



January 20, 2021

Ms. Terri Sparks RNC
Texas Health Steps
Texas Health and Human Services Commission
Brown-Heatly Building
4900 North Lamar Blvd.
Austin, TX 78751

Dear Ms. Sparks,

Texas Academy of Pediatric Dentistry (TAPD) represents approximately 80 percent of practicing pediatric dentists in Texas, with the goal of promoting oral health for Texas children. We appreciate the opportunity to provide input into the review of the Texas Health Steps Dental Preventative Services Policy.

As you may know, TAPD has been advocating for a complete review the Texas Medicaid Provider Procedures Manual. Updating program benefits and tightening benefit limitations will help avoid over-treatment, while also providing comprehensive care that meets all of the medically necessary requirements of the program's recipients. The current dental policies were written before the implementation of Managed Care and have not had a comprehensive review in over a decade. A thorough review, with input from dental stakeholders, will help prioritize preventive care and help move away from practices that are not in the best interests of our patients.

To complete a thorough review, TAPD is asking the Texas legislature to require the Texas Health and Human Services Commission (HHSC) to create a working group comprised of dentists who see Medicaid patients and representatives from HHSC, the Office of the Inspector General, academia, and dental managed care organizations (DMOs). It is our belief that a complete review will help prevent fraud, waste, and abuse in Texas dental services.

Until this thorough review can be completed, TAPD offers the following recommendations for HHSC to explore:

Dental Policy Concerns Across All Dental Policies

A major concern for TAPD members is the difficulty navigating the current dental chapters. The chapters are disorganized and lack a logical flow. HHSC should consider renumbering and reorganizing the dental chapters to remove difficulty in locating particular codes and ensure a natural place for all dental policies.

TAPD members also request a revised system to inform dentists when modifications are made to dental policies. The current practice, which includes receiving notification of policies that affect non-dental providers, is cumbersome. TAPD recommends sending a dental provider an email when a change is made to a dental policy or providing notice when the provider logs into his or her TMHP account.

Changes to the Dental Preventive Services Policy

Prevention is the most important aspect of dental care. Preventing a disease leads to healthier patients, and healthier patients need less interventional care, which results in less expenditures for that care.

The current Texas Medicaid dental program has made few preventive benefit changes in the last three decades. The program operates on what was the consensus thinking of the last century and a one-size-fits-all mentality. Dental care has evolved greatly in the past thirty years, and it is time that the Texas Medicaid dental program reflects those changes.

Periodontal disease (gum disease) is now known to be associated with low-birth-weight babies and cardiac disease. Poor periodontal health complicates the management of diabetes, cancer therapy, and transplant success. We now know that good oral health is linked to overall health, as we never understood before.

The following preventative sections of the Texas Medicaid Provider Procedures Manual need discussion and revision:

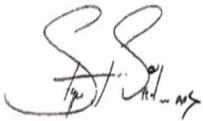
- Periodicity of cleanings and fluoride applications (D1110, D1120, D1206, D1208). The current 6 month benefit limit might be adequate for low risk patients, but it falls short of meeting the needs of moderate and high risk patients. Even the commercial insurance industry is adding additional cleanings and additional fluoride treatments as options to their coverages. They realize prevention will save the company money in the long run, and the public is starting to demand access to the tools needed for better oral health.
- Silver diamine fluoride (D1354), a recognized noninvasive dental therapy for arresting and controlling caries, is not a listed benefit of the program. Its use and benefits were not recognized 30 years ago when the preventive benefits were written, and now it is only a value added service from DentaQuest. The other administrators do not reimburse for this service.
- Space maintainers (D1500s), an important preventive intervention, needs to have the benefits and limitations revised. Two errors can occur when placing space maintainers: errors of commission, and errors of omission. Both occur in the Texas Medicaid Dental Program and this waste can be addressed by a revision of the current limitations.
- The expectation that a referral to a THSteps primary care physician for nutrition counseling (D1310) is providing a benefit, deserves discussion. The obesity rates among children in Texas indicate that the current measures are not working and more needs to be done. Many dentists have extensive knowledge on how nutrition affects oral health, often beyond what our medical colleagues possess in this specific area.

Prioritized List of the Dental Policies for Review

TAPD agrees with the Texas Dental Association (TDA) that after preventative services are reviewed, HHSC should review diagnostic services, therapeutic/restorative services, and oral and maxillofacial surgery services.

Again, TAPD thanks you for the opportunity to share our suggestions regarding improving pediatric dentistry in the Medicaid program. TAPD looks forward to continue assisting HHSC with developing solutions that provide the best care for Texas children, while controlling costs in the Texas Medicaid dental program and ensuring the best practitioners remain in the Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen Siedow' with a stylized flourish at the end.

Stephen Siedow, DDS
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