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DENTAL BENEFIT PAYER POLICY REGARDING SCALING AND ROOT PLANING

This statement is issued by the ADA's Council on Dental Benefit Programs

The American Dental Association's Council on Dental Benefit Programs (CDBP) has recently become aware of a national processing policy developed and proposed by the Delta Dental Plans Association (DDPA) policy committee. This new policy dictates the automatic "disallowance" of claims submitted for providing more than two quadrants of scaling and root planing performed on the same date of service.

Scaling and root planing for multiple quadrants, when performed over multiple appointments on different days, is deemed appropriate per Delta's policy and is not subject to automatic disallowance. Solely at issue here is rendering of three or more quadrants of scaling and root planing *provided to patients in a single appointment*. While the Council has been advised that this new policy of automatic disallowance or denial by some Delta member companies is currently being characterized as a "quality of care" issue, we disagree with this characterization. Delta clearly recognizes the validity and value of full mouth scaling and root planing and allows payment under extenuating circumstances or for medical reasons. There is no recognized study suggesting that the provision of more than 2 quadrants of scaling and root planing on the same day is anything less than an acceptable care option on a routine basis.

According to the Institute of Medicine, as well as adopted ADA policy, "quality of care" is defined as "[t]he degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Based on the most current published professional knowledge¹, it is clear that scaling and root planing of more than 2 quadrants on the same date of service, when performed properly, is an appropriate treatment choice. The doctor and patient alone are in the best position to determine patient centered treatment plans and the time frames for delivery of the indicated care. A policy that automatically rejects this treatment, which is based on the doctor's best judgment, is unacceptable.

The DDPA Board should reject this "automatic disallow" policy and encourage their member companies to keep their focus on adjudicating the patients purchased dental benefit. We feel this new policy not only intercedes into dental care treatment planning but may also harm patients by creating unwarranted challenges to their scheduling for needed treatment. Interference with the doctor-patient relationship is ever increasing and is of significant concern to the ADA.²



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¹ Full-mouth treatment modalities (within 24 hours) for chronic periodontitis in adults; Cochrane Review. Accessed at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004622.pub3/abstract>

² Standards for Dental Benefit Plans (*Trans.*1988:478; 1989:547; 1993:696; 2000:458; 2001:428; 2008:453; 2010:546); Policy Statement on Evidence-Based Dentistry (*Trans.*2001:462; 2012:469); Continuation of Doctor/Patient Relationship (*Trans.*1991:627)