

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Singleton/Boucher	9-18-13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000114	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Lynch <i>Cleared 10/14/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>9-27-13</u>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Jennifer Lynch

From: Foster, Sally <fostersf@dhec.sc.gov>
Sent: Tuesday, September 17, 2013 4:12 PM
To: Jennifer Lynch
Subject: SCDHHS Benefit Limitations for Bitewings
Attachments: 2834_001.pdf

RECEIVED

SEP 18 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Good Afternoon, Jenny!

Per our conversation earlier, please find Ms. Krummel's letter regarding the SCDHHS benefit limitations for bitewings attached for review and action by the appropriate staff with SCDHHS. I have called and let Ms. Krummel know that we are forwarding her letter along to SCDHHS on her behalf. Thank you, again for your assistance on this matter. Have a wonderful rest of your afternoon!

Sincerely,
Sally

----- Forwarded message -----

From: <copier@dhec.sc.gov>
Date: 2013/9/17
Subject: Attached Image
To: fostersf@dhec.sc.gov

--
Sally Foster
SCDHEC
803-898-3315

This email is intended only for the use of the individual or entity to which it is addressed and may contain information which is privileged and confidential. If the reader of this email is not the intended recipient, you are hereby notified that any disclosure, distribution, or copying of this information is strictly prohibited. If you received this email in error, please notify the sender immediately by reply.



RECEIVED

SEP 18 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

CSHM LLC
618 Church Street, Suite 520
Nashville, Tennessee 37219
(615) 750-0300
(615) 750-0301 Fax
www.cshml.com

September 13, 2013

South Carolina Department of Health & Environmental Control
Oral Health Division
Attention: Gerta Ayers, BDS, RDH, MPH, Interim Director
1751 Calhoun Street
Columbia, SC 29201

RECEIVED

9/16/13 - via
O. H. Staff

Dear Ms. Ayers,

As the Compliance Director for CSHM LLC ("CSHM"), the management company for Small Smiles Dental Centers of Greenville, LLC (the "Greenville Center"), Small Smiles Dental Centers of Columbia, LLC (the "Columbia Center"), Children's Dental Clinic of Charleston, LLC (the "Charleston Center"), Small Smiles Dental Clinic of Florence, LLC (the "Florence Center"), Small Smiles of Spartanburg, LLC (the "Spartanburg Center") and Small Smiles of Myrtle Beach, LLC (the "Myrtle Beach Center"), I am responding to letter dated August 11, 2011 regarding *SCDHHS Benefit Limitations for Bitewings*. CSHM, on behalf of our Associated Centers, believes this limitation is inconsistent with the standard of care for high risk caries pediatric patients and SCDHHS beneficiaries.

As set forth in the August 2011 notice, SCDHHS has advised reimbursement to dental providers is limited to one bitewing (code D0270) or two bitewings (code D0272) every six months. The notice further advises "requests for payment of non-covered bitewing codes, such as D0274, would be denied." It is our position that four bitewings (code D0274) is the clinical standard of care for children 12 years or older *and* children 12 years or younger where the premolar projection of two bitewings does not include the distal half of the canines and the crowns of the premolars.¹ This is the generally accepted standard of care for pediatric dental patients. For your reference, this guidance is specifically included in the radiographic textbook citation below and attached for your reference.

Currently, the above named CSHM Associated dental practices are taking radiographs according to these cited guidelines as adopted in our CSHM Clinical Policies and Guidelines and the patient's individual need and dentition. However, reimbursement has been denied for four bitewings. In each Center, four bitewings (code D0274) is being billed as two (2) units of two bitewings (code D0272) with one unit being submitted for reimbursement and one unit being billed at no charge in accordance with the agency's directive. Thus, the additional cost is being placed fully on our Centers. At this time, we are respectfully requesting consideration for coverage of D0274 as the standard of care for SCDHHS beneficiaries in such scenarios as described herein above. This failure to provide coverage that aligns with the clinical standard of care could result in lack of proper diagnosis, treatment and prevention for SCDHHS beneficiaries, resulting in increased costs to the program.

Thank you for your time and consideration regarding this matter. We welcome the opportunity to discuss this issue further. Please do not hesitate to contact me with any questions or comments.

Sincerely,

¹ White SC, Pharoah MJ. Oral Radiology. Principles and Interpretation, 4th Ed.. CV Mosby, St. Louis, 2000



Elizabeth Krummel
Director, Compliance
615-750-0327
lkrummel@cshmc.com

effective and useful for detecting calculus deposits in interdental areas. (Because of its relatively low contrast, calculus is better visualized on radiographs made at reduced exposure.) Bitewing films are usually placed horizontally but may be oriented

Bitewing Films

The characteristics of the bitewing exposure are as follows. Above, the beam is carefully aligned parallel with the occlusal plane. As the XCP instrument is placed in the mouth, the central ray of the mandibular quadrant that is in view. The position of the teeth in the mandibular quadrant is evaluated, and the beam is directed through the contacts. Some difficulty is encountered because of the curvature of the mandibular and maxillary arches. However, when the x-ray beam is accurately aligned through the mandibular premolar contact, a few degrees of tolerance are available. The beam is angled before overlapping the contacts between the maxillary first premolar and second premolar. The beam is angled a few degrees more anteriorly to the mandibular first and second premolar. The aiming cylinder is positioned about +10 degrees vertically parallel with the occlusal plane. This minimizes the possibility of detecting early periodontal disease.

The XCP instrument has an external guide that is used to position the head. This reduces the pos-

sibility of cone cutting the film (Fig. 8-6). To position the XCP instrument properly, the guide bar is placed parallel with the direction of the beam that opens the contacts of the dentition being examined.

A film fitted with a bitewing tab or loop may be used instead of a holding device (Fig. 8-7). The film is placed in a comfortable position lingual to the teeth to be examined. The aiming cylinder is oriented in the predetermined direction that passes the x-ray beam through the interproximal spaces. To help prevent cone cutting, the central ray is directed toward the center of the bitewing tab, which protrudes to the buccal side. The beam is angulated +7 to +10 degrees vertically to preclude overlap of the cusps onto the occlusal surface.

Two posterior bitewing views, a premolar and a molar, are recommended for each quadrant. However, for children 12 years old or younger, one bitewing film (no. 2 film) usually suffices. The premolar projection should include the distal half of the canines and the crowns of the premolars. Because the mandibular canines usually are more mesial than the maxillary canines, the mandibular canine is used as the guide for placement of the premolar bitewing film. The molar bitewing film is placed 1 or 2 mm beyond the most distally erupted molar (maxillary or mandibular).

Vertical Bitewing Films

Vertical bitewing films usually are used when the patient has moderate to extensive alveolar bone loss. Orienting the length of the film vertically increases the likelihood that the residual alveolar crests in the maxilla and the mandible will be recorded on the radiograph (Fig. 8-8). The principles for positioning the film and orienting the

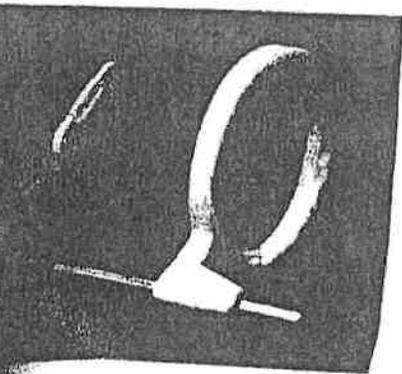


FIG. 8-6 Bitewing film for bitewing radiographs. The tab is used to position the film and to ensure that the en-

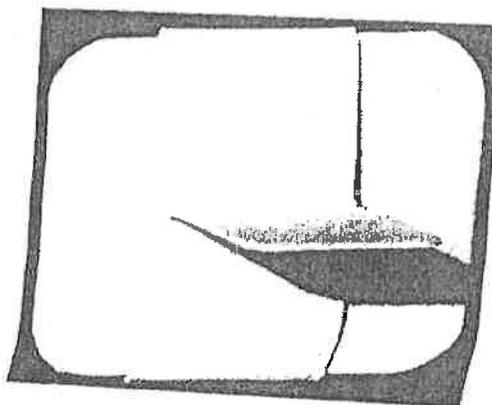


FIG. 8-7 Bitewing loop, showing the tab that the patient bites on to support the film during exposure.



October 14, 2013

Ms. Elizabeth Krummel, Director
Compliance for CSHM, LLC
618 Church Street, Suite 520
Nashville, Tennessee 37219

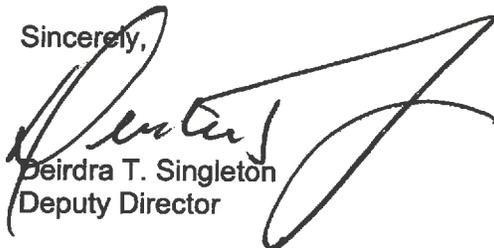
Dear Ms. Krummel:

The South Carolina Department of Health and Human Services (SCDHHS) received your request to modify our children's dental benefit related to the four film bitewing code D0274.

The SCDHHS dental benefit that is currently in place does not include the D0274 Current Dental Terminology (CDT) code. Our current policy is to cover either one D0270 or one D0272 per day, which provides a total benefit of three bitewings per six months per patient. SCDHHS periodically reviews our benefit structure and limitations. We do appreciate your suggestions for improving our children's dental benefit plan and will include your suggestions in this review process.

Thank you for your participation in the South Carolina Medicaid program and we look forward to your continued support.

Sincerely,



Deirdra T. Singleton
Deputy Director

DTS/abw

cc: Stephen Boucher, Program Manager