NAMPI 2013 Baltimore, Inner Harbor



UNDER THE RADAR

A look at dental over-utilization from a clinician's perspective

PLAN FOR TODAY

Private Equity Investment, DPM, their promises

Dentistry 101

State Policy and Clinical Practice

Ground Level Code Overuse and Abuse

PRIVATE EQUITY INVESTMENT, DPM

Where they work

PRIVATE EQUITY INVESTMENT, DPM

Why they work

Equity or DPM Strategy







Private Equity or DPM Strategy

Patient

Mgmt diag strategy

Tx <u>Pla</u>n

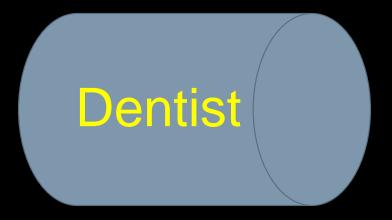
Corporate or DPM Strategy

Sign Tx Plan/consent

Treat



DPM Demands on a Dentist



STATE POLICY AND CLINICAL PRACTICE

- As with many policy areas, analysts typically require a learning time to understand the concepts and language of dentistry
- There is a disconnect between analysts' own concept of oral health care and how an underserved population seeks care frequency, urgency, etc.
- Dentistry remains one of the last cottage industries with 92% of dentists in 1-2 dentist practices ADA Apr 2012. Less flexible with rules.
- Budget constraints limit services, always a difficult discussion as to what coverage.
- Professional organizations advocate for all coverage for everyone

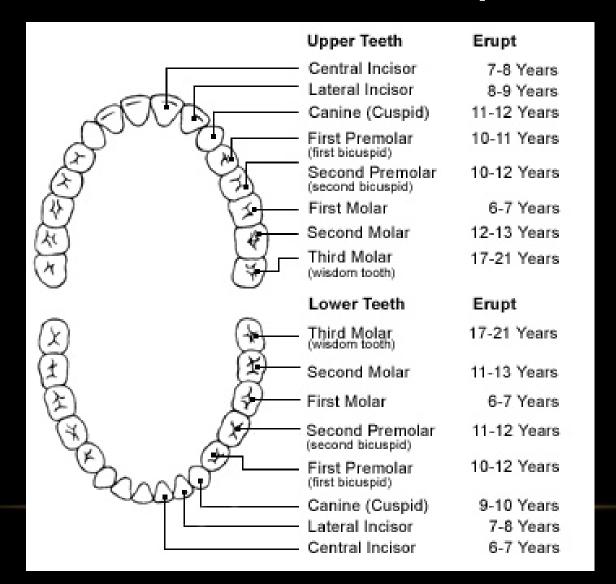
THE 20% TO 80% OBSERVATION

DENTISTRY 101

BABY TEETH DECIDUOUS TEETH

Baby Teeth Upper Teeth		Age Tooth Comes In (months)	Age Tooth Is Lost (years)
	Central Incisor	9.6	7.0
	Lateral Incisor —	12.4	8.0
	Canine (Cuspid)-	18.3	11.0
	First Molar——	15.7	10.0
	Second Molar —	26.2	10.5
	Second Molar	26.0	11.0
	First Molar	15.1	10.0
	Canine (Cuspid)-	18.2	9.5
	——Lateral Incisor—	11.5	7.0
Lower Teeth	Central Incisor —	7.8	6.0

Permanent Tooth Eruption

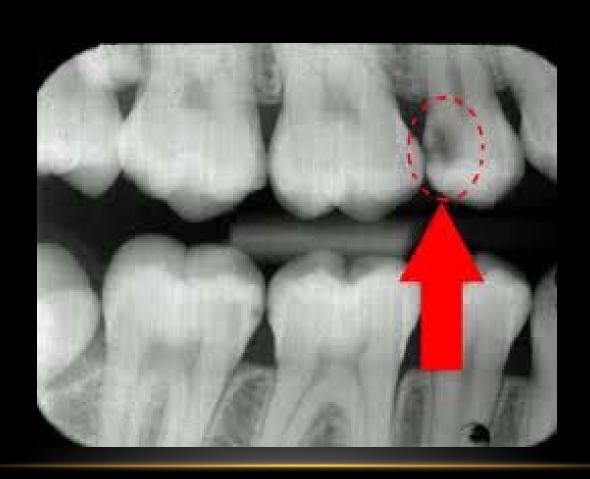


X-RAYS

BITEWING X-RAY



BITEWING X-RAY WITH DECAY



Bitewing X-ray with decay

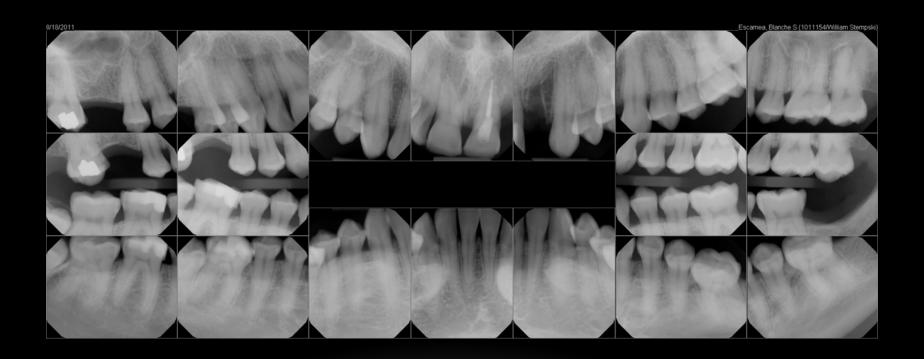


PERIAPICAL XRAY





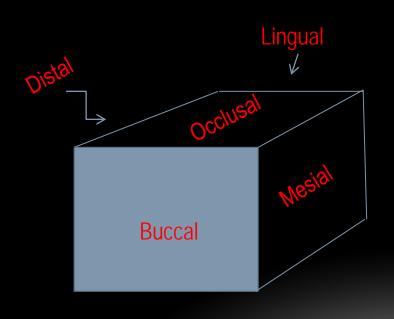
FULL MOUTH XRAYS



PANORAMIC XRAY

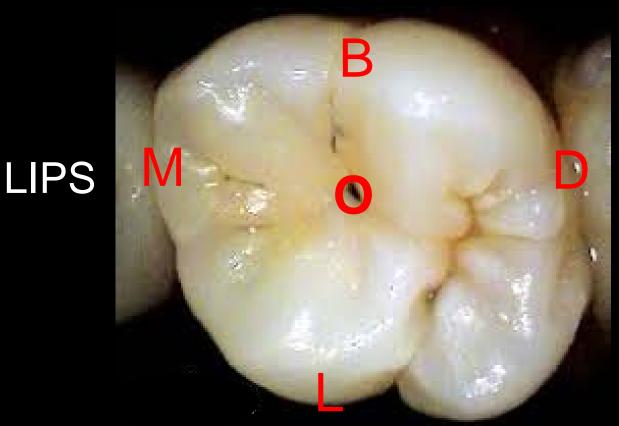


SURFACES OF A POSTERIOR TOOTH



Mesial-towards the middle
Distal-away from the middle
Buccal-cheek side
Lingual-tongue side
Occlusal-Grinding side
Incisal-cutting edge of front
teeth

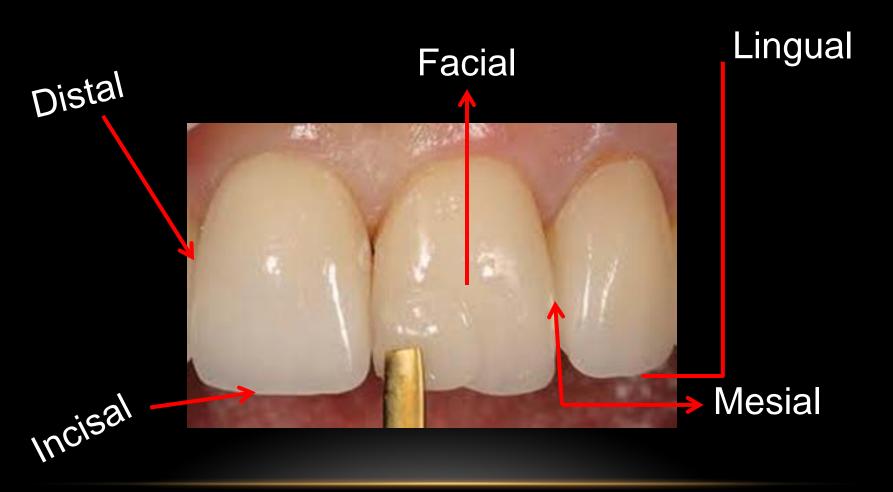
TONGUE



THROAT

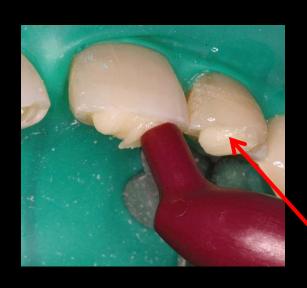
CHEEK

ANTERIOR TOOTH SURFACES



TYPES OF RESTORATIONS AND WHERE THEY ARE PLACED

TYPES OF DENTAL FILLING MATERIALS

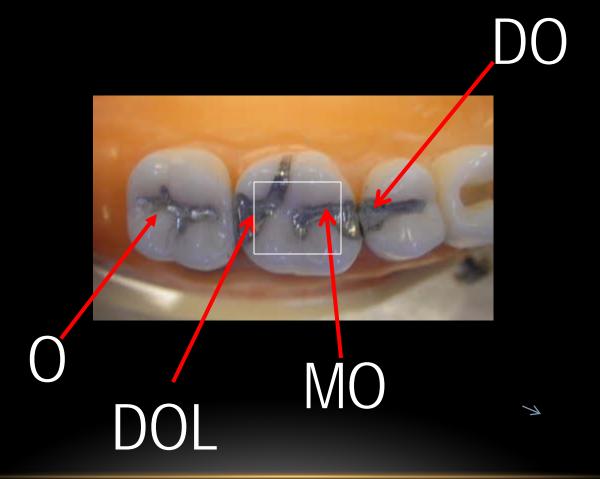






Amalgam
Composite Resin
Glass Ionomer

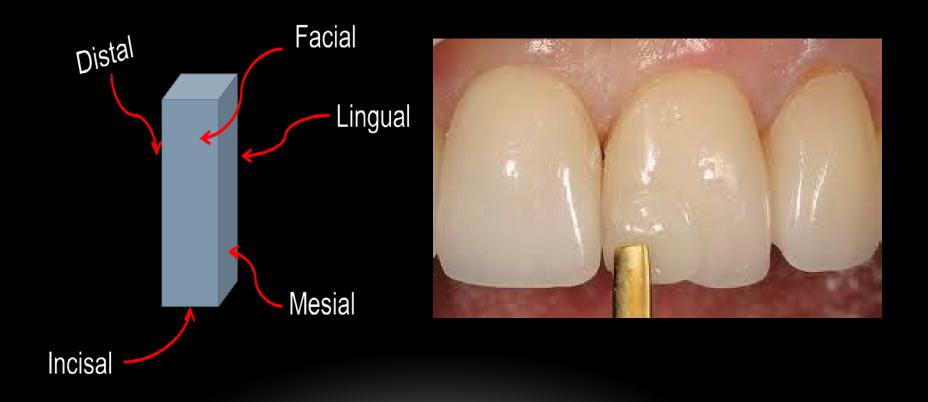
SURFACES OF FILLING



COMPOSITE RESINS



COMPOSITE RESINS



STAINLESS STEEL CROWNS (SSC)



TYPES OF SSC



INDICATIONS FOR STAINLESS STEEL CROWNS (SSC)

- Primary Teeth
- Pulpotomy
- Fractures
- Age

- Extensive Decay
- Failed Fillings
- Caries Control

INDICATIONS FOR STEEL CROWNS







INDICATIONS FOR STAINLESS STEEL CROWNS-DECAY



INDICATIONS FOR STAINLESS STEEL CROWNS-PULPOTOMY



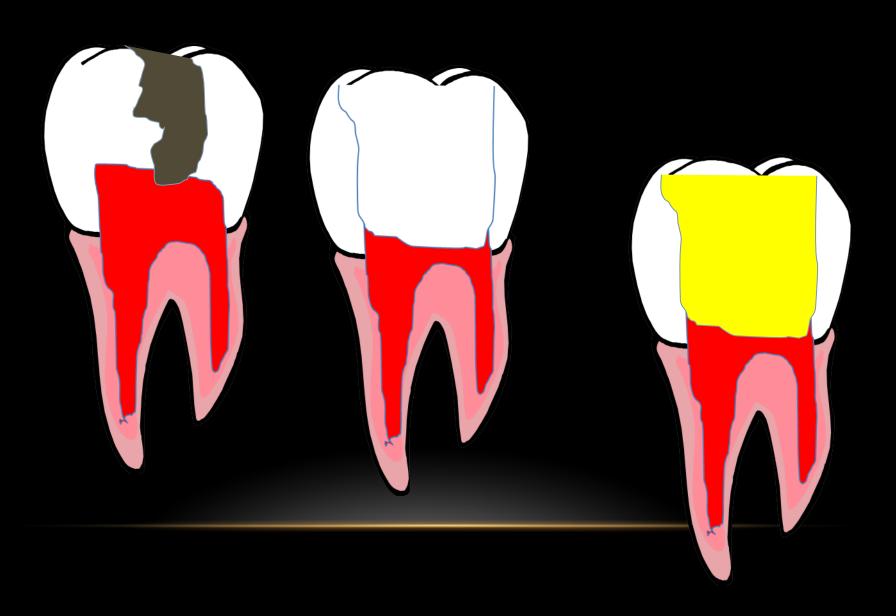


PULPOTOMY

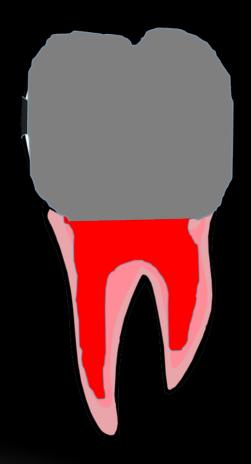
By definition a pulpotomy is the surgical removal of an inflamed pulp chamber due a cavity.



PULPOTOMY



Pulpotomy restored with stainless steel crown







EARLY CHILDHOOD CARIES

Definition of Early Childhood Caries (ECC)
American Academy of Pediatric Dentistry

Caries is a biofilm (plaque)-induced acid demineralization of enamel or dentin,

mediated by saliva. The disease of early childhood caries (ECC) is the presence of 1 or more decayed (non-cavitated or cavitated lesions), missing (due to caries), or filled tooth surfaces in any

primary tooth in a child 71 months of age or younger. In children younger than

3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries (S-ECC). From

ages 3 through 5, 1 or more cavitated, missing (due to caries), or filled smooth surfaces in primary maxillary anterior teeth or a decayed, missing, or filled score of ≥4 (age 3), ≥5 (age 4), or ≥6 (age 5) surfaces constitutes S-ECC.

Revised 2007, 2008

EARLY CHILDHOOD CARIES





PREVENTIVE SERVICES

Prophylaxis D1110 \$25.44

Debridement D4355 \$70.02

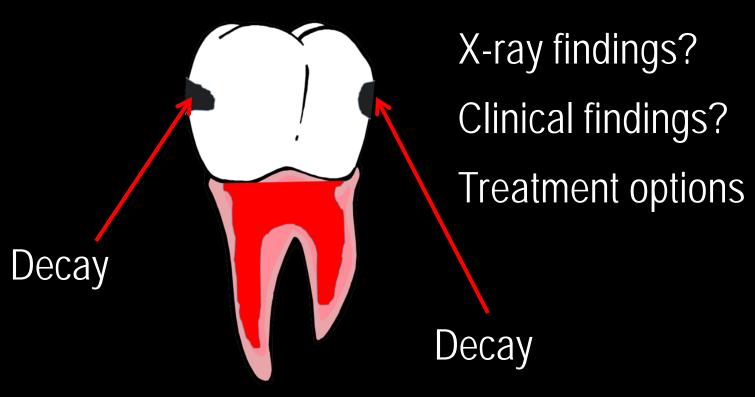
Perio Scale D4341 \$76.92/quadrant*

*Prior authorization with clinical charting only,
 \$307.68 per mouth

INDICATIONS FOR STAINLESS STEEL CROWNS



CARIES (DECAY)



CARIES (DECAY)



Amalgam (silver) filling

Composite (tooth colored)

filling



CARIES (DECAY)

Pulpotomy
Stainless Steel Crown

PULPOTOMY AND STAINLESS STEEL CROWNS

Best Service for high caries younger children

Less appropriate as primary teeth become ready to exfoliate

Does one treatment fit all patients?

Bigger, better more of them

Needed?

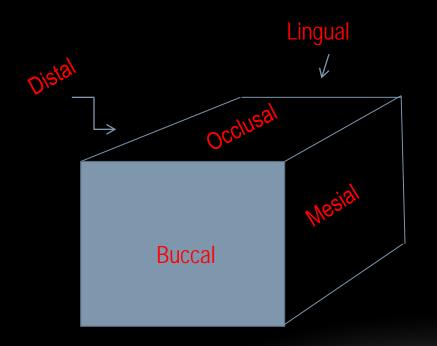


Billed

Sealant D1351 \$16.50

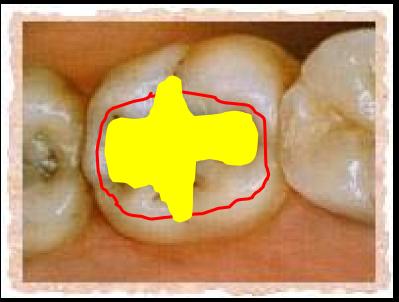
Amalgam one surface D2140 \$27.87

Composite one surface D2330 \$38.93









Actual Occlusal

Billed OBL

REIMBURSEMENT

One surface amalgam D2140 \$27.87

Three surface amalgam D2160 \$53.20

*This combination of surfaces for this restoration is very uncommon

FILLINGS COMPARISON TO PEERS

How does a dentist's breakdown of small medium and large fillings compare to his/her peers?



EXTRACTIONS

Routine CDT D7140 \$42.22

Surgical CDT7120 \$86.40

Ration compared to peers

Ratio in provider's practice

Ratio compared to specialists

80% to 20% Observation

No service

D1351 sealant \$25.31

D2140 amalgam \$64.79

D2330 resin \$76.01

D2930 SSC

\$127.54



PLAN FOR TODAY

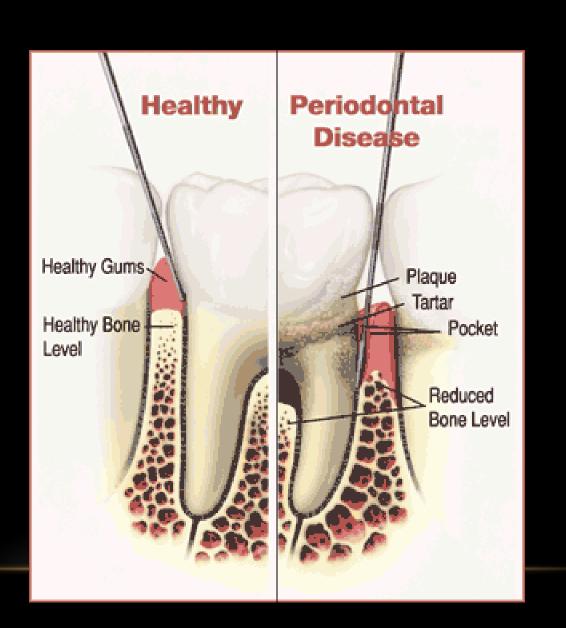
State Policy and clinical practice

Who are the policy wonks and what demands are placed upon them?

Are there un-intended policies that result?

Are there un-intended program integrity issues





NURSING HOME CARE

- Developing a credible mobile presence
- Developing competent staff
- Are you there for the convenience of the nursing home administrator
- Is the billing convenient, e.g., D9410, etc

PREVENTIVE SERVICE COMPARISON

Code	LA	TX	NC
D0120 Exam	\$ 27.24	\$ 28.85	\$ 25.27
D0272 X-rays	\$ 21.43	\$ 23.38	\$ 18.18
D1351 Sealant x 4	\$ 25.51 \$102.04	\$ 28.28 \$112.96	\$ 28.01 \$112.04
Total	\$210.02	\$216.64	\$197.83

DENTAL CODES EASILY OVERUSED

- D9110 Palliative (emergency tx) of dental pain
- D9410 Extended care facility call
- D9920 Behavior management (15 min)

DENTAL CODES EASILY OVERUSED

- D0140 Emergency visit
- D0220, D0230, D0330 x-rays
- D1206 Fluoride varnish
- D1352 Preventive Resin Restoration

