The Adjudicator

Canadian Association of Dental Consultants

Synopsis of our 2019 September Symposium in Niagara Falls, ON

From Our President…

Dr. Lori Stephen-James

The focus of this issue of our newsletter is our recent September Symposium. Members who couldn't attend will find the "take-aways" of the speakers useful. And for members who did attend it will serve as a reminder of the information conveyed. Without a doubt the event was a success with timely topics and excellent speakers. Many thanks to Sandy Tse for putting this together along with Anu Seoni.

Next year's symposium is being organized by Ali Kapasi and Ed Zieba. Given the high caliber of our annual symposiums I encourage **ALL** members to attend. And if you have any burning issues you're dealing with please pass along topic ideas and/or possible speakers to Ali or Ed.

Our new secretary-treasurer is Anu Seoni who takes over from retiring Rick Beyers. Thanks to Rick for his many years of service to our organization. And welcome Anu, to your new role.

Best wishes for the holiday season.

Inside

Merry Christmas to all!

Leslie Redmond, ODA

Claims Verification: A Lens from the Dentist's Perspective

- Fees are suggested; not mandatory
- Between January and September, ODA does economic research and makes revisions and updates to codes and notes
- In October and November ODA creates documents
- In December, ODA distributes their updated info to members, libraries, etc.

The role of the ODA in relation to fees:

- Liaise between dentists, patients/plan members and carriers
- Explain why a claim is declined
- Explanation Of Benefits (EOB) interpretation
- Procedure code interpretation
- Link with insurance industry
- Liaise between dentists and carriers
- Claims verification processes
- Investigation processes

Trends:

- Roles and responsibilities are unclear
- Treatment plan vs benefit plan
- Increase in volume and intensity of claim reviews
- Poor communication: lack of transparency, verbal not written
- Conflicts with personal health protection legislation processes
- ODA wants to help insurance companies early on in the billing abuse process rather than pay it and then ask for money back
- Lengthy and invasive investigations
- Requests for onsite investigations of dentist office records

ODA keeps saying to members:

- Good record keeping and include time taken for procedure
- Accurate procedure code use
- Informed consent process: document that you had a chat with the patient
- Patient/parent is responsible for the fees
- Provide predeterminations
- Respond to requests for information from plan administrators
- Onsite investigations: they are opposed by RCDSO and ODA

Wine Tour and Tasting

Dr. John Maggio, State University of New York (SUNY)

What's New in Cariology and Operative Dentistry?

Dr. Maggio began his lecture by posing the treatment choices for a deep caries lesion - direct pulp cap, indirect pulp cap, or step-wise excavation.

The important decision is pulpal diagnosis: vital?, painful?, radiographic evidence, history.

With a negative pulp diagnosis step-wise excavation is evidence based because there is little evidence that 100% caries has to be removed before restoration. Bacteria does not digest the tooth structure.

- Done in 2 treatments with interval of 3 weeks to 2 years
- Use glass ionomer as interim restoration
- Successful in avoiding pulp exposure
- Symptoms are rare
- Bacteria decreases

Advantage of re-entry – gives you a chance to evaluate the caries: if moist it is active, if dry it is arrested.

Three questions to ask when looking at a tooth: Is it a lesion? Is it cavitated? Is it an active lesion?

Don't use an explorer when examining a tooth for fissure caries; instead, dry the tooth and look.

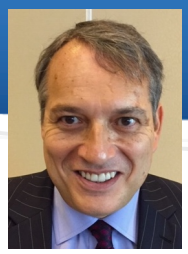
Interproximal non-cavitated lesions do not need to be restored.

Dr. Maggio suggests the diagnosis "watch" for a white lesion or uncertain observation be replaced with a preventive solution: fluoride, silver diamine, sealant, etc.

In relation to dental consulting, the main take away may be trust history. A patient with a history of no restorations but in the hands of a new dentist needs multiple restorations – demand evidence – radiographs, photographs, clinical records.

He welcomes questions johnjmaggio@yahoo.com

A web site of interest: http://www.tordent.com/pdfs/Dr.%20Maggio%20-%20HANDOUT%20-%20Dental%20Caries%20Update.pdf



Matthew Wilton

Wilton Barristers, Toronto

Insurers and Dentists – Friends or Foes?

Caveat: Mr. Wilton acts on behalf of Ontario dentists and interacts with the Royal College of Dental Surgeons Ontario. Other provincial regulatory frameworks may be different.

- When an insurer or third-party administrator writes to RCDSO about the claims pattern of a dentist, a Section 75 or Registrar's Investigation is commenced. The insurer's report can be as long as 120 pages. The College will get patient charts and billing information.
- The dentist's response should acknowledge mistakes. It helps to avoid (ICRC) Inquiries, Complaints and Reports Committee review.

In Ontario there are 4 outcomes:

1. Take no action
2. Take no action with suggestions
3. SCERP order – Specified Continuing Education or Remediation Program
    a. Monitor dentist's record keeping, informed consent, etc.
    b. This order goes on the public register

4. Discipline Committee Referral. This is a quasi-judicial panel that occurs only in serious cases such as moral turpitude. A penalty can include reprimand, education courses, practice monitoring, or registration suspension.

The 4 pillars of fraud management are prevention, detection, investigation and resolution.

Mr. Wilton presented several case studies in which he represented a dentist:

- Insurance fraud - changed date of service to qualify for payment
- Up- coding either of time spent or service complexity to recover a greater insurance payment than the service warranted

Insurance audits are harmful to a dentist financially and to his/her reputation.

Insurers can delist (refuse to pay claims) from a dentist due to billing abuse.

Mr. Wilton offered some comments and veiled criticism toward one company by making the following points about the practice of delisting:

- Because dentists don't have a contract with an insurer there are no rules for dispute resolution
- Insurers may not have written criteria for delisting to apply consistently
- Hard to take dentist off a delist list
- Insurers should not be cavalier when delisting
- It is not to be used as a tool to reduce costs

Co-pay issues received a lot of attention:

- Dentists need to collect co-pay fees as failing to collect = misconduct
- College may think a dentist is being irresponsible if dental treatment continues when bills and/or co-pay haven't been paid
- Writing off co-pay is not illegal and is not fraud IF a reasonable effort to collect has been made
- Don't write off co-pay on day of the appointment (tells the College that you never intended to collect)

Dr. Gary Hyman, Perio
Winnipeg, MB

There has been a lot of perio disease in the past but he's not seeing much now. Perhaps it's because people are better educated about oral hygiene. Treatment by periodontists these days is trending towards implants and mucogingival therapies. Crown lengthening is his most common procedure. It is a restorative driven procedure.

As the periodontal consultant for Great West Life he asks this question: Is the treatment reasonable and customary? He requests perio charting, full mouth x-rays (or a good panorex) and clinical photos to make an eligibility decision.

Dr. Hyman offered the following opinions:

- Emdogain – is a biologic product and finds it works great
- Platelet rich plasma – no evidence that it aids healing
- Implant failures mainly caused by cement retained around the implant in cases where abutment is cemented
- Lasers for perio theapy – there is no decent clinical research that they work well so pay as scaling and root planning
- Cone beam CT – is necessary for some diagnosis
- Extraction sites benefit from grafting – allograft
- Gingival curettage has no benefit over scaling and root planning
- Decline double dipping – i.e. frenectomy with a free gingival graft
- Multiple site grafting – second site at half fee.

Dr. Hyman welcomes questions: ghyman@mymts.net