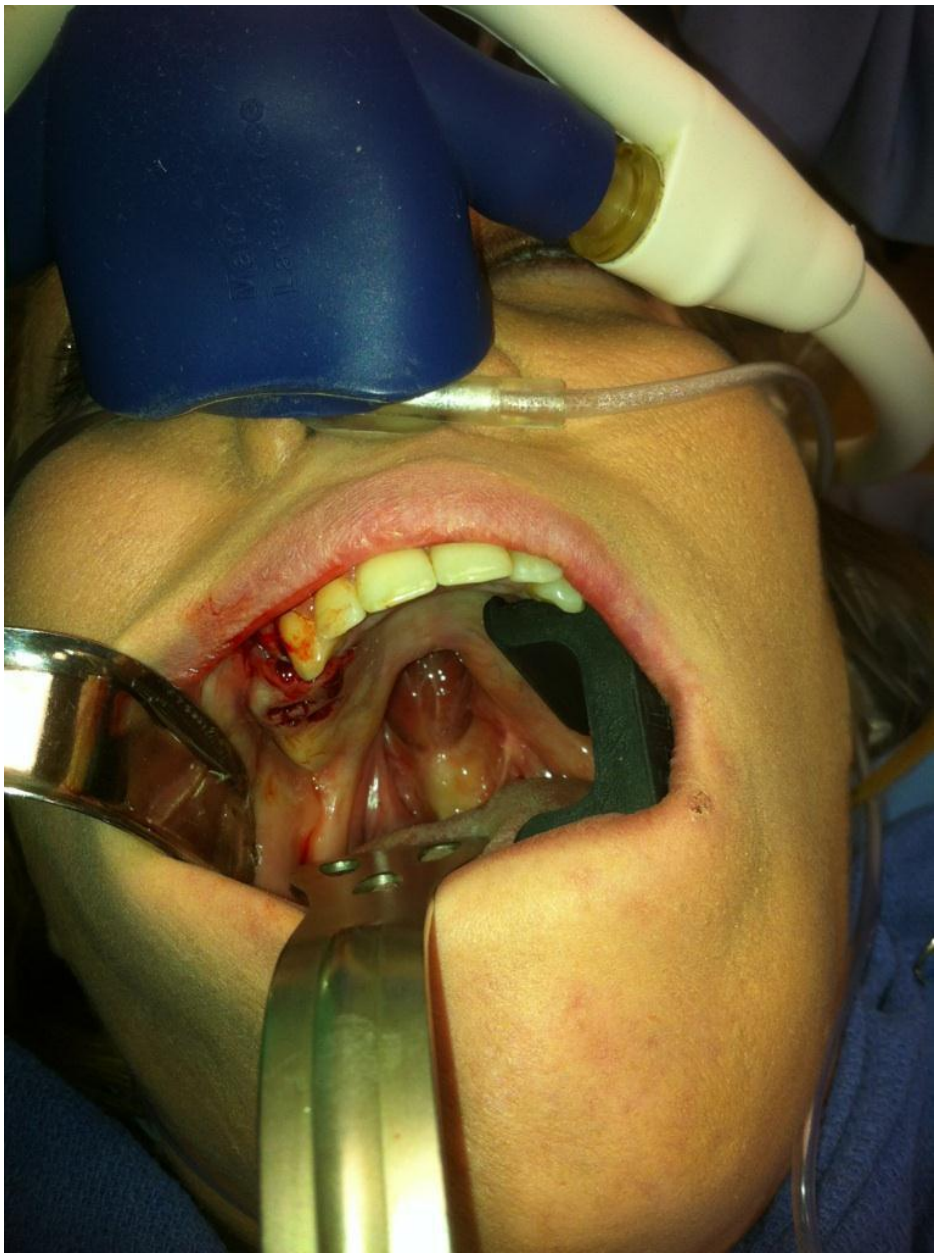


Figure 2.2 Alternative view of perforation in palate

CASE 3 | Space abscess

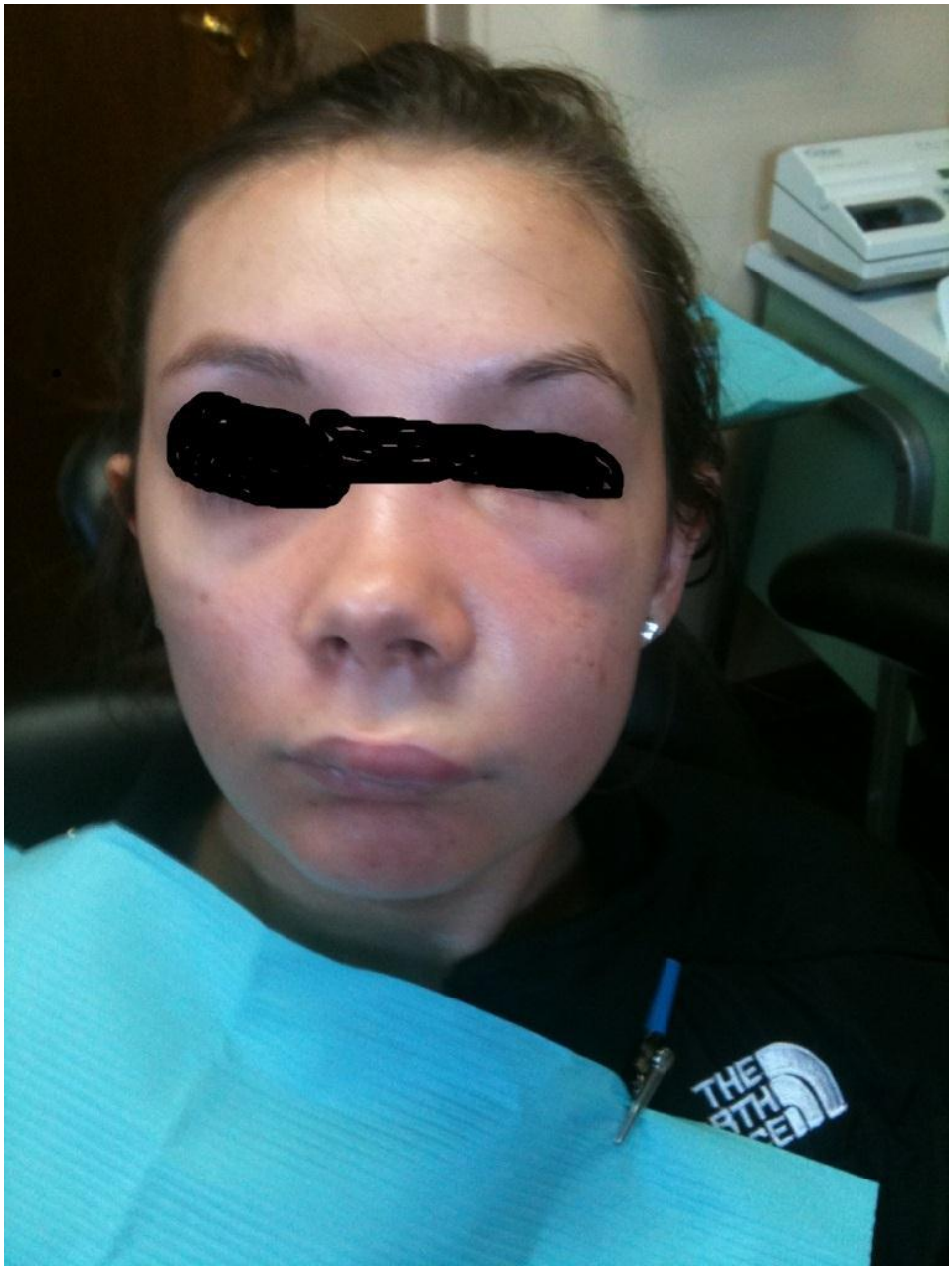
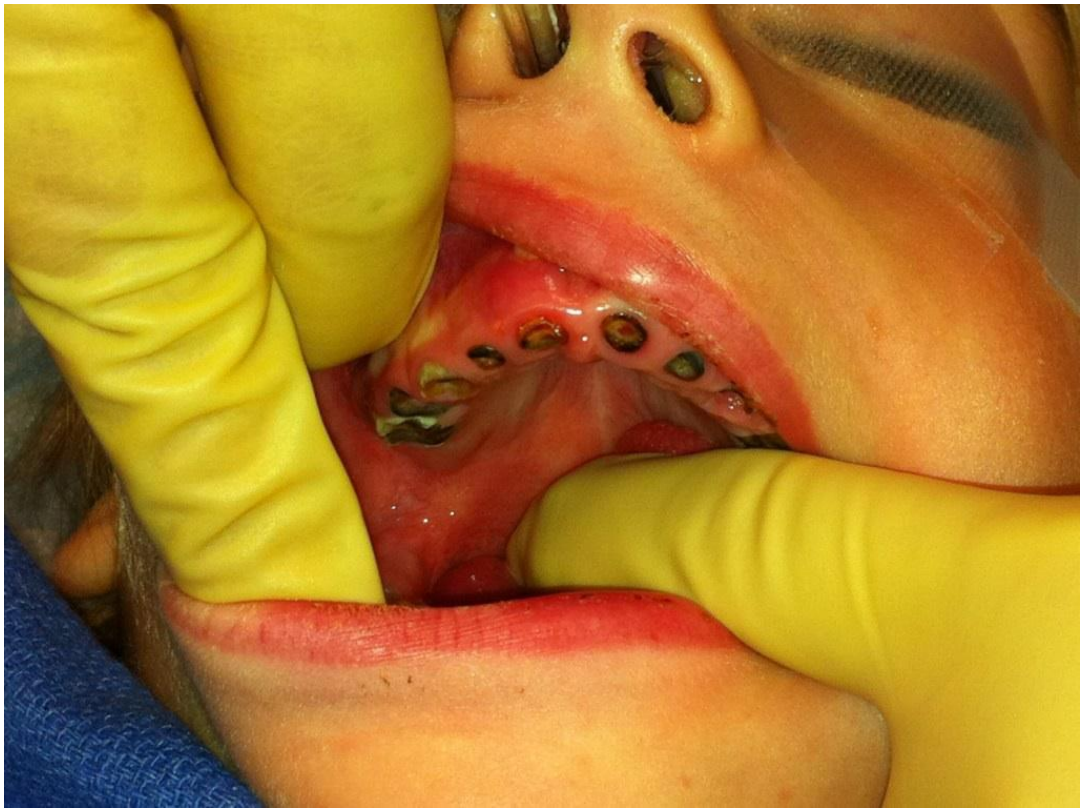
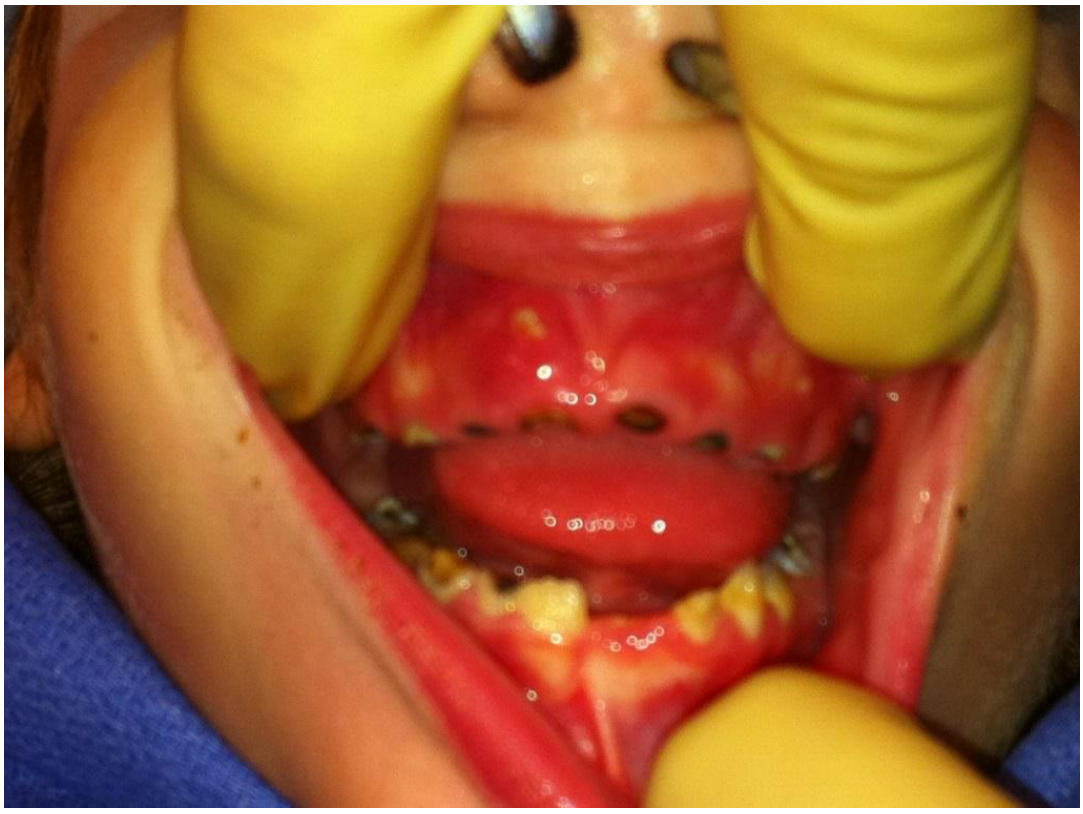


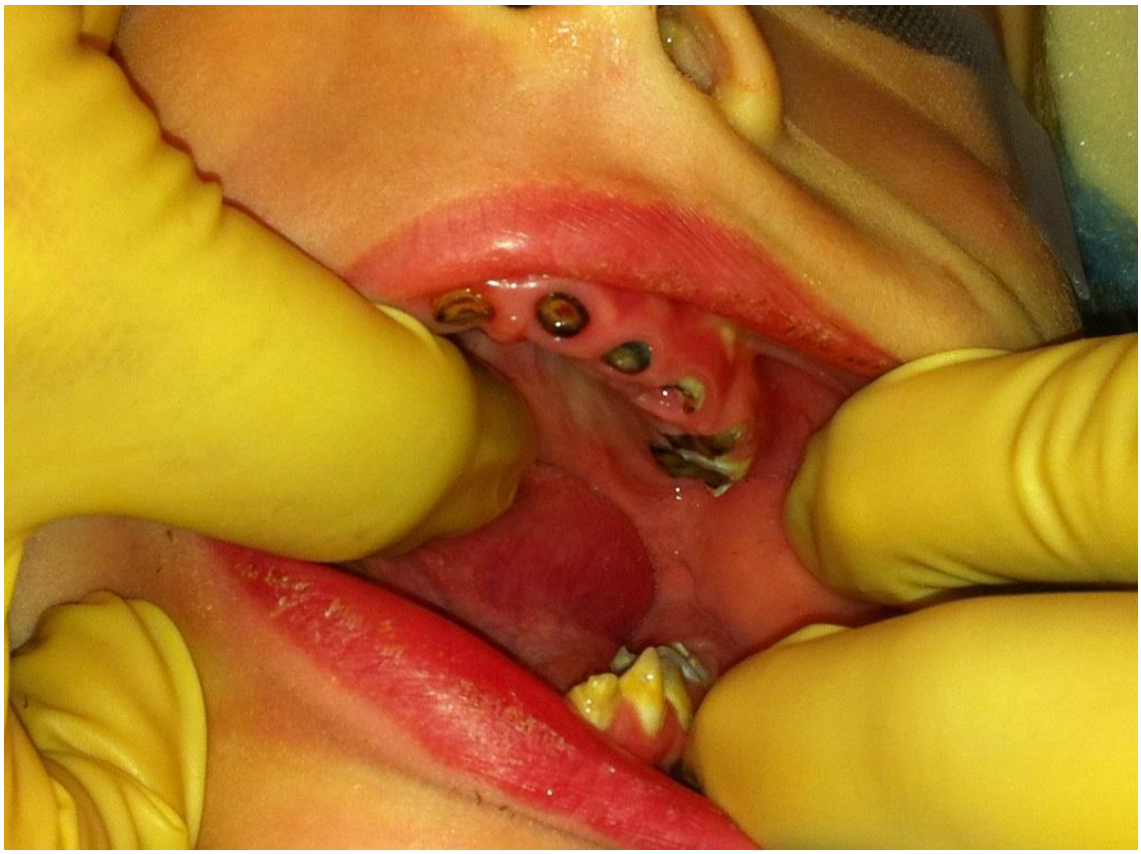
Figure 3.1 Periorbital space abscess, located under the left eye

This is a 17 year old, Caucasian female referred by general DMD for a space abscess associated with an upper left incisor (#10) and upper left canine (#11). The referral process for this patient was excessively long, as is the case with many Medicaid clients. Receiving care at the University of Kentucky may expedite this process, but most patients in Pikeville cannot make the 3 hour trip. In cases such as this periorbital abscess, delayed treatment due to lengthy referral processing is detrimental to oral health and potentially dangerous.

CASE 4 | Child with severe infections







Figures 4.1-3 Severe infections of 16 teeth

This is a 5 year old child that presented with 16 infected teeth. The patient was taken to the operating room immediately due to an inability to perform 16 extractions in an office setting. Due to high overheads and pre-authorizations, none of the oral surgeons in Pikeville and surrounding counties take Kentucky Spirit/MCNA or WellCare/DentaQuest. Many less severe cases of oral infection are now being treated in general dentistry clinics due to the difficulty in finding and accessing oral surgeons accepting Medicaid in Kentucky.

CASE 5 | Woman with severe abscesses

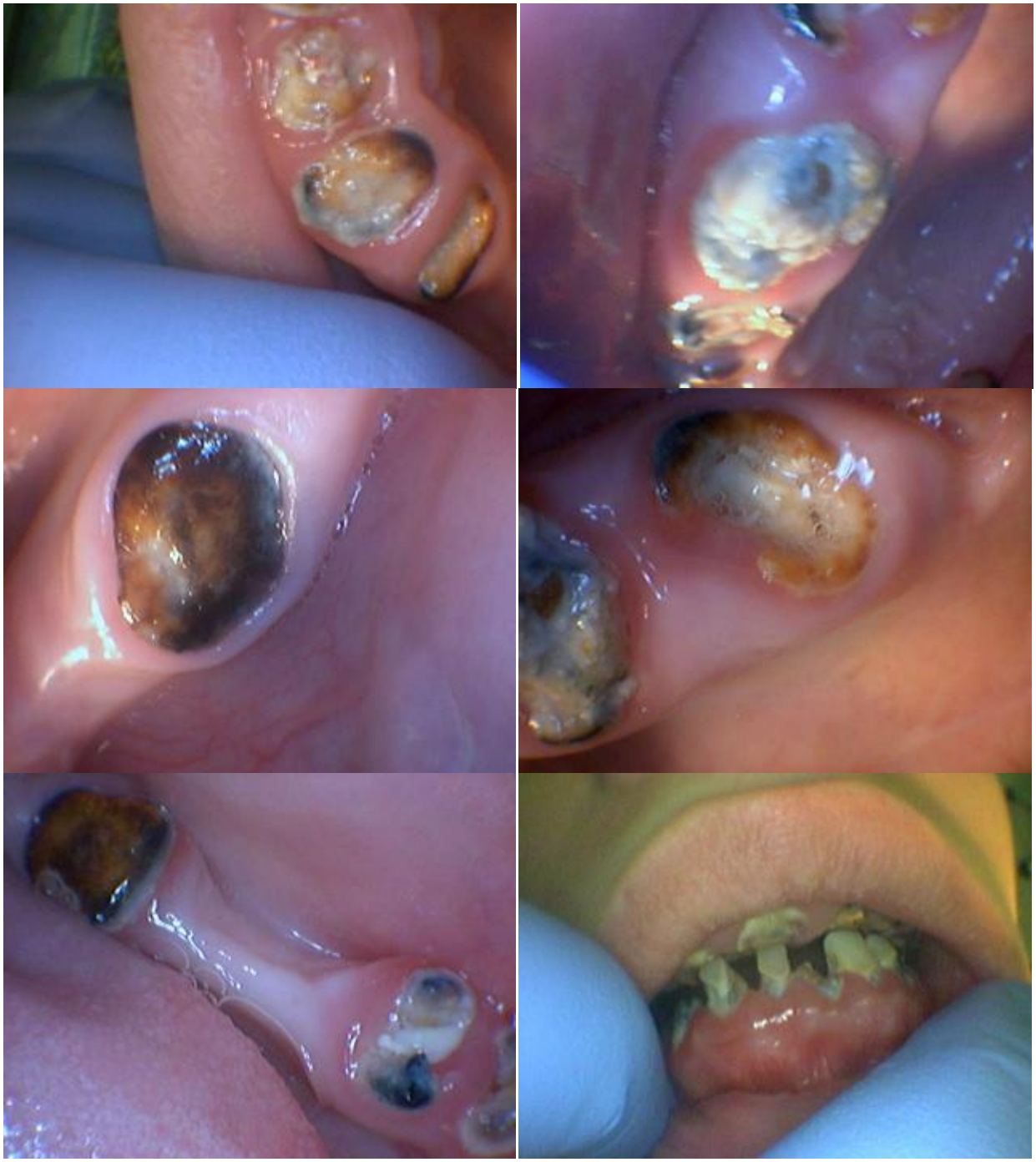


Figure 5.1 Widespread abscessed teeth, requiring full upper extraction

This is a 25 year old, Caucasian female who presented with 18 abscessed teeth and an additional 5-6 teeth that were about to abscess. This patient consumed citric acid soft drinks and had poor hygiene habits. The clinic performed a full upper extraction (12 teeth removed) and she was rescheduled to have her mandibular teeth removed at a later date. The extractions were performed by Dr. Collins'

general dentistry office due to the inavailability of an oral surgeon. This is not an ideal situation for such a severe case, given the limited local anesthesia abilities of a general dental clinic. The first procedure—removal of maxillary teeth and alveoloplasty-- took 1.5 hours, while the second extraction of the mandibular teeth took nearly two hours. The clinic was forced to use Marcaine for local anesthesia in place of deep sedation.

CASE 6 | Male with periorbital abscess

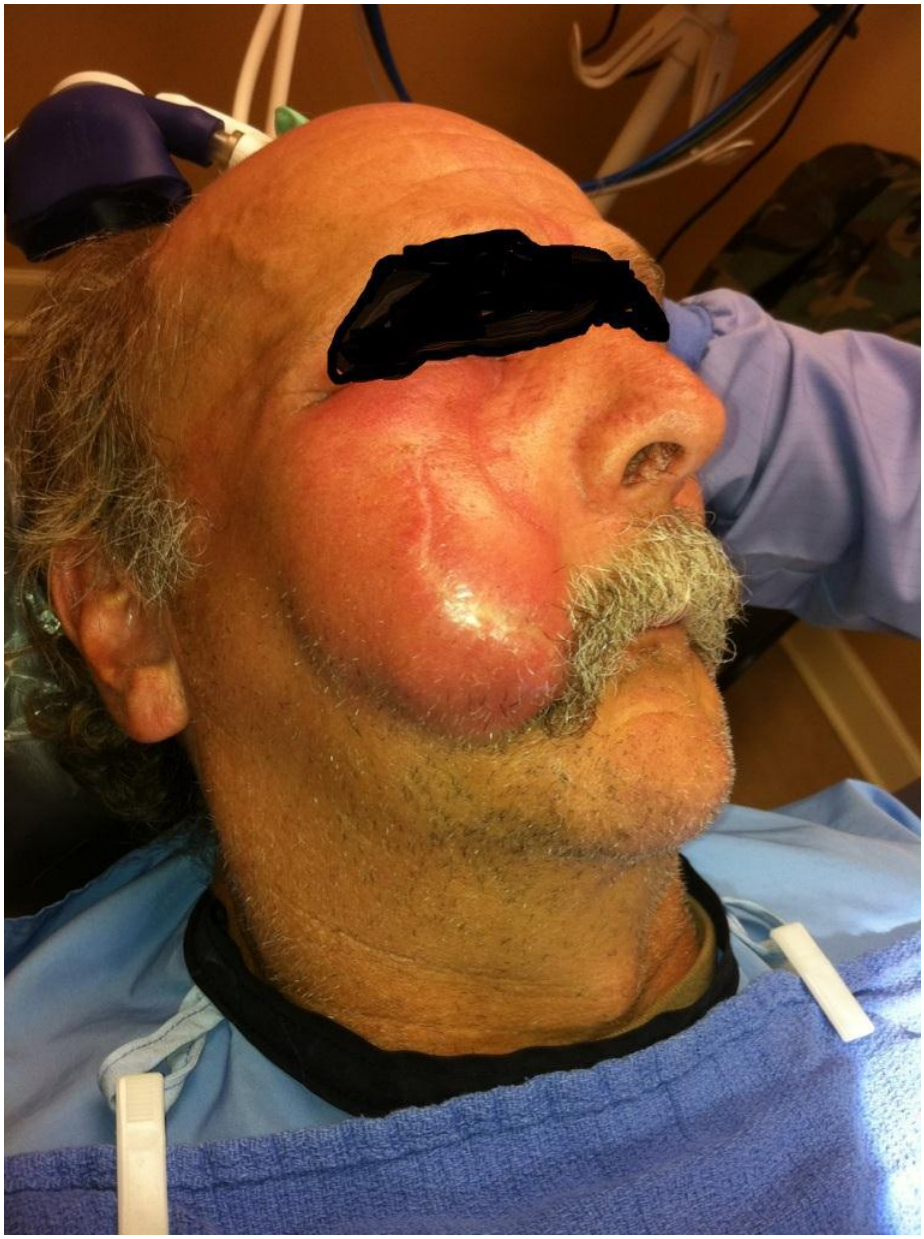


Figure 6.1 Large periorbital abscess under right eye

This is a Caucasian male in his 50's who presented with a large periorbital abscess and generalized cellulitis. Medicaid denied coverage of general anesthesia but clinic professionals were not able to achieve local anesthesia due to widespread infection. The lengthy pre-authorization process placed this patient in a compromised state. Abscesses such as this one are dangerous and require immediate treatment, as seen with Kyle Willis, a patient from Cincinnati who died in 2011 of a tooth infection that had spread to his brain. This patient was unable to afford medication and could not access dental or medical care (Gann). Willis 'experience could easily repeat itself in cases such as this abscess; the

increased difficulty in obtaining clearance for dental care and lengthy processing times in Kentucky directly affect the prognosis of Medicaid patients waiting for care.

CASE 7 | Male with lower lip laceration

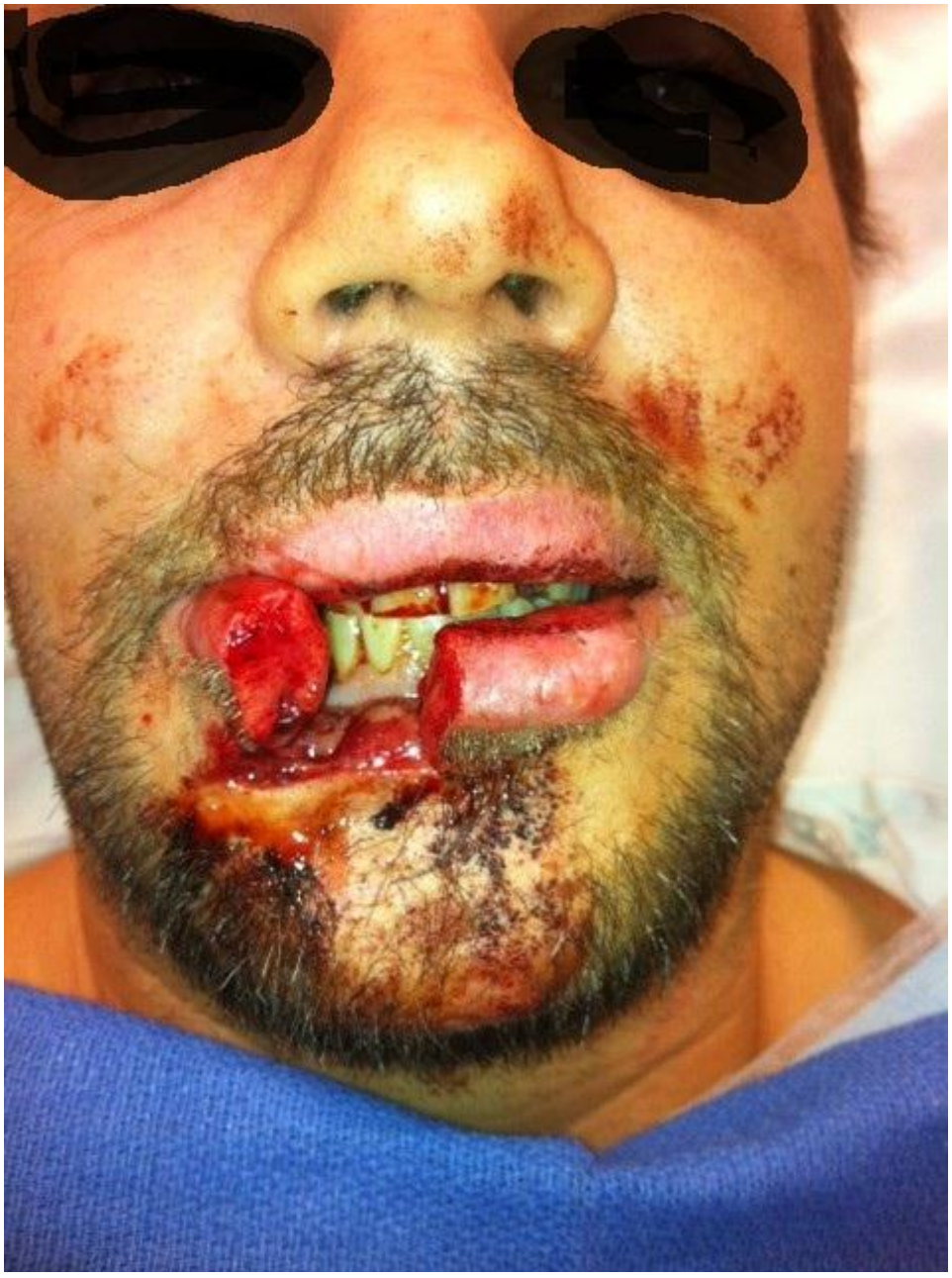


Figure 7.1 Male with deep lower lip/chin laceration resulting from a car accident.

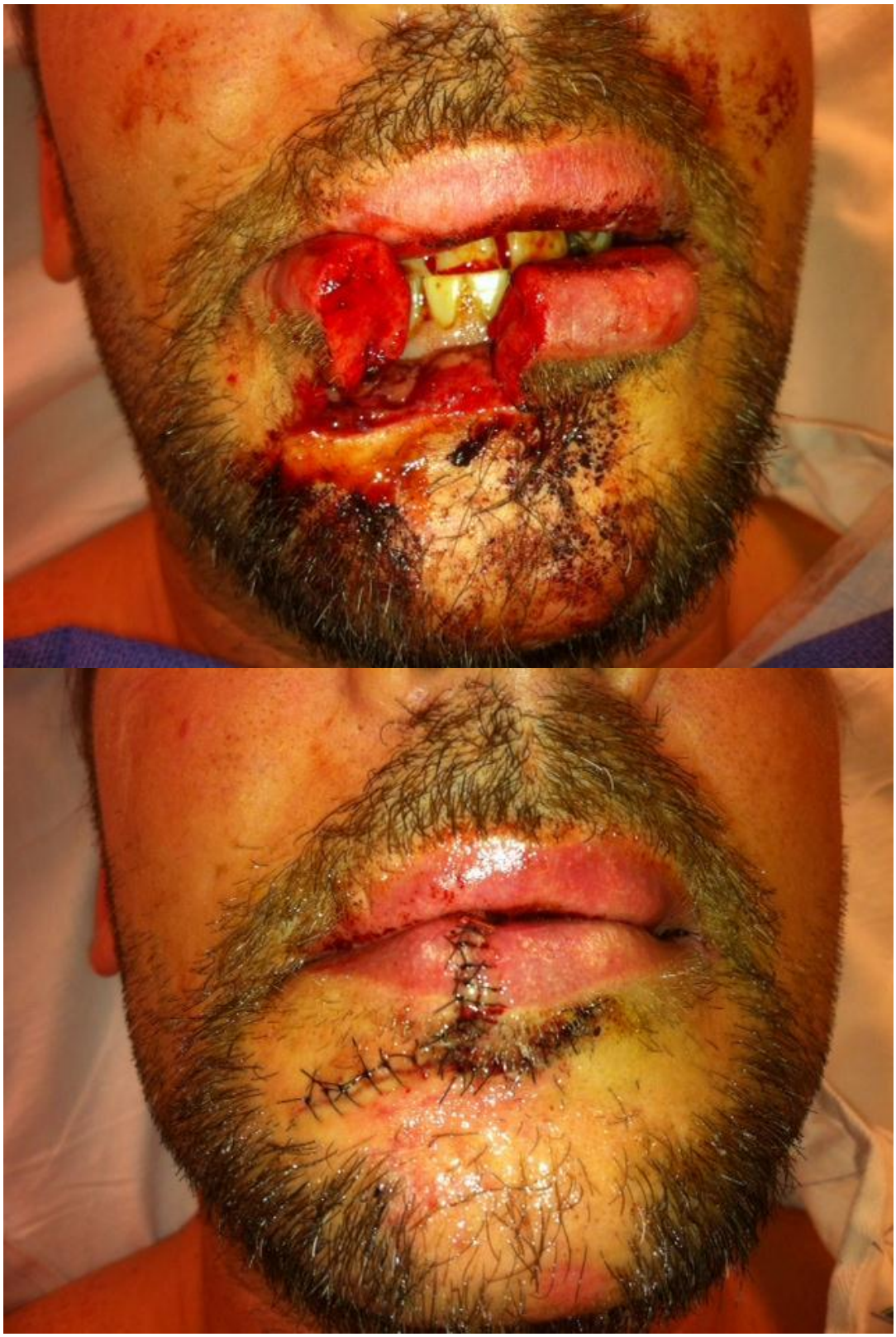
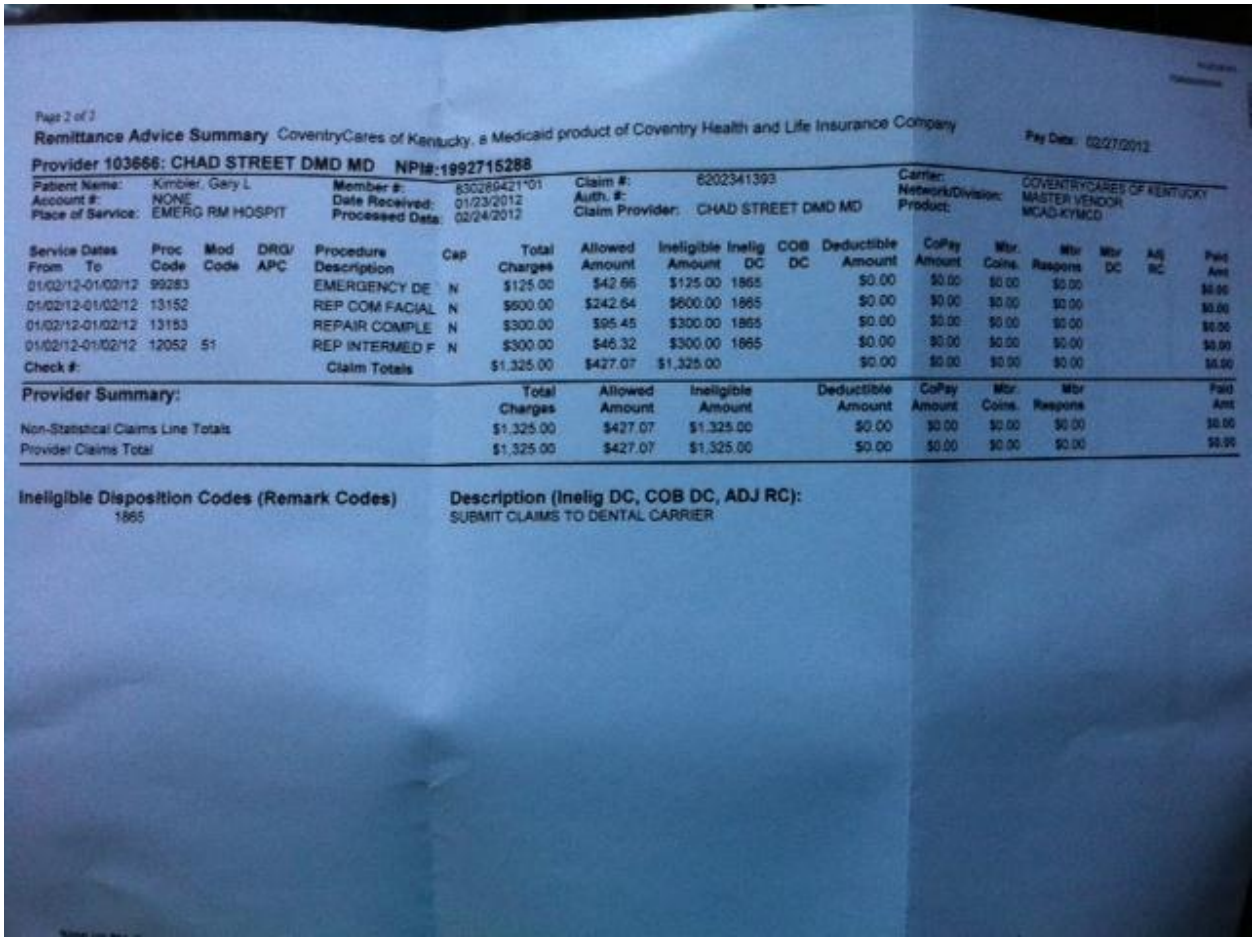


Figure 7.2 Before and after laceration repair



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Remittance Advice Summary CoventryCares of Kentucky, a Medicaid product of Coventry Health and Life Insurance Company

Pay Date: 02/27/2012

Provider 103666: CHAD STREET DMD MD NPI#:1992715288

Patient Name:	Kimbler, Gary L	Member #:	830289421*01	Claim #:	6202341393	Carrier:	COVENTRYCARES OF KENTUCKY
Account #:	NONE	Date Received:	01/23/2012	Auth. #:		Network/Division:	MASTER VENDOR
Place of Service:	EMERG RM HOSPIT	Processed Date:	02/24/2012	Claim Provider:	CHAD STREET DMD MD	Product:	MCAD-KYMCD

Service Dates From	To	Proc Code	Mod Code	DRG/ APC	Procedure Description	Cap	Total Charges	Allowed Amount	Ineligible Amount	Inelig DC	COB DC	Deductible Amount	CoPay Amount	Mbr. Coins.	Mbr Respons	Mbr DC	Adj RC	Paid Amt
01/02/12	01/02/12	99283			EMERGENCY DE	N	$125.00	$42.66	$125.00	1865		$0.00	$0.00	$0.00	$0.00			$0.00
01/02/12	01/02/12	13152			REP COM FACIAL	N	$600.00	$242.64	$600.00	1865		$0.00	$0.00	$0.00	$0.00			$0.00
01/02/12	01/02/12	13153			REPAIR COMPLE	N	$300.00	$95.45	$300.00	1865		$0.00	$0.00	$0.00	$0.00			$0.00
01/02/12	01/02/12	12052	51		REP INTERMED F	N	$300.00	$46.32	$300.00	1865		$0.00	$0.00	$0.00	$0.00			$0.00
Check #:					Claim Totals		$1,325.00	$427.07	$1,325.00			$0.00	$0.00	$0.00	$0.00			$0.00

Provider Summary:	Total Charges	Allowed Amount	Ineligible Amount	Deductible Amount	CoPay Amount	Mbr. Coins.	Mbr Respons	Paid Amt
Non-Statistical Claims Line Totals	$1,325.00	$427.07	$1,325.00	$0.00	$0.00	$0.00	$0.00	$0.00
Provider Claims Total	$1,325.00	$427.07	$1,325.00	$0.00	$0.00	$0.00	$0.00	$0.00

Ineligible Disposition Codes (Remark Codes)
1865

Description (Inelig DC, COB DC, ADJ RC):
SUBMIT CLAIMS TO DENTAL CARRIER

Figure 7.3 CoventryCares of Kentucky Remittance Advice Summary for this case.

This patient presented to the emergency room with a complex lower lip/chin laceration resulting from a car accident. The medical claim was submitted multiple times to CoventryCares and only received a response after a significant delay, stating, "Please submit claim to dental carrier." This patient's provider was directed to submit the claims to a dental carrier, accompanied by an ineligible code on a remittance advice response. The provider submitted claims to Coventry but was denied and told he should submit to the dental contractor Avesis. Due to the confusion, this provider performed the laceration repair in the emergency room, rather than sending the patient to the University of Kentucky, thereby resulting in an inability to receive payment for this procedure. This exchange caused a loss on the part of the clinic, both in the time spent performing the procedure as well as the time spent in negotiation with CoventryCares.

CASE 8 | Female with cross-bite and malocclusion

Figure 8.1 Images depicting protruding chin and improper placement of lower canines in front of upper canines.

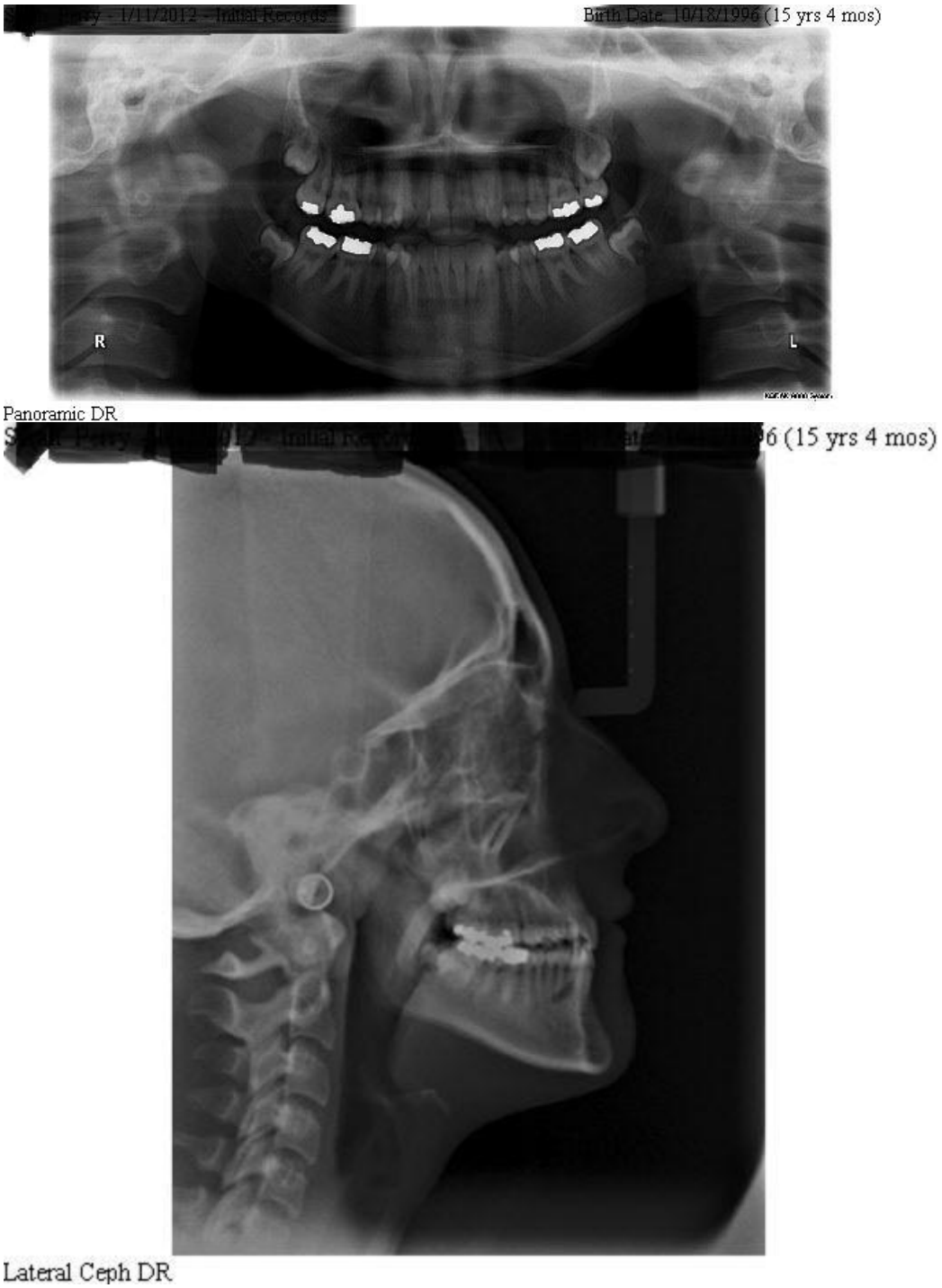
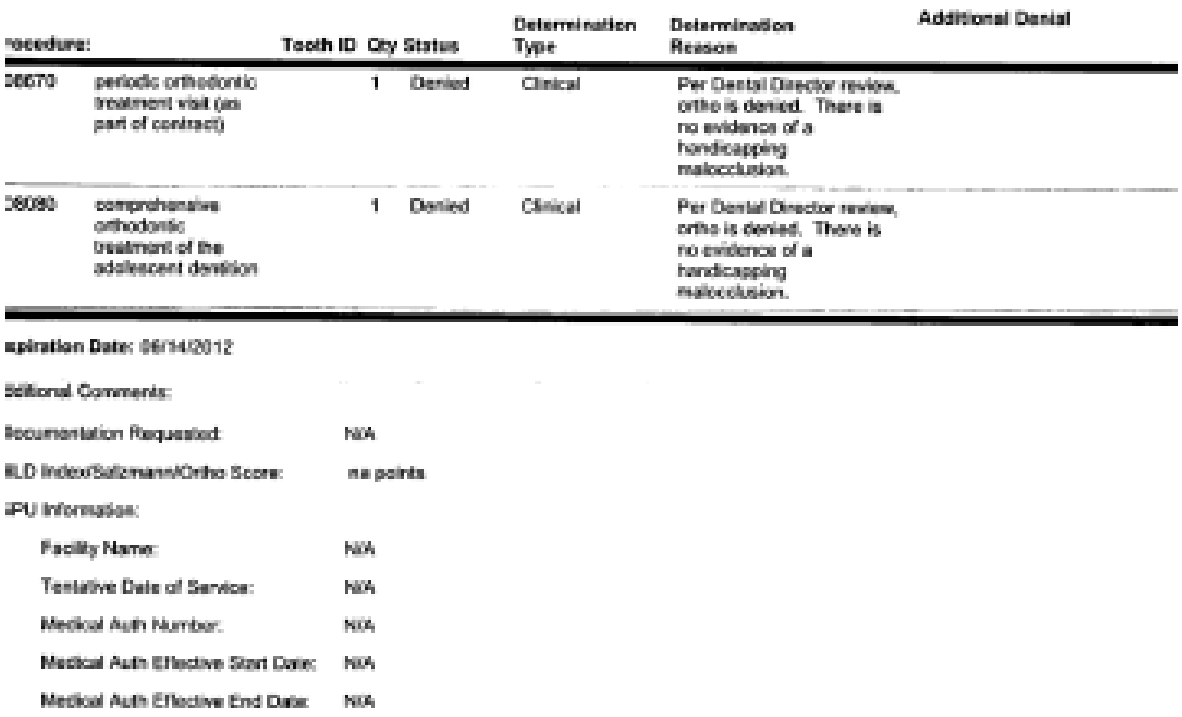


Figure 8.2 Above, panorex depicting cross-bite pathology, tooth appearance, and eruption status. Below, lateral ceph radiograph showing jaw alignment.



Procedure:		Tooth ID	Qty	Status	Determination Type	Determination Reason	Additional Denial
D8670	periodic orthodontic treatment visit (as part of contract)		1	Denied	Clinical	Per Dental Director review, ortho is denied. There is no evidence of a handicapping malocclusion.	
D8080	comprehensive orthodontic treatment of the adolescent dentition		1	Denied	Clinical	Per Dental Director review, ortho is denied. There is no evidence of a handicapping malocclusion.	

Expiration Date: 06/14/2012

Additional Comments:

Documentation Requested: N/A

HLD Index/Salzmann/Ortho Score: na points

EPU Information:

Facility Name: N/A

Tentative Date of Service: N/A

Medical Auth Number: N/A

Medical Auth Effective Start Date: N/A

Medical Auth Effective End Date: N/A

Figure 8.2 WellCare documentation of treatment denial.

This is a 15 year old, Caucasian female with a Class III anterior cross-bite, commonly referred to as a "bulldog bite," where the lower teeth come in front of the top teeth. This condition creates a problem with mastication, appearance, and breathing; most individuals with this condition are mouth-breathers, causing distinctive differences in dental decay. This patient was sent to the University of Kentucky for evaluation; UK confirmed that this case required surgery for remediation. Orthodontists prepare the reports and accompanying radiograph and panorex to make the treatment recommendation, yet MCOs do not employ Kentucky orthodontists to review the cases. These materials are difficult to understand without the assistance of certain expertise, and are frequently denied due to misunderstanding of the severity of the case. In this circumstance, WellCare denied coverage, stating that there was no evidence of handicapping malocclusion, per the orthodontic-dental director. This was not an esthetic case, but a necessary intervention to correct debilitating malocclusion.

CASE 9 | Pediatric patient with severely abscessed teeth

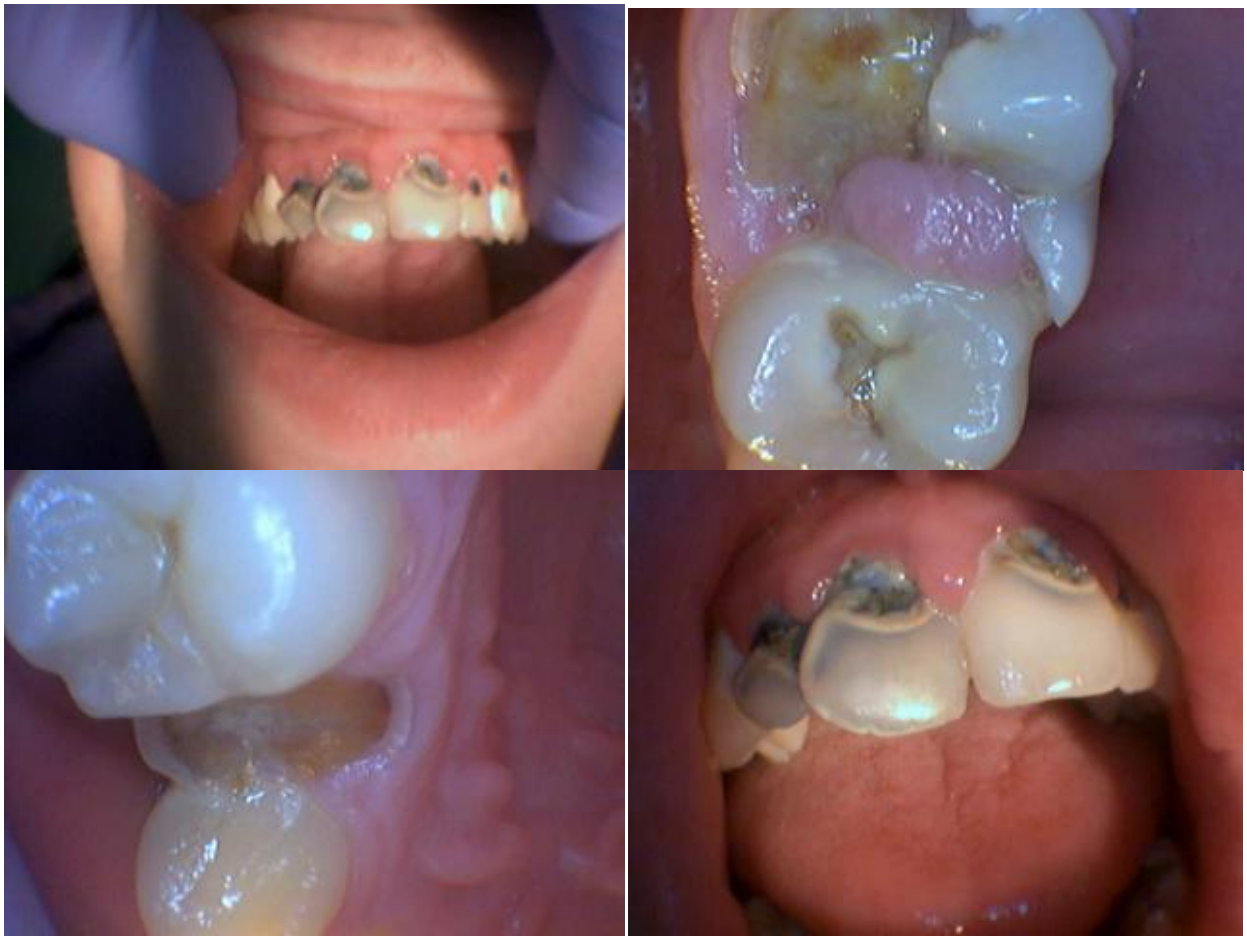


Figure 9.1 Evidence of severe dental decay and abscessed teeth.

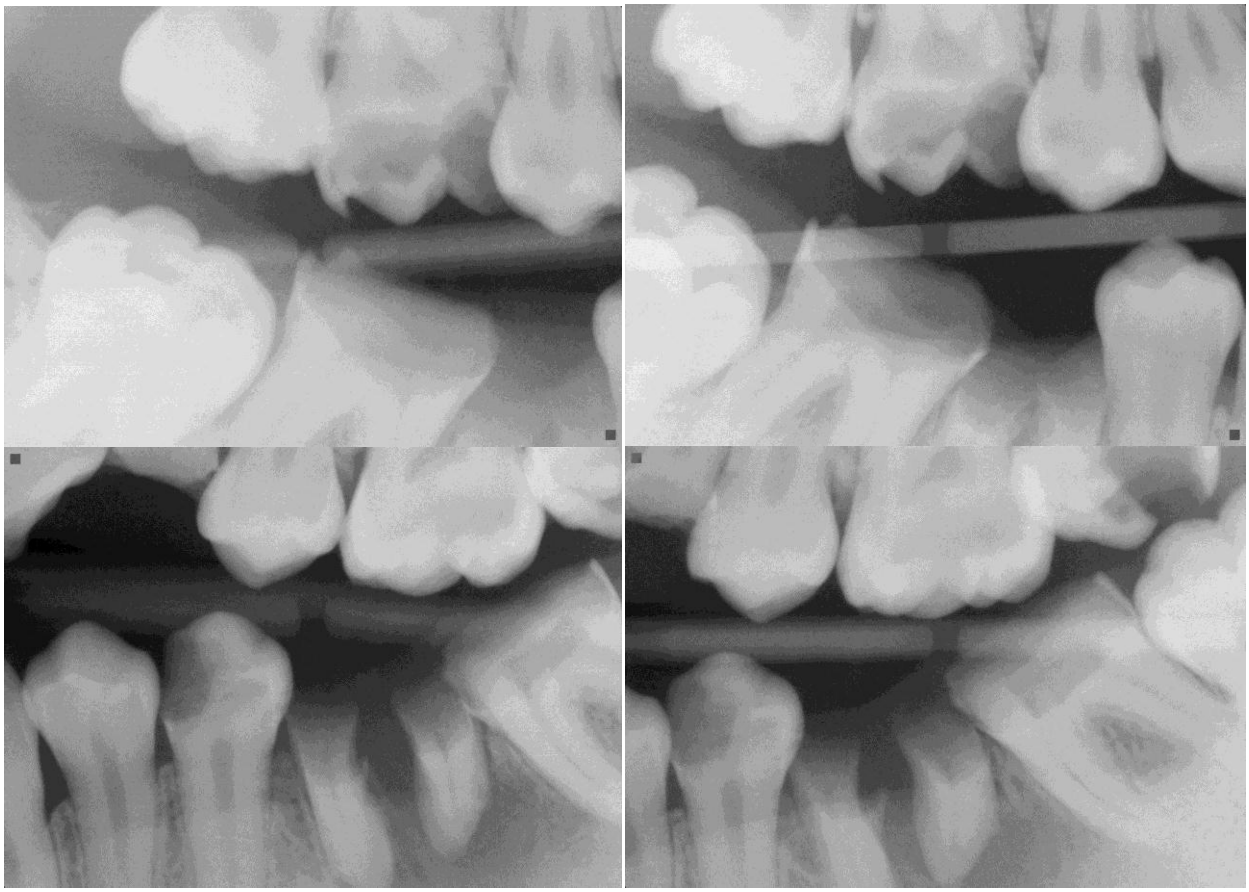


Figure 9.2 Accompanying radiographs depicting abscessed teeth pathology.

This patient is a 16 year old patient who presented with severe dental decay due to excessive consumption of carbonated soda and absence of any oral hygiene. He possessed 8 abscessed teeth, and would likely need a denture or multiple root canals. This child belonged to Kentucky Spirit and could not find a provider that would treat his case; currently there are no oral surgeons in the Pikeville area who accept Kentucky Spirit patients. The family could not afford to go out to Lexington to be seen at the University of Kentucky, the nearest provider that would treat this patient.

CASE STUDIES: PERIODONTAL

CASE STUDIES: PERIODONTAL

The following presentations intend to depict how the new MCOs have interfered with provider practice and frequently require that local dental professionals deny their patients the typical standard of care normally delivered to Medicaid populations.

These are periodontal disease cases that involve diseases of the surrounding structures of teeth, gums, and bone. Periodontal disease can be caused by poor oral hygiene, as well as smoking, and has been linked to diabetes and heart disease (National Institutes of Health, National Institute of Dental and Craniofacial Research). Many patients receiving Medicaid are limited to one cleaning per year, resulting in significant periodontal problems that require deep scaling—a treatment that stabilizes teeth and prevents further bone loss. With the new managed care Medicaid, patients are being increasingly denied coverage for "inadequate bone loss." Providers perform deep scaling precisely to ***prevent*** "adequate" bone loss and arrest periodontal disease progression before it becomes severe enough to require surgical intervention.

Additionally, these coverage decisions are made using only radiographs, which are not considered to be definitive in diagnosing periodontal disease. They must be used in conjunction with periodontal charting, but this evidence is not considered by managed care committees. The appeal process is complicated and exhausting, requiring multiple consent forms.

The following cases include patients who had previously received Medicaid approval for many years prior. With the switch to managed care, many of these patients were denied coverage they had been receiving in the past. MCOs will only cover "significant bone loss;" this means they will only approve coverage for advanced generalized periodontal disease that may require oral surgery to arrest. Periodontal surgery is not covered by Medicaid, leaving dental professionals powerless to provide any care but extraction. Such a policy will only worsen the already prominent edentulous population in Kentucky.

Case 1: Significant bone loss

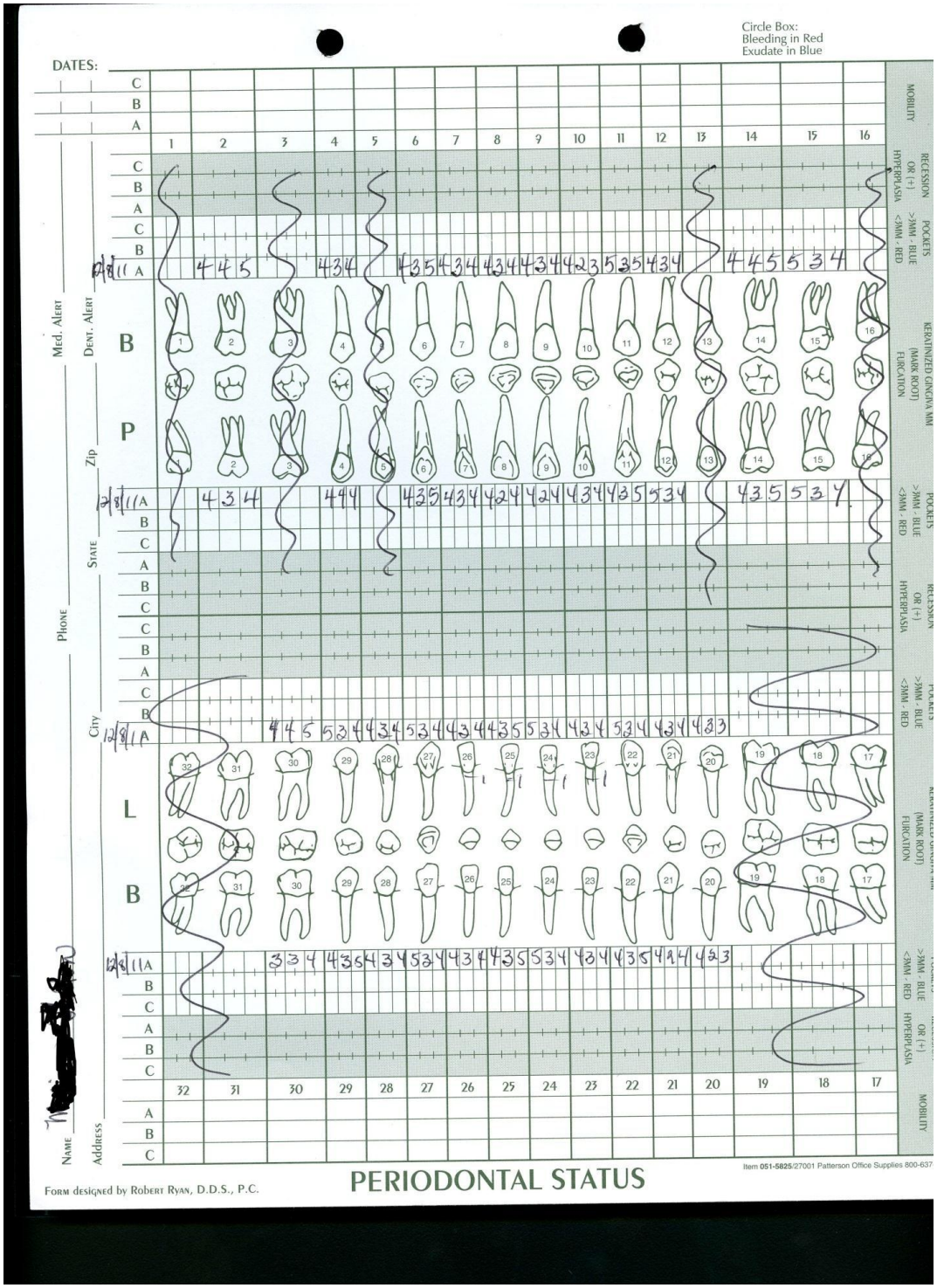


Figure 1.1 Accompanying periodontal charting.

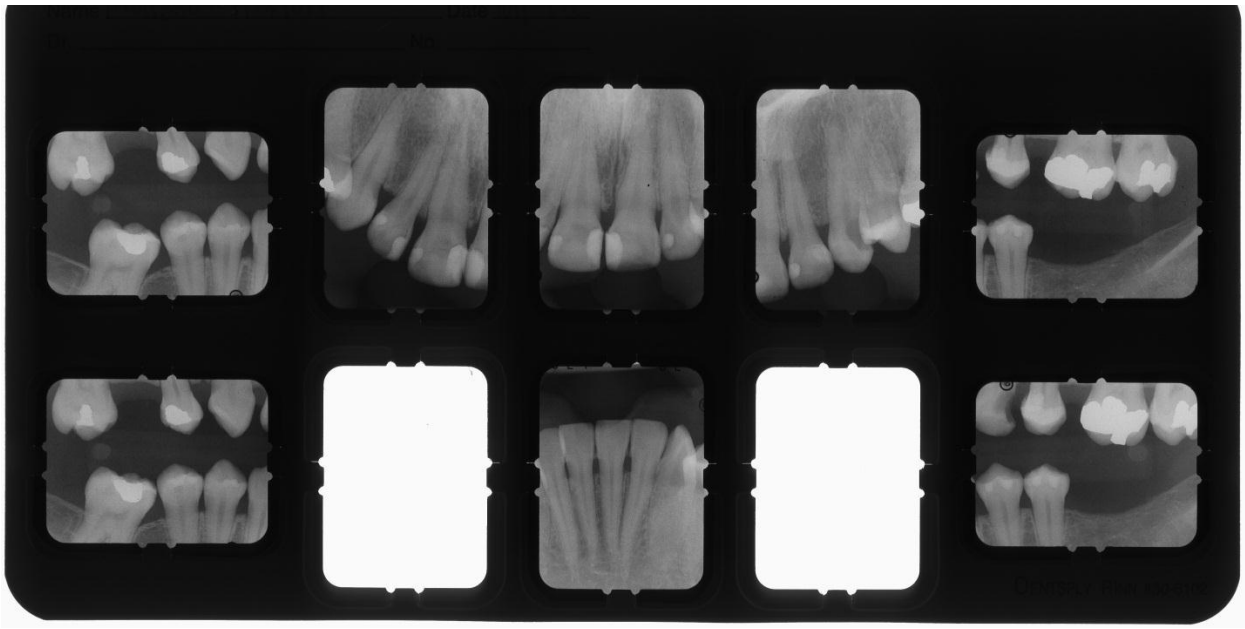


Figure 1.2 Radiograph with evidence of bone loss.

This case has been provided to offer an illustration of significant bone loss and calculus development. This case required deep scaling to prevent further bone loss; without treatment teeth will likely loosen, become mobile and eventually fall out. Cases like these have been denied coverage—again, due to reasons of insufficient bone loss--despite evident need for immediate dental care to avert worsening of disease and the need for surgical intervention.

Case 2: Significant calcium accumulation

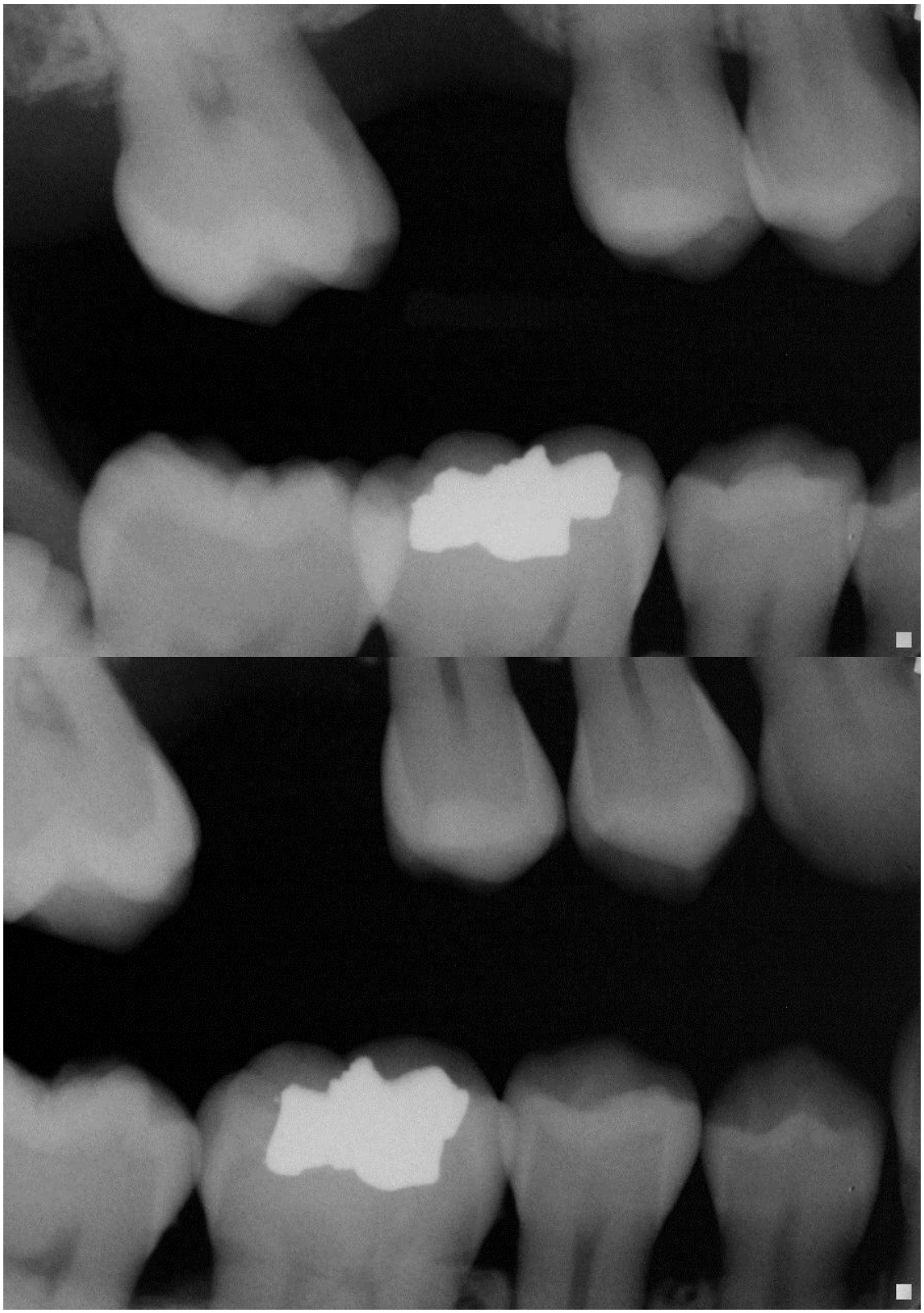
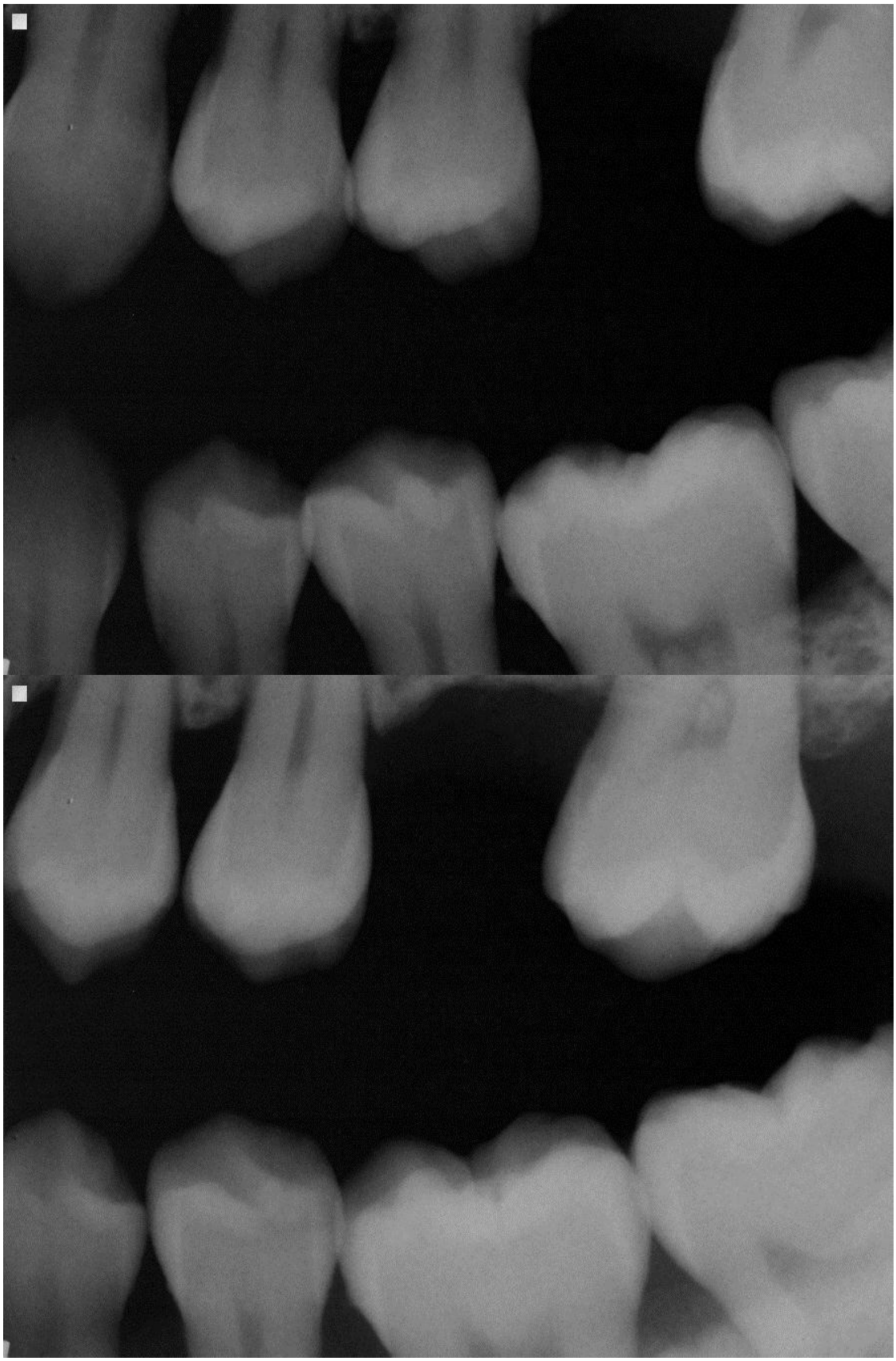


Figure 2.1 and 2.2 Radiographs with evident bone loss.



8:05 am William E. Collins DMD PSC. 2/11/2012

PERIO CHART

Patient Name: [redacted]
Patient ID: [redacted]
Exam Date: 2/1/2012

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
MOB																
PD		4 3 4		4 3 4	4 3 4	5 3 4	4 3 4	4 3 4	4 4 4	5 4 6	6 4 5	4 3 4	6 3 4		4 4 4	
GM																
CAL		4 3 4		4 3 4	4 3 4	5 3 4	4 3 4	4 3 4	4 4 4	5 4 6	6 4 5	4 3 4	6 3 4		4 4 4	
MGJ																
Bcl																
FG																
Ling																
PD		4 4 5		4 3 4	4 3 4	5 3 5	5 3 4	4 3 3	3 3 4	4 3 4	4 3 4	5 4 4	4 4 4		5 4 4	
GM																
CAL		4 4 5		4 3 4	4 3 4	5 3 5	5 3 4	4 3 3	3 3 4	4 3 4	4 3 4	5 4 4	4 4 4		5 4 4	
MGJ																
Tooth	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
MOB																
PD		6 5 5	4 3 5	6 4 4	4 3 4	5 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	5 4 5	5 4 7	6 4 6	
GM																
CAL		6 5 5	4 3 5	6 4 4	4 3 4	5 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	5 4 5	5 4 7	6 4 6	
MGJ																
Ling																
FG																
Bcl																
PD		6 5 5	4 3 4	4 3 4	4 3 4	4 3 4	5 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 5	4 3 4	5 3 6	5 4 4	
GM																
CAL		6 5 5	4 3 4	4 3 4	4 3 4	4 3 4	5 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 5	4 3 4	5 3 6	5 4 4	
MGJ																
Tooth	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Summary Information

Date	Bleeding Teeth	Bleeding Sites	Suppuration Teeth	Suppuration Sites	Furcation Teeth	Furcation Sites	Mobility Teeth	PD > Alert Teeth	PD > Alert Sites	CAL < 0 Teeth	CAL < 0 Sites	CAL 1-3 Teeth	CAL 1-3 Sites	CAL 4-5 Teeth	CAL 4-5 Sites	CAL 6+ Teeth	CAL 6+ Sites
2/1/2012	0	0	0	0	0	0	0	26	117	0	0	23	39	26	107	7	10

Figure 2.3 Periodontal chart indicative of bone loss.

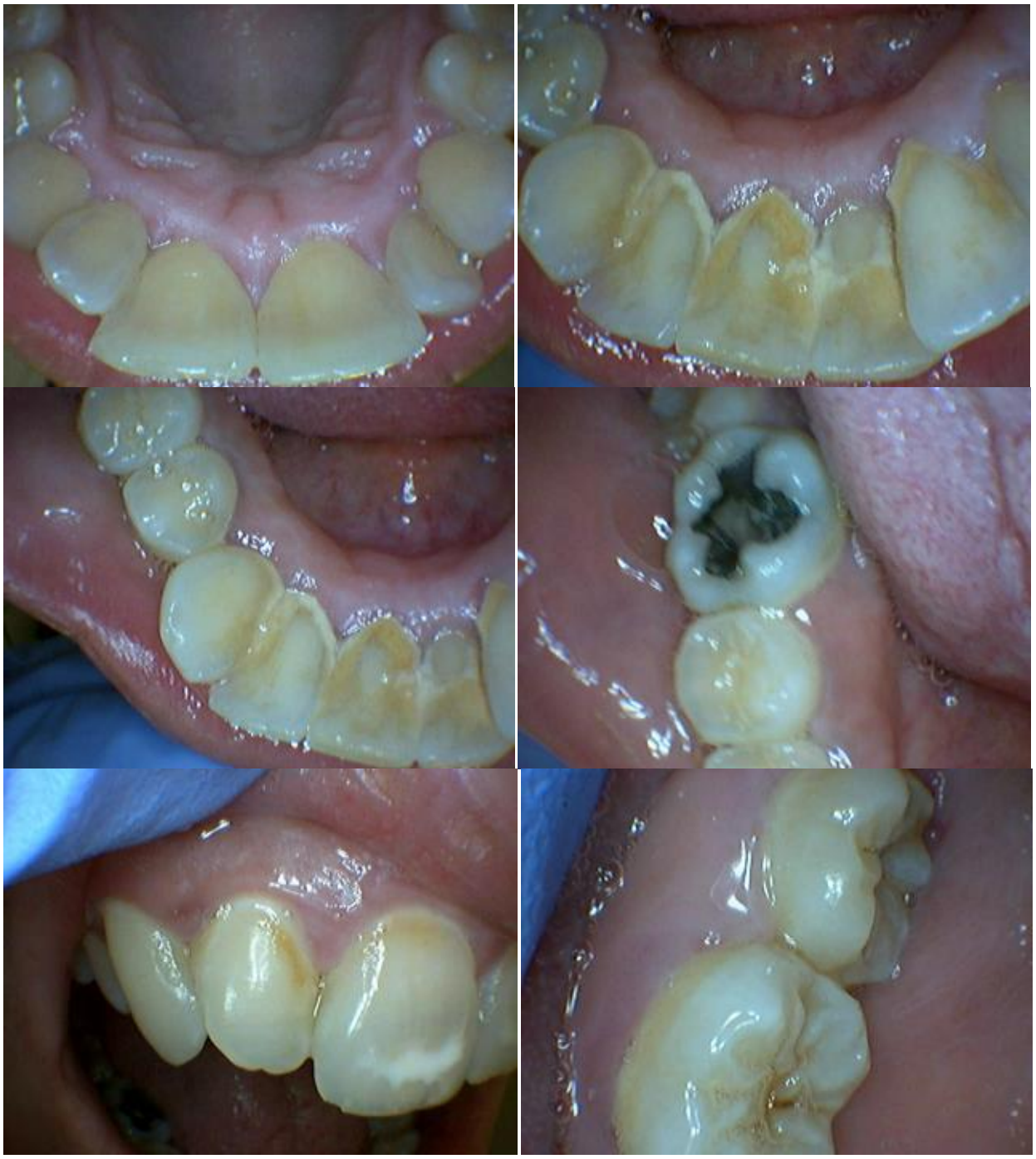
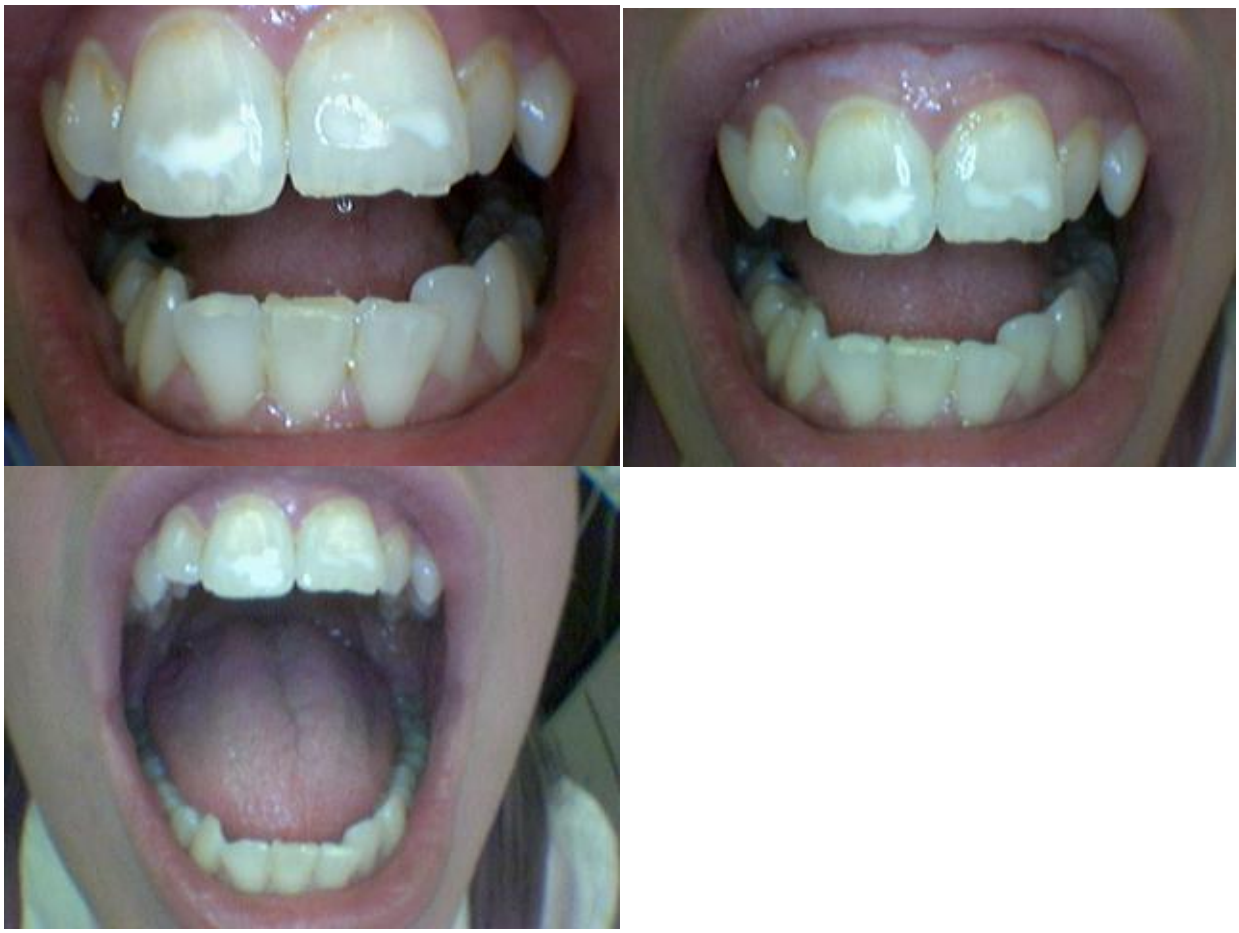


Figure 2.4 Photographs documenting presence of significant subgingival calculus, otherwise known as tartar, build-up along the gum margins.



This patient presented with evident calculus buildup and bone loss, as displayed on the radiographs above. The periodontal chart also indicates pocketing, but despite this evidence WellCare denied coverage due to insignificant bone loss. In this case, preventative care is desperately needed in order to avoid full-blown periodontal disease. When the patient and her provider attempted to appeal the decision, they encountered conflicting instructions on how to file statements along with an inordinate amount of paperwork. Some dental clinics refuse to appeal Medicaid preauthorization cases due to the lengthy process. By denying this procedure, MCOs deny the standard of care that Kentucky's dental professionals have delivered for decades.

Case 3: Extensive bone loss

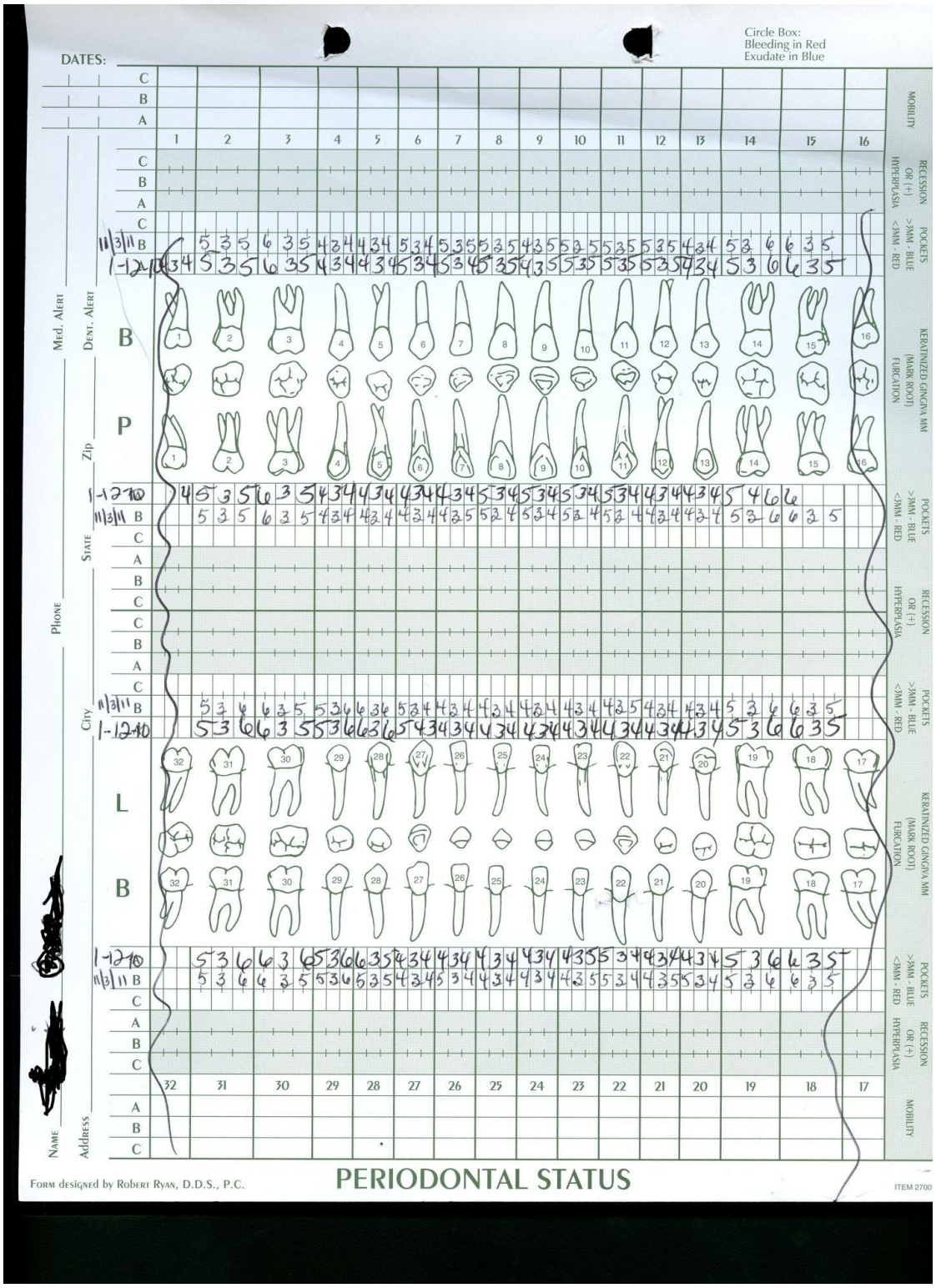


Figure 3.1 Periodontal chart declaring evident bone loss.

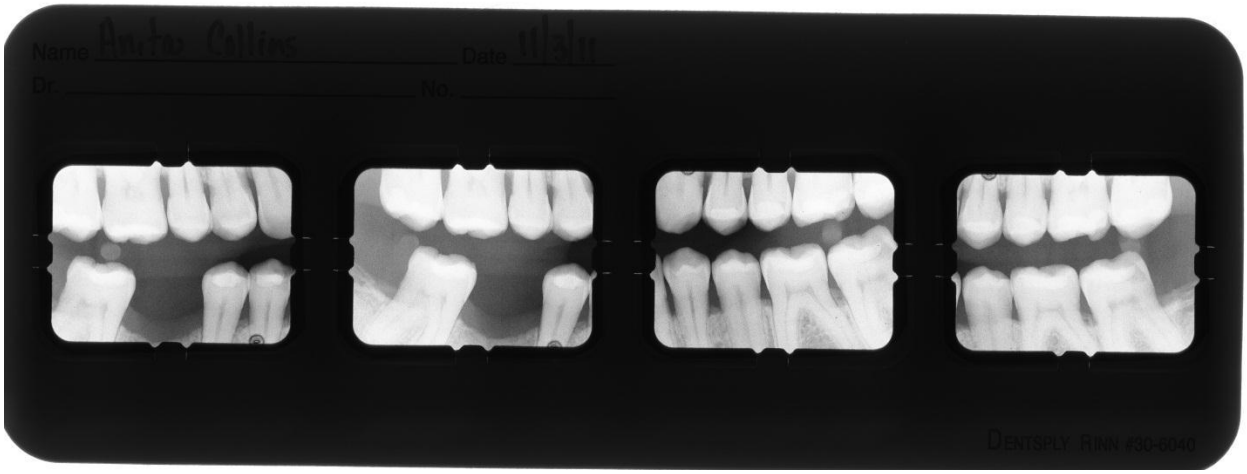


Figure 3.2 Radiograph also signaling significant bone loss.

This patient presented with obvious bone loss on all quads. Though radiographic and chart evidence was presented, the patient was denied coverage for scaling.

Case 4: Full mouth bone loss

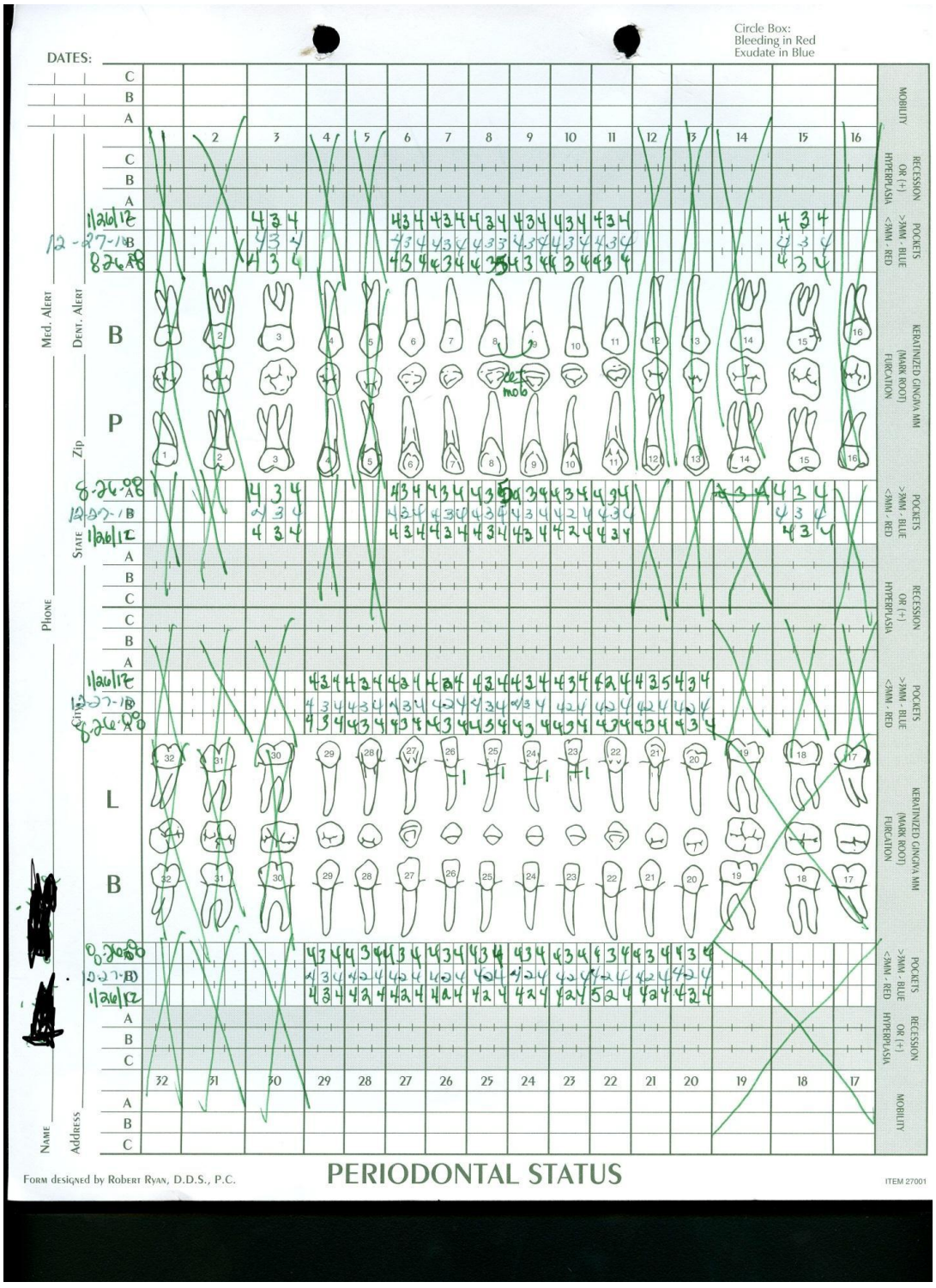


Figure 4.1 Accompanying periodontal chart.

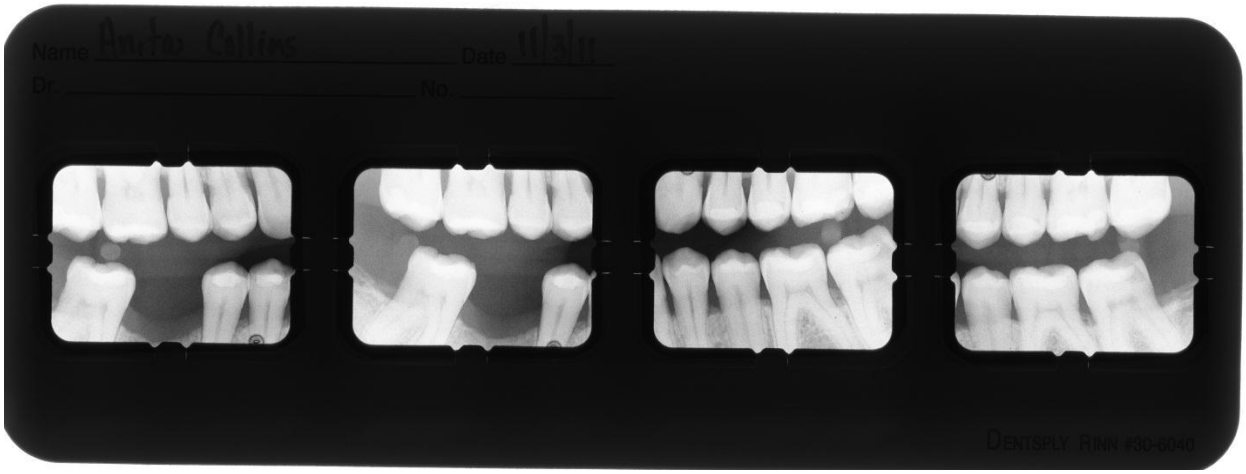


Figure 4.2 Radiograph depicting evidence of lower jaw bone loss

This patient was approved for treatment for the lower quads, but the upper quads were denied due to insufficient bone loss on the radiographs. Care was denied despite the fact that her front teeth were mobile upon clinical examination.

TESTIMONIALS

TESTIMONIALS

The following section contains testimonials from local dentists. Their names have been excluded from the document, but those who wish to speak with any of the following providers can contact Dr. Collins for further information.

Dentist 1

Up until the past two weeks, I would have said that I was pretty content with DentaQuest. I do not participate with the other two MCOs. However, the past two weeks has been a disaster. We have not been able to access their website to check eligibility nor have we been able to bill claims. My staff has had to go through the automated line to check eligibility for every patient. This is not acceptable as it takes up to five minutes to get through the process and then we must wait for them to fax us proof of eligibility. Two weeks' worth of visits when you see 35% Medicaid is a lot of dollars waiting to be billed. To further complicate matters, today's EOB has numerous denials for the patient not being eligible. Fortunately, we have a printed copy of their eligibility for the DOS in question. Unfortunately, we are told we must bill a paper claim with the copy of their eligibility. I have not submitted any paper claims but I'm sure the turnover will be much slower than billing directly on their website.

Dentist 2

Bill: I have four significant complaints to present.

1. We have received numerous random (but not universal) denials on certain procedures completed which are a headache because we incur the added overhead of having to get on the phone and chase down an explanation. Since that procedure gets paid one time and denied the next without apparent cause, it is confusing. There is no rhyme or reason and creates total unpredictability as to whether we can count on being paid in a timely manner. It makes the already minimal profit margin even smaller and pushes us toward exiting the ranks of those who treat Medicaid and CHIP patients. KY. Spirit/MCNA is the most egregious perpetrators of this practice. I'll forward you some examples when I'm 59 at our KY office tomorrow. There was no reason give except denial due to lack of prior authorization. I had a face to face meeting with KY Spirit/MCNA last Monday in Frankfort (2/20/12) along with a representative from one orthodontic office, one oral surgery office, Dr. Ken Rich, representatives from KY Spirit/MCNA, and officials from the Kentucky Medicaid Program. I received verbal promises of remedies on that date.
2. We are receiving a reduction in the amount reimbursed for the d00120 code from KY Spirit. Under the old system they didn't have an edit for that code so they paid us for the d00150 code twice per year. None of the MCO's will do this because it isn't the way the CDT codes specify (fair enough), but the other two MCO's do pay us at the old d00150 rate ($26) hence the complaint with them. We do thousands of patient visits under this code. Many times their x-rays and prophylaxes have been completed by other offices or on the University of Kentucky bus so

we can't recoup our loss economically by bundling this severely discounted reimbursement with other procedures that are profitable. So in essence we are getting $16 for 30 minutes of workstation time. Our overhead on each workstation is $60-$70 per hour so even at the old rate we weren't quite breaking even. This new rate is unacceptable and led us to terminate our contract with KY Spirit/MCNA. They ask us for a reconsideration and have verbally promised (see paragraph above) to remedy the $$ deficit. If and when they do, we may re-sign with them.

3. When we terminated with KY Spirit/MCNA, we had a family come from Paducah for a full mouth rehab case to be done in the hospital operating room. They were under KY Spirit/MCNA and we told them we weren't under contract with them so they would have to switch. Then they found out that their local hospital (Lourdes/Western Baptist) only accepted MCNA for medical and not the other two MCO's which put them in the impossible position of having to risk not being covered at their local hospital in the event of illness or injury or having to pay us out of pocket for the entire dental cost of the full mouth rehabilitation in Madisonville. This is a severe problem with the new system since everyone receives care regionally now and not locally!
4. The "locking in" as of January 31 of each year enables each MCO to not have to "compete" for the patient for the entire year. This is a severe flaw in the new system. (see the example in #3 above). This in essence means they can be totally unaccountable for deficits in care for that patient for the remainder of the year. In the computer age, this is ridiculous. They should be able to change at most with 7 days' notice. This would keep all three MCO's on their toes and accountable 24/7 to those who chose their coverage.

I stand ready to help in any way I can and further elaborate on these items I have addressed above.

Dentist 3

Dear Dr Collins;

I am responding to your request for information regarding my experience with the current MCO's in the state of Kentucky. By default, I suppose I became the "go to" person in the state last August when I found that we as a profession were getting either NO information from the Dept. of Medicaid Services or we were getting conflicting information. We were being asked to sign contracts without the ability to read the policy manuals which we were agreeing to be bound by. This was an untenable situation so I began working to figure out the "train wreck' Governor Beshear has begun. Needless to say this was no easy task, but I began by making contacts with each MCO and the Dept. of Medicaid Services which led to a meeting in the Fall of 2011 with former Sec. Janie Miller and representatives from all the MCOs. The results of that meeting were astounding. Sec. Miller was woefully uninformed about exactly what the dental profession was being asked to do and how these changes were going to have overall negative effects on our practices. She was not even aware of the difference between a "general dentist," who treats adults, children etc., and a pediatric dentist, such as myself, who specializes in the treatment of childhood dental disease. I felt at the end of that meeting we were going to have serious issues implementing this program and that has been the case. The implementation has been a complete and utter disaster. You have Medicaid recipients completely unaware of the changes that took place in spite

of the Department's assurances they were making them aware. The Department itself was woefully unaware of the changes that were going on and were of NO help whatsoever in helping us navigate this issue. And then you had Gov. Beshear pushing this agenda forward IN SPITE of all of the red flags that were being raised by our profession. Other issues area as follows:

1. Avesis
    a. Avesis/Conventry BY FAR has been the most responsive to ALL my concerns. Their dental director Dr. Fred Sharpe has answers and resolves issues in a timely fashion ALWAYS! The only issue I continue to have with Avesis is they require Pediatric Dentists to pre-certify children that must be treated in the outpatient hospital setting using parameters that are in direct conflict with KRS 304.17A-149:

    Coverage for anesthesia and services in connection with dental procedures for certain patients.

    All health benefit plans issued or renewed on or after July 15, 2002, that provide coverage for general anesthesia and hospitalization services to a covered person shall provide coverage for payment of anesthesia and hospital or facility charges for services performed in a hospital or ambulatory surgical facility in connection with dental procedures for children below the age of nine (9) years, persons with serious mental or physical conditions, and persons with significant behavioral problems, where the dentist treating the patient or admitting physician involved certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures. This section does not require coverage for routine dental care, including the diagnosis or treatment of disease or other dental conditions and procedures not covered in this section. The same deductibles, coinsurance, network requirements, medical necessity provisions, and other limitations as apply to physical illness benefits under the health benefit plan shall apply to coverage for anesthesia and hospital or facility charges required to be covered under this section.
    Effective: July 15, 2002
    History: Created 2002 Ky. Acts ch. 199, sec. 1, effective July 15, 2002. 62

    The other MCO's do not require this precertification, however they do have differing guidelines from the KRS above as to who you can and cannot take to the OR for treatment and for what reasons.
2. Dentaquest/Wellcare
    a. Dentaquest seems to be working hard to meet our needs, however there have been issues with computer and electronic claims not being processed. For example, if you cannot access the DQ website you cannot confirm eligibility which determines if you can provide treatment to the patient on a certain day. Granted, they have been working on this. They have NOT been as helpful as Avesis.
3. MCNA/KY Spirit

a. This MCO has been a nightmare to deal with from the start. They have attempted to reduce fees which are a direct violation of the state contract and they are making side deals with certain providers and not for others (paying some providers higher fees, paying certain providers for procedures and not paying others). They take the longest to pay for services provided and overall have had the worst response time of all three MCOs. Currently I have placed a moratorium on seeing MCNA patients because of their failure to pay the entire fee for certain procedures according to the rates they were given by the Dept. of Medicaid Services.

   Currently in my geographic area (South of Ashland and East of I-75) I have NO Orthodontists, NO Oral Surgeons and I am the ONLY Pediatric Dentist within a 120 mile radius who is currently seeing NEW patients who are covered by the MCO's. The surprising thing is ALL this information was shared with former Sec. Miller and with Gov. Beshear BEFORE this fiasco was implemented and they chose to turn a deaf ear to our concerns. Now we have patients who cannot get access to care, many of which are children. We have "cherry picking" dental vans coming from other states into our areas and gaining access to the school age children, using up and depleting the Medicaid resources for these children and leaving the area failing to create a dental home for these children.

Finally, there seems to be so much talk about the "access to care" issue we have in my area. Let me assure you that there is NO access to care issue in Eastern KY. We have adequate dentists in practices who WANT to treat patients; however the problems are the following:

1. The general population does not VALUE good oral health therefore they do not access care unless they or their children are in pain.
2. The fees paid by Medicaid are woefully unacceptable. Currently Medicaid rates are about 50% of the dentist fee. The national average for a dental office overhead is 55-65%. Clearly you can understand that if we are being paid LESS than what it costs us to provide services, Dentists are not going to participate in the system. You add on to that the additional headaches the MCO's have imposed and you have providers running from the system in great numbers.
3. The MULTIPLE MCO model is NOT the answer. We need ONE MCO to run the states program, and from my experience that should be Coventry/Avesis. This way we have ONE set of rules, ONE policy and procedure manual and ONE person to turn to when we have issues.

I hope you will take my comments to heart. I have been providing Pediatric Dental care in rural Appalachia for over 20 years. The latest attempts of the State to deal with the Medicaid issues have had serious negative effects upon my practice, but I have been able to survive. Many are not. Many are closing their doors or closing their doors to Medicaid recipients. This needs to change, and it needs to change fast!

<u>Dentist 4</u>

Our reimbursement with the MCOs has been approximately 32%, which is about half of what we were getting reimbursed with the old Medicaid. Our time spent on getting a claim processed has doubled. My staff constantly has to fill out additional paperwork for PA's, calling to find out why claims haven't been processed and talking with our patients who we have to inform we cannot treat them because their MCO hasn't approved the procedure. Participating with the MCOs is not financially viable.

Dentist 5

Donald R. McLaurin, DDS, MD
Fellow, American Association of Oral and Maxillofacial Surgeons
Diplomate, American Board of Oral and Maxillofacial Surgeons

11/26/12

Ms Lee

I wanted to give you an example of the difficulties I have been experiencing with MCNA/ KY Spirit. I have enclosed the patient records and if they are not clear due to the fax, I can have them emailed, but will outline the problem here.

First, this 16 yo girl had to travel well over an hour from Florence, KY to Georgetown, KY for evaluation and treatment due to the limited providers in northern KY. She has already had 1 trip to the emergency room + evaluation by her General Dentist due to pain from an abscessed tooth #30 and erupting / impacted wisdom teeth. My evaluation confirmed the recommendations for treatment made by her general dentist and I sent in a preauthorization for removal of the impacted wisdom teeth as well as the abscessed #30 under IV anesthesia.

PREAUTHORIZATION # 10013221397 34

TO PUT IT SUCCINCTLY - ALL SERVICES WERE DENIED.

This is not an isolated case, and the amount of frustration involved in providing care for patients covered by MCNA has reached a point where I can no longer accept patients under that insurance.

It is an enigma to me that 2 of the 3 companies have at least tried to accomodate us to make care easily procured. MCNA is not acting in good faith when caring for Kentucky's medicaid population.

Sincerely
Donald R. McLaurin DDS MD

1303 West Lexington Avenue, Winchester, KY 40391 (859) 744-0677
25 East High Street, Mt. Sterling, KY 40353 (859) 498-6204

Dentist 6

Just saw an 11 yr. old from northern KY. Grandparents drove 1-1/2 hours to get care. No one closer for care. One tooth, local---$38. Does not come close to covering my expenses. Just a heads up. The more MCNA I see, the more in the red we are.

Dentist 7

The following letter pertains to a correspondence between a Pikeville oral surgeon and Kentucky Spirit representatives. Currently there are no oral surgeons in the Pikeville area that accept Kentucky Spirit/MCNA, including this provider. His letter inquires whether he has the authorization to treat this patient out-of-network, or if he was obliged to send the patient to University of Kentucky—a 3-hour drive. Inquiries such as these regularly do not receive proper responses for days or even weeks.

"Thanks for speaking with me today over the phone and listening to my concerns. Oddly enough, after I got off of the phone with you, I received a hospital inpatient consult for a 60 year old male with esophageal cancer that will require some extractions and alveoloplasty prior to chemotherapy and radiation treatments. He has KY Spirit/MCNA. Can I go ahead and see him, then bill MCNA for the inpatient hospital consult and MCNA for the needed extractions, etc? Or should I tell them to send him to UK once he is stable for the extractions? His info is listed below for your records : We need clearance and prior approval from MCNA before treatment.

Name : Cxxxxxx xxxxxxx
DOB: 10/15/51

Please let me know if I can see this guy."

Dentist 8

Can you ask why precerts are needed for surgical extractions on adult members? This is basic health care that is reimbursed at a modest rate--$72-- if I remember correctly. Precerts for extractions are simply an obstruction to basic health care, in my opinion. Otherwise Avesis works reasonably well but I'm holding my final opinion of them until I see how an audit goes.

I intend to bring this point up with the legislators at our meeting in March. Any health care reform plan that obstructs access to basic health care is deeply flawed and is failing its citizens. Legislators may not want to hear this but they need to be told the truth.

Dentist 9

It would be helpful if Dr. Sharpe could address with Coventry the issue of taking pediatric patients (under the age of 8) to the outpatient surgery center. I recently had an 8 year old that was denied by Coventry for extractions of an impacted supernumerary tooth and primary teeth under general

anesthesia at the outpatient surgery center. My thinking from the start was that this young patient would benefit from general anesthesia due to the impacted supernumerary tooth, as opposed to "behavioral guidance" in the office. I think it meets medical necessity and should have been approved, in my humble opinion. Please see the attached Coventry letter and radiograph (see below). More simply stated, I'm wondering if there is a minimum age for a pediatric patient that would be approved for surgical procedures similar to the above--this obviously applies to all MCOS.

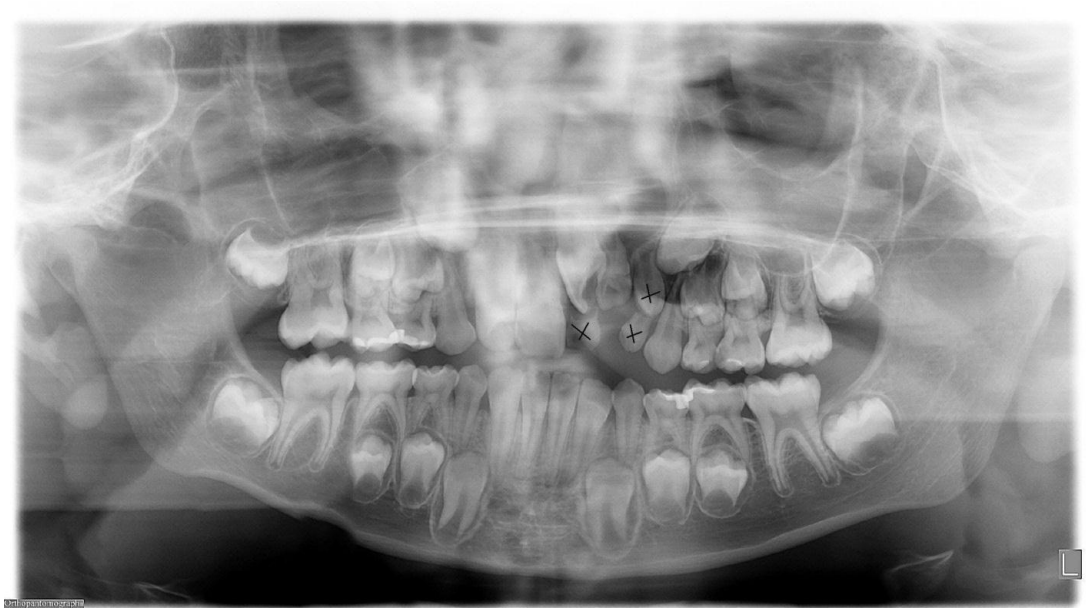
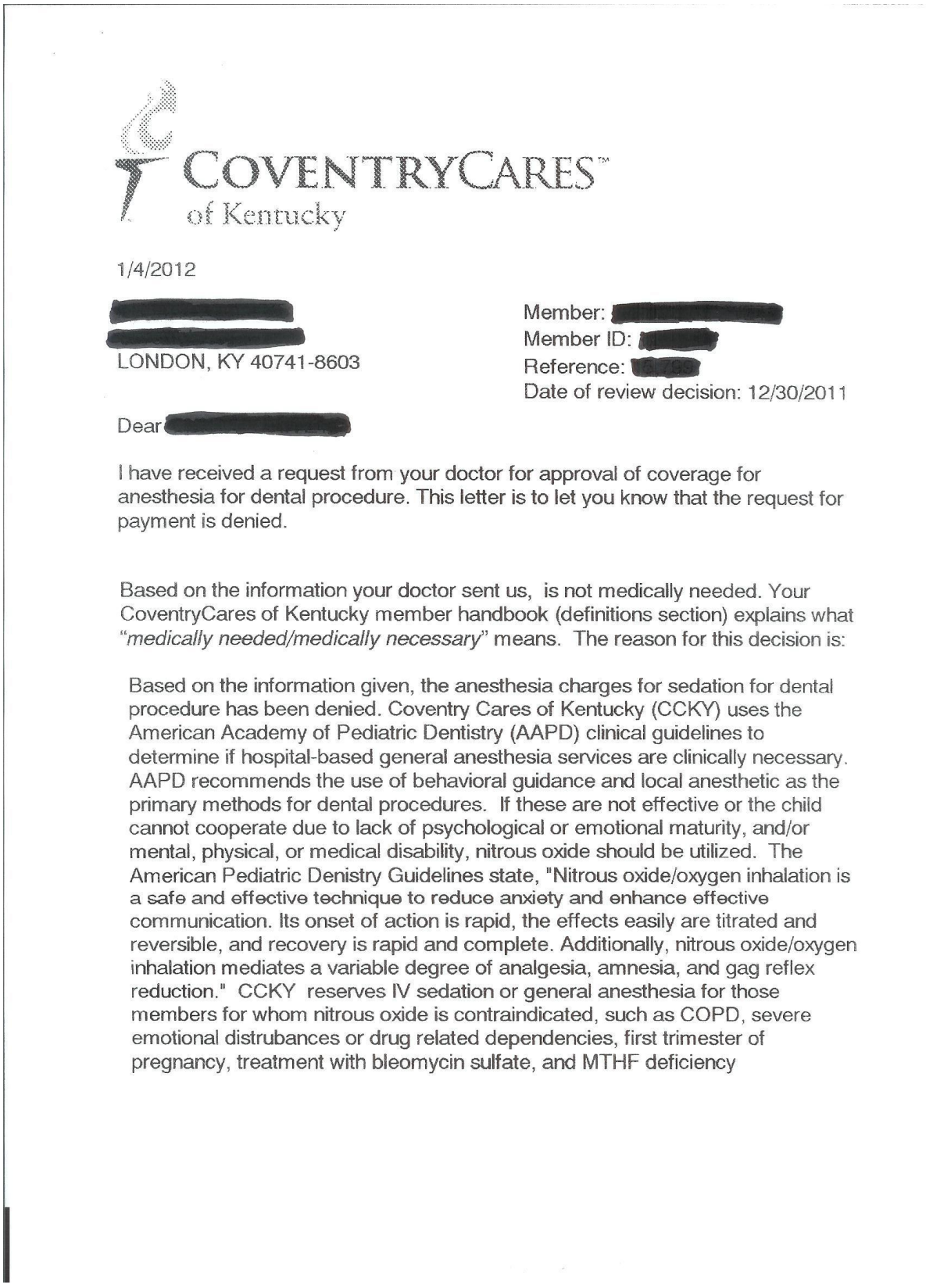


Figure 9.1 Radiograph, 8 year old denied coverage for extraction under general anesthesia.



CoventryCares™
of Kentucky

1/4/2012

[redacted]
LONDON, KY 40741-8603

Member: [redacted]
Member ID: [redacted]
Reference: [redacted]
Date of review decision: 12/30/2011

Dear [redacted]

I have received a request from your doctor for approval of coverage for anesthesia for dental procedure. This letter is to let you know that the request for payment is denied.

Based on the information your doctor sent us, is not medically needed. Your CoventryCares of Kentucky member handbook (definitions section) explains what "*medically needed/medically necessary*" means. The reason for this decision is:

Based on the information given, the anesthesia charges for sedation for dental procedure has been denied. Coventry Cares of Kentucky (CCKY) uses the American Academy of Pediatric Dentistry (AAPD) clinical guidelines to determine if hospital-based general anesthesia services are clinically necessary. AAPD recommends the use of behavioral guidance and local anesthetic as the primary methods for dental procedures. If these are not effective or the child cannot cooperate due to lack of psychological or emotional maturity, and/or mental, physical, or medical disability, nitrous oxide should be utilized. The American Pediatric Denistry Guidelines state, "Nitrous oxide/oxygen inhalation is a safe and effective technique to reduce anxiety and enhance effective communication. Its onset of action is rapid, the effects easily are titrated and reversible, and recovery is rapid and complete. Additionally, nitrous oxide/oxygen inhalation mediates a variable degree of analgesia, amnesia, and gag reflex reduction." CCKY reserves IV sedation or general anesthesia for those members for whom nitrous oxide is contraindicated, such as COPD, severe emotional distrubances or drug related dependencies, first trimester of pregnancy, treatment with bleomycin sulfate, and MTHF deficiency

Figure 9.2 Denial of coverage, from Coventry Cares.

Dentist 10

February 22, 2012

KY Spirit Health Plan
Attn: President KY Spirit Health Plan
770 Forsyth Blvd.
St. Louis, MO 63105

To Whom It May Concern: (Sent to Kentucky Spirit and MCNA Dental)

Be advised we are terminating our relationship as of this date.

1. We have been paid approximately 32% of our charges since the beginning of November 2011. This is in contrast to 62% of charges with the old Medicaid program. Our business cannot function with this type of reimbursement.
2. We have faced down-coding of clear cut procedures based on your reviewers' mistaken idea that their interpretation of a scanned x-ray is better than my clinical notes at the time of surgery. If I were to up-code in the same fashion, it would be considered insurance fraud. My business cannot function under these circumstances.
1. Anesthesia is denied for any reason MCNA can find.
2. We can easily spend 50 minutes on the phone with representatives trying to receive permission to care for a child in pain only to have to turn them away anyway and a get a different answer to questions depending on who we talk to.
3. Multiple re-filing of claims and different answers from each representative we speak to about the same concerns have doubled our costs.
4. We were informed by "Rosie" on Tues. Feb. 21, 2012 that we had to submit a narrative, panoramic film, and clinical notes along with each preauthorization for anesthesia. (pt Medicaid ID# 0000793491: 8 year old female denied anesthesia)
5. Our patients are upset with their treatment options and our hands are tied.
6. Paperwork and time spent on each preauthorization or claim is unacceptable.

In summary, we are being paid less to deal with you than it costs us. At the end of the day, we are not able to adequately provide the type of care we prefer to give our patients. We are terminating our relationship with KY Spirit Healthcare and MCNA Dental in all of our offices: John I. Gray, III, DMD, PSC in Mt. Sterling, KY and Winchester, KY and The Implant and Oral Surgery Center in Georgetown, KY. This includes Dr. Donald R. McLaurin, Dr. Gilman P. Peterson, III, Dr. John R. Cramer and myself, John I. Gray, III.

Sincerely,
John I. Gray III, DMD

February 22, 2012
MCNA Dental
200 West Cypress Creek Road
Suite 500
Fort Lauderdale, FL 33309

Dentist 11

Letter to Avesis:

Due to multiple attempts over the past 4 months to follow your guidelines and filing policies and after getting nowhere with your customer service representatives, contacting you is my last resort. We currently have not been paid for one D9230 (nitrous oxide) or D9248 (non-iv sedation) since our patients transferred to Avesis on November 1. I am an EPSDT provider and we have authorization numbers for each of these services for each patient. Yet after we get the letter from Avesis with the approval, you are denying the payment.

I myself spent 45 minutes on the phone with one of your customer service representatives about 2 separate patients. She proceeded to tell me that Avesis had paid the D9230 on a check that we had already received. I am looking at your EOB and it says "denied." During this conversation her system shut down 3 times and I had to repeatedly give her the patient's name, Claim #, ID #, DOB, date of procedure and procedure code. And this was for one patient! Finally, at the end of the conversation she said that I would have to speak to a supervisor who would call me back. I asked how many supervisors there were and she said 11 or so. That was Tuesday afternoon. It is now Friday afternoon and I have not heard back from anyone in your offices.

As of Tuesday we are out $5215.08 with your company. That is a total of 97 patients. If we have to call and inquire about each one that would take me or my staff 37 hours based on my last phone call and I would still not have any answers. The other MCOs are paying us for these procedures.

Finally, if these issues cannot be resolved in a timely manner I will have no choice but to stop providing care for Avesis patients.

I speak on behalf of myself and my partners.

Dentist 12

UNPAID MCNA CLAIMS NOV.1-DEC.31 2011

The following claims have been filed twice on paper (once mailed by certified mail) and twice electronically:

D.O.S. 12/30/11: Oral Exam, Prophy, Extraction, 2-surface restoration

D.O.S. 12/29/11: Oral Exam, Prophy, 2xbitewings, Pano, topical fluoride
D.O.S.12/29/11: Oral Exam, Prophy
D.O.S. 12/14/11: 1-surface post. Restoration primary, 1-surface post restoration primary
D.O.S 12/08/11: 1-surface anterior resin primary, 1-surface anterior resin primary
D.O.S. 12/07/11: Oral Exam, Prophy, Pano, Extractionx1, 1-surface resin anterior,1x1-surface restoration Posterior
D.O.S. 12/02/11: 1-surface restoration posterior
D.O.S. : 11/30/11: 2-surface restoration post, 3-surface restoration post, 4or more surface restoration
D.O.S. 11/3-/11: 2-surface restoration post, 2-surface restoration post
D.O.S. 11/23/11: Oral Exam, Prophy, Bitewingx4, pano, topical fluoride
D.O.S. 11/23/11: 1-surface restoration post, 2-surface restoration post

These claims total $2905.00.

Also have several more claims dating 02/02/11-02/16/11, totaling $730.00 filed electronically which have not been paid.

CONCERNS REGARDING ACCUSATIONS OF FRAUD AGAINST MCOS

CONCERNS REGARDING ACCUSATIONS OF FRAUD AGAINST MCOS

Some of the MCOs that have now partnered with Kentucky Medicaid have a questionable record, as exhibited in the 2010 settlement against WellCare for accusations of fraudulent business practices. The following excerpt is from American Medical News, published by the AMA:

> WellCare Health Plans has reached a preliminary settlement of $137.5 million to end a whistle-blower case that has gone on for four years.
>
> The announcement was made just days before a judge unsealed a 20-count False Claims Act complaint filed by a whistle-blower against the Medicare and Medicaid contractor.
>
> For 18 months, former WellCare senior analyst Sean Hellein worked with the Justice Dept. and wore a hidden wire as part of an undercover investigation into possible criminal misconduct on WellCare's part. In 2006, a False Claims Act complaint was filed.
>
> More than 1,000 hours of audio and video surveillance that Hellein conducted, and the subsequent complaint, detailed alleged crimes. Those allegations included schemes to avoid paying back overpayments WellCare received from Florida and New York's Medicaid programs, inflated reinsurance payments, and efforts to disenroll Medicaid beneficiaries whom the company considered unprofitable. The complaint claimed that the company stole $400 million to $600 million from Medicare and Medicaid programs in several states.
>
> Hellein's complaint cites examples of what his attorney referred to as "fraudulent, insensitive and arrogant practices" that included a celebratory dinner held in honor of the team that successfully disenrolled 425 infants, saving the company $6.9 million.
>
> With evidence from Hellein's undercover operation in hand, the FBI conducted a raid of the company's Tampa, Fla., headquarters in October 2007 and seized several computers and electronic files.
>
> Facing a criminal indictment, WellCare in May 2009 agreed to pay $40 million in restitution and a $40 million forfeiture to the U.S. Attorney General's Office to avoid criminal prosecution on four charges that it inflated its billings to the Florida Medicaid program. The company accepted responsibility for its actions in that agreement.

Source: Dolan, Pamela Lewis. "WellCare reaches tentative $137.5 million settlement in health fraud case." American Medical News. 12 July 2010. Web.

The unreliable credibility of WellCare, in conjunction with decreased coverage and insurmountable red tape politics, has concerned the dental professionals in Kentucky about the ethical business policies practiced by partnering MCOs. Fraudulent charges have also been settled against Passport Health Plan, another of Kentucky Medicaid's MCO partners, as reported in the Louiville Courier Journal in 2011:

> Passport Health Plan's main contractor has agreed to pay more than $2 million in damages to the Kentucky Medicaid program to settle a fraud investigation, Attorney General Jack Conway announced Wednesday.
>
> The settlement with AmeriHealth Mercy Plan is the result of a nine-month investigation by the Attorney General's Medicaid Fraud Unit into alleged falsification of records by the company that entitled it to more than $677,000 in bonus money for good performance.
>
> Conway said the investigation centered on an allegation from a whistleblower that AmeriHealth falsely reported data to the state Medicaid Services Department on the number of Medicaid recipients who received cervical cancer screenings in 2009. The false numbers allowed AmeriHealth to receive the bonus money under the terms of its contract.

Source: Loftus, Tom. "Passport Health Plan contractor pays $2 million to settle fraud investigation." Courier-Journal. 26 Jan. 2011. Web.

More recently, in April 2012 Appalachian Regional Healthcare (ARH) filed suit against Coventry Cares, Kentucky Spirit, and the state for failing to provide healthcare services to its Medicaid recipients. The lawsuit followed a decision in March by Coventry to terminate its contract with ARH later in May, affecting 25,000 Coventry patients who go to ARH providers (Katayama). ARH remains the largest healthcare provider in Eastern Kentucky, consisting of eight hospitals in the region. ARH claims that both MCOs have failed to provide proper reimbursement for claims. Results of the dispute have left area providers scrambling to find places to send their now out-of-network patients. Hospitals in nearby counties have struggled to accept the overflow of patients; meanwhile area clinics are forced to perform dental procedures with the use of nitrous oxide sedation in general office settings. Many are concerned

what was once completed in a stress free OR setting will place undue stress on the pediatric patients with the need for lengthy and multiple appointments. Unavailability of OR's will create lengthy waits or traveling excessive miles to hospitals which accept Coventry which currently is a minimum one hour travel time. The patients can switch to Wellcare or Kentucky Spirit but the change would not take effect until November which is a seven month waiting period. This unfolding crisis only worsens the strain felt by Kentucky providers and Medicaid patients, and may dramatically affect access to care in coming months (Honeycutt Spears).

As Kentucky's Medicaid patients are increasingly denied coverage for the care they need, how can our state legislators continue to contract with companies of such questionable records? Incidences such as those described above lower the standard of care delivered in this state and exploit the most vulnerable of our population.

CONCLUSION

CONCLUSION

In short, I have tried to present the problems that have arisen with the implementation of the new dental Medicaid system to our local legislators. I could go on and on about the lengthy and obstructive paperwork or the number of patients that have spent months without healthcare after transitioning to a different MCO. In this brief presentation, I have shown the frustration of Kentucky's providers and the woes of their patients. I can do no more than to deliver our complaints and requests; it is now within the hands of our governor and legislators to determine the fate of the Kentucky Medicaid system and its recipients.

This paper began with this quote from Gov. Beshear: "Managed care will provide consistent, comprehensive care to patients, so our vulnerable families will continue to get the quality medical services they need (Richardson)." After witnessing the wrongful denial of coverage and struggling with the convoluted bureaucracy of the new managed care system, can our Medicaid system truly claim to provide *consistent, comprehensive care* and insure the continuance of *quality medical services* to the most vulnerable of our society?

Our clinic has watched patients lose coverage for medications they have accessed for years while our staff struggles to overcome the endless red tape and the inordinate number of obstacles put in place by the MCOs, often wasting time and resources without seeing results. We have been increasingly forced to perform procedures—such as extensive extractions—under strained and difficult circumstances, resorting to local anesthetic rather than referring to oral surgeons for deep sedation, or offices for pediatric care rather than operating rooms.

Meanwhile other providers in the area have been forced to discontinue treating Medicaid patients due to high overheads, the lowering of already-reduced fees, and difficulties receiving payments from the new MCOs. This has dramatically reduced the pool of available providers, to the extent that our local region has lost most or all Medicaid providers in certain specialties.

With the new Medicaid system, it has become impossible for our providers to deliver a satisfactory standard of care to our most vulnerable patients. Managed care has *not* increased access to care nor has it provided *consistent, comprehensive* services; instead the options afforded to our patients have been reduced while care is being increasingly denied. It appears that many of our Medicaid patients are now forced to wait until their oral diseases have become so pronounced that they either require surgical intervention or face life-threatening consequences.

At our clinic, we promote the doctrine, "Poor people do not deserve poor care." This aligns with our belief that the standard of care delivered to the needy cannot be compromised. Under the new Medicaid system, we have encountered increasing difficulty delivering the same standard of care to our patients, and observe helplessly as they are penalized by a system that makes cuts at the expense of the patient. Our Medicaid recipients are among the most vulnerable of our society, and it is the

responsibility of their providers, insurance companies, and legislators to protect their access to proper, comprehensive care. Therefore, we demand that Medicaid address the problems outlined above by making fees more competitive and creating incentive for increased provider participation (particularly among specialties such as oral surgery or pediatric dentistry), reducing the inordinate amount of paperwork and red tape encountered in obtaining reimbursements, and by restoring coverage for necessary procedures and preventative care that has been denied by the new managed care system. Until these problems have been addressed, we demand that our patients be given the ability to switch MCOs so as to find the insurance provider that best suits their needs.

On behalf of the dental care providers of Kentucky, we thank you for your time and consideration as we strive to improve oral health and access to care for the Commonwealth.

APPENDICES

APPENDICES

Appendix A: Kentucky Dental Fee Schedule

KENTUCKY MEDICAID DENTAL SERVICES
CDTCODE
EFFECTIVE APRIL 1, 2009 - ONGOING
RATES: UNDER AGE 21| RATES: 21 YEARS OF AGE AND OLDER

D0140 LIMITED ORAL EVALUATION $33.00 $ 33.00
D0150 COMPREHENSIVE ORAL EVALUATION $26.00 $ 26.00
D0210 INTRAORAL COMPLETE SERIES $63.70 $ 49.00
D0220 INTRAORAL-PERIPICAL-FIRST FILM $10.40 $ 8.00
D0230 INTRAORAL-PERIAPICAL-EACH ADDIT $7.80 $ 6.00
D0270 BITEWING-SINGLE FILM $9.10 $ 7.00
D0272 BITEWING-TWO FILMS $18.20 $ 14.00
D0274 BITEWING-FOUR FILMS $29.90 $ 23.00
D0330 P.A. PANORAMIC FILM (REQUIRES PRIOR AUTHORIZATION AGES 5 AND UNDER) $39.00 $ 39.00
D0340 CEPHALOMETRIC FILM $61.10 $ 47.00
D1110 PROPHYLAXIS-14 AND OVER $48.10 $ 37.00
D1120 PROPHYLAXIS-13 AND UNDER $48.10 n/c
D1203 * TOPICAL APPLICATION OF FLUORIDE - Procedure Effective 4/1/2007 $15.00 n/c
D1351 * SEALANT - PER TOOTH (AGES 5-20) $19.50 n/c
D1510 * SPACE MAINTAINER-FIXED UNILATERAL $135.20 n/c
D1515 * SPACE MAINTAINER-FIXED BILATERAL $262.60 n/c
D1520 * SPACE MAINTAINER-REMOVABLE-UNILATERAL $134.00 n/c
D1525 * SPACE MAINTAINER-REMOVABLE-BILATERAL $202.00 n/c
D2140 AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT $49.40 $ 38.00
D2150 AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT $65.00 $ 50.00
D2160 AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT $76.70 $ 59.00
D2161 AMALGAM-FOUR/MORE SURFACES, PRIMARY OR PERMANENT $93.60 $ 72.00
D2330 RESIN-ONE SURFACE, ANTERIOR $57.20 $ 44.00
D2331 RESIN-TWO SURFACES, ANTERIOR $71.50 $ 55.00
D2332 RESIN-THREE SURFACES, ANTERIOR $85.80 $ 66.00
D2335 RESIN-FOUR/MORE SURFACES, ANTERIOR $101.40 $ 78.00
D2391 RESIN-ONE SURFACE, POSTERIOR $57.20 $ 44.00
D2392 RESIN-TWO SURFACES, POSTERIOR $71.50 $ 55.00
D2393 RESIN-THREE SURFACES, POSTERIOR $85.80 $ 66.00
D2394 RESIN FOUR OR MORE SURFACES, POSTERIOR $101.40 $ 78.00
D2930 * PREFAB STAINLESS STEEL CROWN-PRIMARY $119.60 n/c
D2931 * PREFAB STAINLESS STEEL CROWN-PERMANENT $133.90 n/c
D2932 * PREFAB RESIN CROWN $113.10 n/c
D2934 PREFAB ESTHETIC COATED SS CR.-PRIMARY (CHILDREN UNDER AGE 11) $119.60 n/c
D2951 PIN RETENTION-PER TOOTH, IN ADD. TO RESTOR $13.00 $ 13.00
D3110 * PULP CAP-DIRECT $17.00 n/c
D3220 * THERAPEUTIC PULPOTOMY $67.60 n/c
D3310 * ROOT CANAL THERAPY-ANTERIOR $274.30 n/c
D3320 * ROOT CANAL THERAPY-BICUSPID $344.50 n/c
D3330 * ROOT CANAL THERAPY-MOLAR $481.00 n/c
D3410 APICOECTOMY-ANTERIOR $201.50 $ 155.00
D3421 APICOECTOMY-BISCUSPID FIRST ROOT $201.50 $ 155.00
D3425 APICOECTOMY-MOLAR FIRST ROOT $201.50 $ 155.00
D3426 APICOECTOMY-PER TOOTH EACH ADDIT ROOT $197.00 $ 197.00
D4210 GINGIVECTOMY/GINGIVOPLASTY-PER QUAD $336.70 $ 259.00
D4211 GINGIVECTOMY/GINGIVOPLASTY-PER TOOTH $135.20 $ 104.00
D4341 P.A. PERIODONTAL SCALING AND ROOT PLANING-PER QUAD $101.40 $ 78.00
D4355
FULL MOUTH DEBRIDEMENT- procedure effective 9/30/2006 - LIMITED TO
PREGNANT WOMEN ONLY $68.50 $ 68.50
D5520 * REPLACE MISSING/BROKEN TEETH-DENTURE $40.30 n/c
D5610 * REPAIR RESIN DENTURE BASE $61.10 n/c
D5620 * REPAIR CAST FRAMEWORK $97.50 n/c

D5640 * REPLACE BROKEN TEETH-PER TOOTH/DENTURE $36.40 n/c
D5750 * RELINE COMPLETE MAXILLARY DENTURE $128.70 n/c
D5751 * RELINE COMPLETE MANDIBULAR DENTURE $128.70 n/c
D5820 * INTERIM PARTIAL DENTURE (MAXILLARY) $319.80 n/c 12
D5821 * INTERIM PARTIAL DENTURE (MANDIBULAR) $336.70 n/c
D5913 @ NASAL PROSTHESIS $2,036.00 $ 2,036.00
D5914 @ AURICULAR PROSTHESIS $1,881.00 $ 1,881.00
D5919 @ FACIAL PROSTHESIS $3,408.00 $ 3,408.00
D5931 OBTURATOR (TEMPORARY) $1,121.90 $ 863.00
D5932 OBTURATOR (PERMANENT) $1,992.00 $ 1,992.00
D5934 @ MANDIBULAR RESECTION PROSTHESIS $1,660.00 $ 1,660.00
D5952 @ SPEECH AID-PEDIATRIC (13 AND UNDER) $2,036.00 n/c
D5953 @ SPEECH AID-ADULT (14 AND OVER) $2,036.00 $ 2,036.00
D5954 @ PALATAL AUGMENTATION PROSTHESIS $1,550.00 $ 1,550.00
D5955 @ PALATAL LIFT PROSTHESIS $1,836.00 $ 1,836.00
D5988 @ ORAL SURGICAL SPLINT $896.00 $ 896.00
D5999 @ UNLISTED MAXILLOFACIAL PROSTHETIC PROC B/R B/R
D7111 CORONAL REMNANTS DECIDUOUS TOOTH $49.40 $ 38.00
D7140 EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT $49.40 $ 38.00
D7210 SURGICAL REMOVAL OF ERUPTED TOOTH $93.60 $ 72.00
D7220 REMOVAL OF IMPACTED TOOTH (SOFT TISSUE) $127.40 $ 98.00
D7230 REMOVAL OF IMPACTED TOOTH (PARTIALLY BONY) $179.40 $ 138.00
D7240 REMOVAL OF IMPACTED TOOTH (COMPLETELY BONY) $215.80 $ 166.00
D7241 REMOVAL OF IMPACTED TOOTH (COMP BONY-UNUSUAL] $222.30 $ 171.00
D7250 SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS $107.90 $ 83.00
D7260 OROANTRAL FISTULA CLOSURE $135.20 $ 104.00
D7280 SURGICAL EXPOSURE OF IMPACTED/UNERUPTED B/R B/R
D7310 ALVEOPLASTY IN CONJUN WITH EXTRACT/PER QUAD $101.40 $ 78.00
D7320 ALVEOPLASTY NOT IN CONJ WITH EXTRACT/PER QUAD $101.40 $ 78.00
D7410 EXCISION OF BENIGN LESION $87.10 $ 67.00
D7472 REMOVAL OF TORUS PALATINUS UPPER ARCH (1 PER LIFETIME) $302.47 $302.47
D7473 REMOVAL OF TORUS PALATINUS LOWER QUADRANTS (1 EA QUAD LIFETIME) $209.28 $209.28
D7510 INCISION & DRAINAGE OF ABSCESS (INTRAORAL) $67.60 $ 52.00
D7520 INCISION & DRAINAGE OF ABSCESS (EXTRAORAL) $80.60 $ 62.00
D7530 REMOVAL OF FOREIGN BODY $201.50 $ 155.00
D7880 * OCCLUSAL ORTHOTIC DEVICE P.A. n/c
D7910 SUTURE OF RECENT SMALL WOUND $67.60 $ 52.00
D7960 FRENULECTOMY $167.60 $ 129.00
D8210 * REMOVABLE APPLIANCE THERAPY 362.00 /P.A. n/c
D8220 * FIXED APPLIANCE THERAPY 259.00 /P.A. n/c
D8660 * PRE-ORTHODONTIC TREATMENT VISIT P.A. n/c
D8670 * PERIODIC ORTHODONTIC TREATMENT VISIT P.A. n/c
D8999 * UNSPECIFIED ORTHODONTIC PROCEDURE [FINAL THIRD] P.A. n/c
D9110 PALLIATIVE TREATMENT OF DENTAL PAIN $27.30 $ 21.00
D9241 * INTRAVENOUS SEDATION $158.60 n/c
D9420 HOSPITAL CALL $67.60 $ 52.00
* LIMITED TO RECIPIENTS UNDER THE AGE OF 21
@ PROCEDURES LIMITED TO KENTUCKY BOARD CERTIFIED PROSTHODONTIST
P.A. PROCEDURE REQUIRES PRIOR AUTHORIZATION
B/R BY-REPORT (MANUALLY PRICED)
n/c NON-COVERED

Source: Kentucky Cabinet for Health and Family Services, Department for Medicaid Services

Appendix B: West Virginia Dental Fee Schedule

West Virginia Dental Fee Schedule
As of July 1, 2009
Updated as of June 1, 2010
CODE | DESCRIPTION | FEE | EFFDATE | TERMDATE
D0120 Periodic oral Evaluation $25.00 2009-07-01 00:00:00 2078-12-31 00:00:00

D0140 Limit oral eval problm focus $35.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0145 Oral evaluation, pt < 3yrs $25.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0150 Comprehensve oral evaluation $35.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0210 Intraor complete film series $75.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0220 Intraoral periapical first f $15.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0230 Intraoral periapical ea add $10.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0240 Intraoral occlusal film $18.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0250 Extraoral first film $16.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0260 Extraoral ea additional film $12.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0270 Dental bitewing single film $18.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0272 Dental bitewings two films $25.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0274 Dental bitewings four films $37.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0290 Dental film skull/facial bon $72.07 1999-01-01 00:00:00 2078-12-31 00:00:00
D0310 Dental saliography $154.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0320 Dental tmj arthrogram incl i $154.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0321 Dental other tmj films $70.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0322 Dental tomographic survey $70.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0330 Dental panoramic film $67.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D0340 Dental cephalometric film $60.06 1999-01-01 00:00:00 2078-12-31 00:00:00
D0350 Oral/facial photo images $20.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0470 Diagnostic casts $36.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D0474 Micro w exam of surg margins $62.00 2004-01-01 00:00:00 2078-12-31 00:00:00
D0486 Accession of brush biopsy $75.00 2007-01-01 00:00:00 2078-12-31 00:00:00
D0502 Other oral pathology procedu $85.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D1120 Dental prophylaxis child $40.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D1203 Topical app fluoride child $19.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D1206 Topical fluoride varnish $20.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D1320 Tobacco counseling $28.97 2003-08-01 00:00:00 2078-12-31 00:00:00
D1351 Dental sealant per tooth $30.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D1510 Space maintainer fxd unilat $140.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D1515 Fixed bilat space maintainer $200.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D1520 Remove unilat space maintain $82.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D1525 Remove bilat space maintain $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D1550 Recement space maintainer $25.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D2140 Amalgam one surface permanen $73.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2150 Amalgam two surfaces permane $89.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2160 Amalgam three surfaces perma $104.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2161 Amalgam 4 or > surfaces perm $116.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2330 Resin one surface-anterior $85.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2331 Resin two surfaces-anterior $103.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2332 Resin three surfaces-anterio $125.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2335 Resin 4/> surf or w incis an $148.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2390 Ant resin-based cmpst crown $165.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2391 Post 1 srfc resinbased cmpst $93.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2392 Post 2 srfc resinbased cmpst $114.00 2009-07-01 00:00:00 2078-12-31 00:00:00 7

D2393 Post 3 srfc resinbased cmpst $138.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2394 Post >=4srfc resinbase cmpst $158.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2751 Crown porcelain fused base m $635.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2791 Crown full cast base metal $630.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2920 Dental recement crown $25.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D2930 Prefab stnlss steel crwn pri $147.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2931 Prefab stnlss steel crown pe $158.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2932 Prefabricated resin crown $162.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2940 Dental sedative filling $50.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2950 Core build-up incl any pins $140.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2951 Tooth pin retention $15.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D2952 Post and core cast + crown $66.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D2954 Prefab post/core + crown $160.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3220 Therapeutic pulpotomy $92.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3310 End thxpy, anterior tooth $405.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3320 End thxpy, bicuspid tooth $499.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3330 End thxpy, molar $630.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3346 Retreat root canal anterior $160.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D3347 Retreat root canal bicuspid $190.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D3348 Retreat root canal molar $250.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D3351 Apexification/recalc initial $136.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3352 Apexification/recalc interim $95.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3353 Apexification/recalc final $224.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3410 Apicoect/perirad surg anter $340.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D3421 Root surgery bicuspid $140.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D4210 Gingivectomy/plasty per quad $130.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D4211 Gingivectomy/plasty per toot $44.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D4260 Osseous surgery per quadrant $224.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D4261 Osseous surgl-3teethperquad $150.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D4341 Periodontal scaling & root $148.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D4342 Periodontal scaling 1-3teeth $81.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D4355 Full mouth debridement $85.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D5110 Dentures complete maxillary $400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5120 Dentures complete mandible $400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5130 Dentures immediat maxillary $414.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5140 Dentures immediat mandible $414.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5213 Dentures maxill part metal $425.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5214 Dentures mandibl part metal $425.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5281 Removable partial denture $225.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5410 Dentures adjust cmplt maxil $14.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5411 Dentures adjust cmplt mand $14.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5421 Dentures adjust part maxill $14.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5422 Dentures adjust part mandbl $14.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5510 Dentur repr broken compl bas $46.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5520 Replace denture teeth complt $39.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5610 Dentures repair resin base $46.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5620 Rep part denture cast frame $66.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5630 Rep partial denture clasp $59.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5640 Replace part denture teeth $38.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5650 Add tooth to partial denture $50.00 1999-01-01 00:00:00 2078-12-31 00:00:00 8

D5660 Add clasp to partial denture $64.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5710 Dentures rebase cmplt maxil $137.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5711 Dentures rebase cmplt mand $137.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5720 Dentures rebase part maxill $137.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5721 Dentures rebase part mandbl $137.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5730 Denture reln cmplt maxil ch $80.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5731 Denture reln cmplt mand chr $80.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5740 Denture reln part maxil chr $80.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5741 Denture reln part mand chr $80.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5750 Denture reln cmplt max lab $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5751 Denture reln cmplt mand lab $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5760 Denture reln part maxil lab $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5761 Denture reln part mand lab $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5911 Facial moorage sectional $250.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5915 Orbital prosthesis $607.40 1999-01-01 00:00:00 2078-12-31 00:00:00
D5924 Cranial prosthesis $646.85 1999-01-01 00:00:00 2078-12-31 00:00:00
D5925 Facial augmentation implant $611.06 1999-01-01 00:00:00 2078-12-31 00:00:00
D5931 Surgical obturator $770.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5932 Postsurgical obturator $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5952 Pediatric speech aid $500.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5955 Palatal lift prosthesis $800.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5982 Surgical stent $200.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D5986 Fluoride applicator $50.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D6211 Bridge base metal cast $310.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D6241 Bridge porcelain base metal $310.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D6545 Dental retain cast melt $102.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D6930 Dental recement bridge $70.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7140 Extraction erupted tooth/ear $80.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7210 Rem imp tooth w moocher flip $130.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7220 Impact tooth remov soft tiss $172.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7230 Impact tooth remov part bony $205.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7240 Impact tooth remov comp bony $245.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7260 Oral antral fistula closure $350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7270 Tooth reimplantation $140.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7280 Exposure impact tooth orthod $140.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7281 Exposure tooth aid eruption $68.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7283 Place device impacted tooth $68.00 2005-01-01 00:00:00 2078-12-31 00:00:00
D7285 Biopsy of oral tissue hard $150.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7286 Biopsy of oral tissue soft $130.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7310 Alveoplasty w/ extraction $68.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7320 Alveoplasty w/o extraction $88.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7340 Vestibuloplasty ridge extens $350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7350 Vestibuloplasty exten graft $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7410 Rad exc lesion up to 1.25 cm $86.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7411 Excision benign lesion>1.25c $350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7440 Malig tumor exc to 1.25 cm $280.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7441 Malig tumor > 1.25 cm $1,400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7450 Rem odontogen cyst to 1.25cm $104.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7451 Rem odontogen cyst > 1.25 cm $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7460 Rem nonodonto cyst to 1.25cm $105.00 1999-01-01 00:00:00 2078-12-31 00:00:00 9

D7461 Rem nonodonto cyst > 1.25 cm $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7471 Rem exostosis any site $126.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7472 Removal of torus palatinus $210.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7473 Remove torus mandibularis $210.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7485 Surg reduct osseoustuberosit $210.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7490 Maxilla or mandible resectio $2,450.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7510 I&d absc intraoral soft tiss $125.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7520 I&d abscess extraoral $175.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D7530 Removal fb skin/areolar tiss $121.21 1999-01-01 00:00:00 2078-12-31 00:00:00
D7550 Removal of sloughed off bone $210.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7560 Maxillary sinusotomy $630.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7610 Maxilla open reduct simple $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7620 Clsd reduct simpl maxilla fx $700.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7630 Open red simpl mandible fx $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7640 Clsd red simpl mandible fx $700.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7671 Alveolus open reduction $420.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7710 Maxilla open reduct compound $1,260.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7720 Clsd reduct compd maxilla fx $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7730 Open reduct compd mandble fx $1,414.70 1999-01-01 00:00:00 2078-12-31 00:00:00
D7740 Clsd reduct compd mandble fx $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7750 Open red comp malar/zygma fx $2,100.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7770 Open reduc compd alveolus fx $420.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7780 Reduct compnd facial bone fx $1,230.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7810 Tmj open reduct-dislocation $1,750.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7820 Closed tmp manipulation $140.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7830 Tmj manipulation under anest $560.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7850 Tmj meniscectomy $1,750.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7852 Tmj repair of joint disc $1,750.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7858 Tmj reconstruction $3,500.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7865 Tmj reshaping components $1,750.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7870 Tmj aspiration joint fluid $210.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7872 Tmj diagnostic arthroscopy $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7873 Tmj arthroscopy lysis adhesn $1,400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7874 Tmj arthroscopy disc reposit $1,400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7876 Tmj arthroscopy discectomy $1,750.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7877 Tmj arthroscopy debridement $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7880 Occlusal orthotic appliance $249.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7899 Tmj unspecified therapy $49.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7910 Dent sutur recent wnd to 5cm $49.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7911 Dental suture wound to 5 cm $350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7912 Suture complicate wnd > 5 cm $100.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7920 Dental skin graft $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7941 Bone cutting ramus closed $2,100.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7943 Cutting ramus open w/graft $2,800.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7944 Bone cutting segmented $1,400.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7946 Reconstruction maxilla total $2,800.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7947 Reconstruct maxilla segment $1,350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7948 Reconstruct midface no graft $1,220.07 1999-01-01 00:00:00 2078-12-31 00:00:00
D7949 Reconstruct midface w/graft $1,366.79 1999-01-01 00:00:00 2078-12-31 00:00:00
D7950 Mandible graft $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00 10

D7955 Repair maxillofacial defects $2,500.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7960 Frenulectomy/frenulotomy $87.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7970 Excision hyperplastic tissue $95.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7980 Sialolithotomy $105.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7981 Excision of salivary gland $1,050.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7982 Sialodochoplasty $315.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D7991 Dental coronoidectomy $840.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8010 Limited dental tx primary $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8020 Limited dental tx transition $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8030 Limited dental tx adolescent $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8040 Limited dental tx adult $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8050 Intercep dental tx primary $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8060 Intercep dental tx transitn $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8070 Compre dental tx transition $1,890.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8080 Compre dental tx adolescent $2,450.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8090 Compre dental tx adult $2,730.00 2004-01-01 00:00:00 2078-12-31 00:00:00
D8210 Orthodontic rem appliance tx $270.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8220 Fixed appliance therapy habt $350.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8680 Orthodontic retention $180.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D8692 Replacement retainer $180.00 2004-01-01 00:00:00 2078-12-31 00:00:00
D8693 Rebond/cement/repair retain $25.00 2007-01-01 00:00:00 2078-12-31 00:00:00
D9220 General anesthesia $158.90 2009-07-01 00:00:00 2078-12-31 00:00:00
D9221 General anesthesia ea ad 15m $22.70 2009-07-01 00:00:00 2078-12-31 00:00:00
D9230 Analgesia $40.00 2009-07-01 00:00:00 2078-12-31 00:00:00
D9241 Intravenous sedation $75.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9242 IV sedation ea ad 30 m $15.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9310 Dental consultation $50.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9420 Hospital call $35.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9630 Other drugs/medicaments $30.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9940 Dental occlusal guard $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9951 Limited occlusal adjustment $45.00 1999-01-01 00:00:00 2078-12-31 00:00:00
D9952 Complete occlusal adjustment $120.00 1999-01-01 00:00:00 2078-12-31 00:00:00

Note:

Listing of Service and Fee is not an indication of a covered benefit. For a complete listing of available benefits please refer to the Dental Manual published on the Bureau For Medical Services Web-site at : www.wvdhhr.org/bms

Source: Dental Manual from the West Virginia Bureau for Medical Service

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