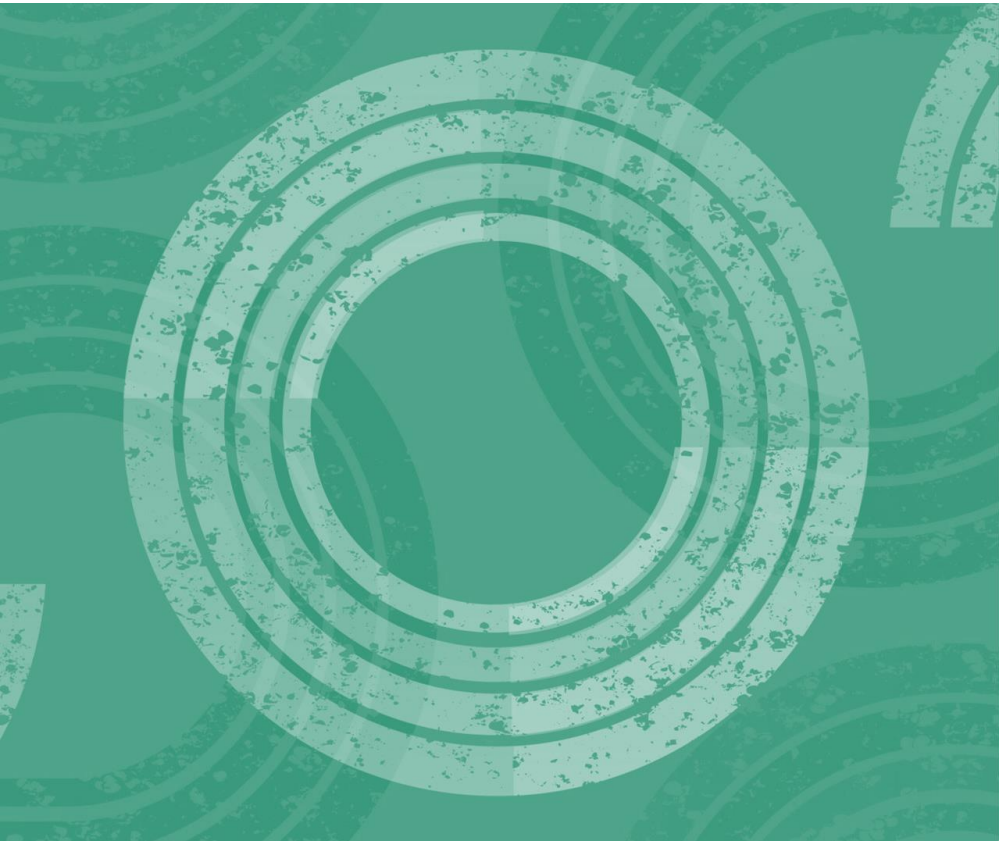
Michigan Academy of Pediatric Dentistry



michigan dental ASSOCIATION
YOUR CONNECTION TO ORAL HEALTH®

General Anesthesia for Dental Cases

Michigan's Significant Increase for CPT Code 41899 Creates New Opportunities

Introduction

- Dr. Elizabeth Picard, DMD
- Office: 110 E. Main St, Bay City
- Hospital privileges at Hurley Medical Center, Hills and Dales, MyMichigan Health
- Complete about 250-300 OR cases per year

Statements from the AAPD Practice Guidelines

- Pediatric dentists treat patients who present special challenges related to their age, behavior, medical status, developmental disabilities, or special needs.
- To address these challenges and to provide the treatment needs effectively, pediatric dentists have developed and employ a variety of management techniques, including accessing anesthesia services and/ or the provision of oral health care in a hospital setting/ surgery center with general anesthesia.

Operating Room Access

- Hospital dentistry is an integral part of the pediatric dental training curriculum.
- As a profession, pediatric dentists experience difficulty in gaining an equal opportunity to schedule OR time, postponement/ delay of non-emergency oral care and economic credentialing .
- Economic credentialing (i.e. the use of economic criteria not related to the quality of care or professional competency) to determine qualifications for granting/ renewing an individual's clinical staff membership or privileges should be opposed.
- Decisions regarding hospital privileges should be based on training, experience, and demonstrated competence of candidates. Credentialing committees should evaluate the overall medical needs of the community, the hospital and especially the patients.

Barriers To Access

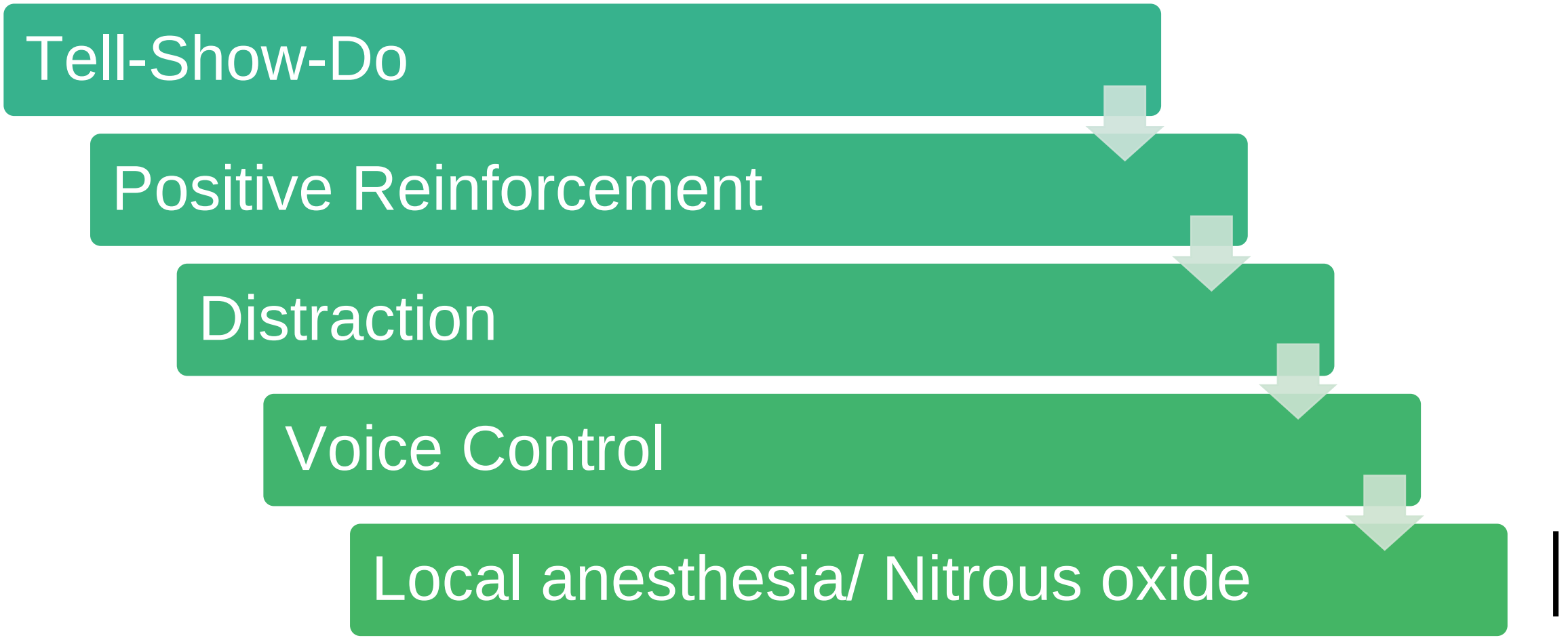
- I had operating room privileges at 2 local hospitals. Received letters stating I could no longer do cases due to “the high volume of Medicaid and poor reimbursement received.”
- When I met with CEO, he stated, “Can’t you just give them some gas, hold them down and get it done?”
- Various medical procedures are short, can they be performed in office with gas and papoose? Are medical professionals held to this same “standard of care?”

Behavior Guidance for the Pediatric Dental Patient

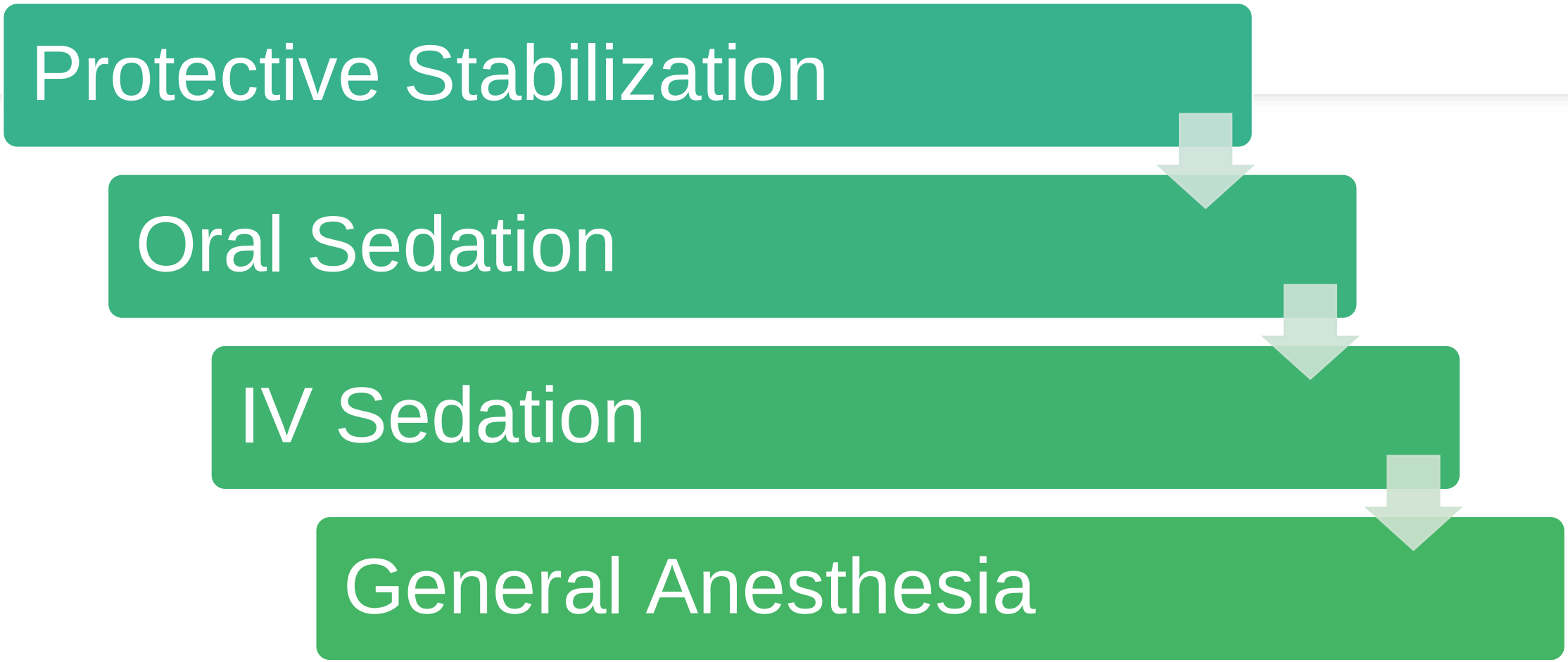
Objectives

- Safely and effectively treat dental disease
  - Is it safe to use handpiece on a mobile child that reach 250,000-400,000 rpms? In a highly vascular area?
  - Many small pieces that can be swallowed, aspirated. Crowns, wedges, t-bands
- Alleviate fear and anxiety
  - How many here have had a traumatic dental experience? Do you want that same fear for your children/ grandchildren?
- Build a trusting relationship between dentist/ staff and the child/ parent
- Many patients come from difficult backgrounds, I would like to promote positive adult interactions for these patients
- Promote a positive attitude towards oral health care

Basic Behavior Management Techniques



Advanced Behavior Management Techniques

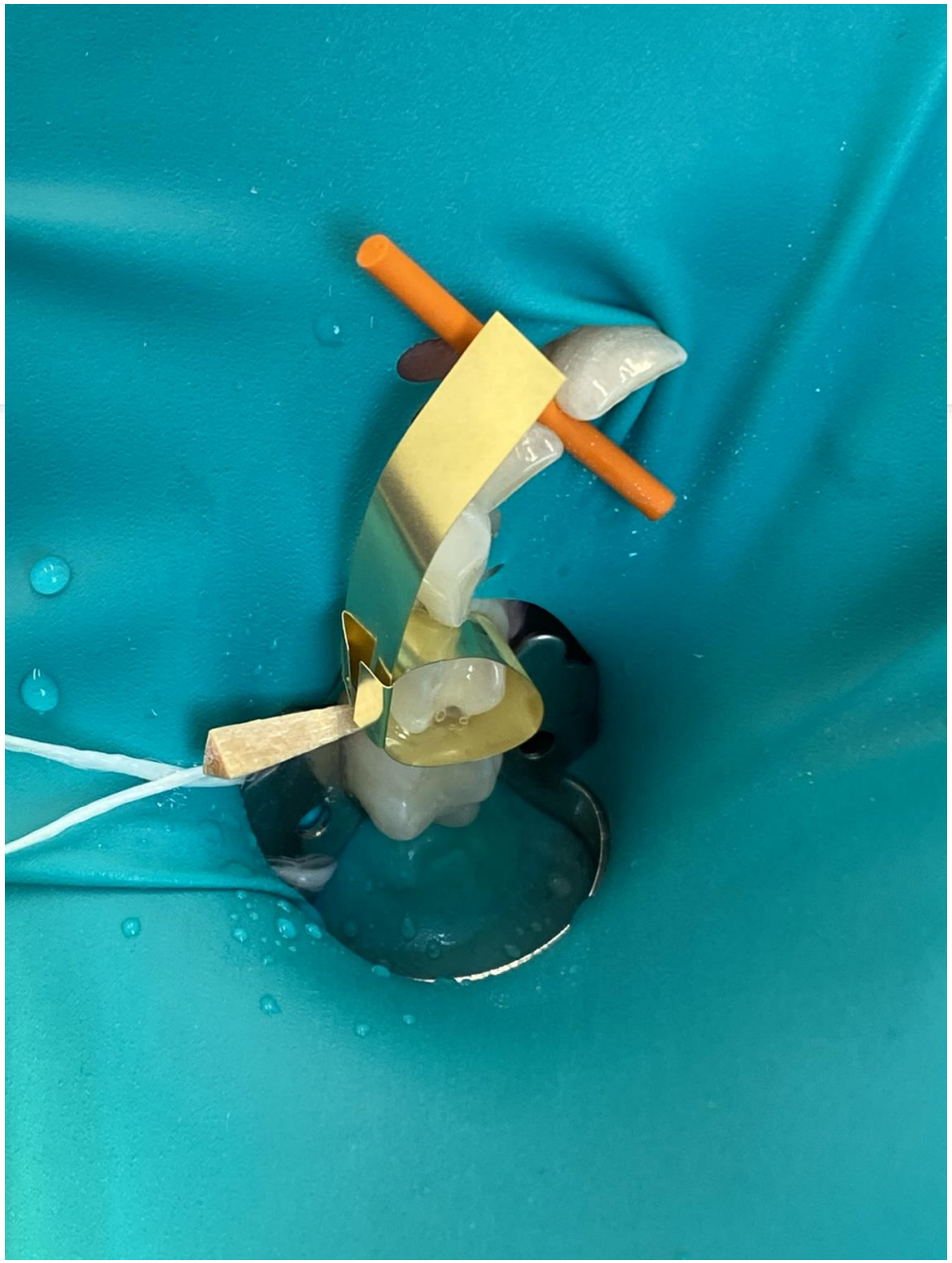


Treatment in Office with Nitrous Oxide

- Amarli was having treatment with local anesthetic and nitrous oxide
- She had 1 filling and 4 sealants
- She has on nitrous oxide nose, and a rubber dam, aka raincoat
  - Provides isolation
  - Helps prevent any of our materials from being swallowed while we are working
  - T-Band and a wedge for the restoration
  - Can be a challenge for some patients to have on nitrous nose and rubber dam, but is the standard of care

- Rubber dam, clamp and widget
- Matrix system- T-Band and wedge

- Everything is a choking hazard/ aspiration risk



Oral Sedation

- Case selection is key
- Different regimens that dentists use: Versed, Chloral Hydrate, Hydroxyzine, Meperidine
  - Sedation medications carry risk of respiratory depression
- Dentists have to be the operator and the monitor of their oral sedation. Dentistry is the only medical specialty where this is performed.
- For effective sedation need excellent local anesthesia
  - Anesthetic maximums prevent the ability to do full mouth dentistry in one sedation appointment for most patients
- Open airway with dental procedures that generate aerosols

Why Dental Cases in Ambulatory Surgery Centers?

General Anesthesia Indications

- Patients who cannot cooperate due to a lack of psychological or emotional maturity and/ or mental/ physical, or medical disability;
- For whom local anesthesia is ineffective due to acute infection, anatomic variations, or allergy;
- Who are extremely uncooperative, fearful or anxious;
- Requiring significant surgical procedures that can be combined with dental procedures to reduce the number of anesthetic exposures;
- For whom the use of general anesthesia may protect the developing psyche and/ or reduce the medical risk; and
- Requiring immediate comprehensive oral/ dental care (e.g. due to dental trauma, severe infection/ cellulitis, acute pain).

Social Considerations

Parenting Styles and Preferences

- Survey that was done in 2003: Attitudes of Contemporary Parents Toward Behavior Management Techniques Used in Pediatric Dentistry, Eaton et al. Pediatric Dentistry 2005; 27(5): 107- 13 (1).
  - Fifty five parents viewed videotaped scenes of 8 behavior management techniques: 1. TSD; 2. Nitrous oxide sedation; 3. Passive restraint (papoose); 4. Voice control; 5. Hand over mouth (MAJOR NO NO TODAY); 6. Oral sedation; 7. Active restraint (holding patient down); 8. General anesthesia
  - Forty six parents completed the survey. TSD was rated a the most acceptable technique, followed by Nitrous oxide and general anesthesia.
  - Hand over mouth and passive restraint were the least acceptable.
  - Study has small sample size, but I can agree from personal practice experience that parents do not want to “traumatize” their children

Past Attitudes of Parents Towards Behavior Management Techniques

Table 2. Techniques Ranked by Acceptability (Greatest to Least) in 3 Similar Studies*

Murphy et al[1] 1984	Lawrence et al[3] 1991	Present study 2003
1. Tell-show-do	1. Tell-show-do	1. Tell-show-do
2. Positive reinforcement	2. N_2O	2. N_2O
3. Mouth prop	3. Voice control	3. General anesthesia
4. Voice control	4. Active restraint	4. Active restraint
5. Physical restraint, dentist	5. Hand-over-mouth	5. Oral premedication
6. Physical restraint, assistant	6. Papoose Board	6. Voice control
7. Hand-over-mouth	7. Oral premedication	7. Passive restraint
8. Sedation	8. General anesthesia	8. Hand-over-mouth
9. General anesthesia		
10. Papoose Board		

*Vertical lines (I) indicate mean values that were not significantly different between techniques (ANOVA and Tukey test).

Social Considerations

Transportation/ Time

- There are not many pediatric dentists in many rural areas of Michigan, many patients make quite a commute to come to a pediatric dental office
  - Time off work for parents, school for children
- In the OR, able to complete all the dental treatment at once.
- Do not need multiple appointments
  - 3rd appointment syndrome
    - For patients that are able to sit for treatment, sometimes first appointment goes well, second not great and by the 3rd appointment, they want nothing to do with me.

High Risk Families

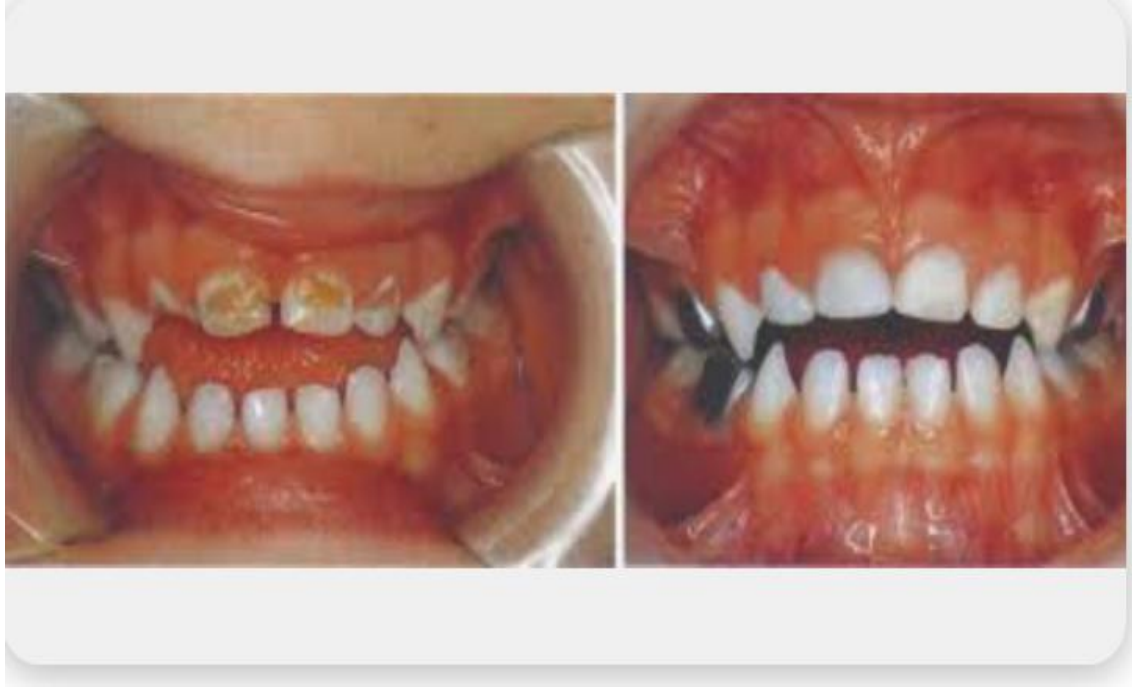
- We do not know what goes on at home, I do not want to have my patients think it is ok to have people in authoritative positions yell, hold down. Restraint can have an effect on the developing psyche

Case Examples

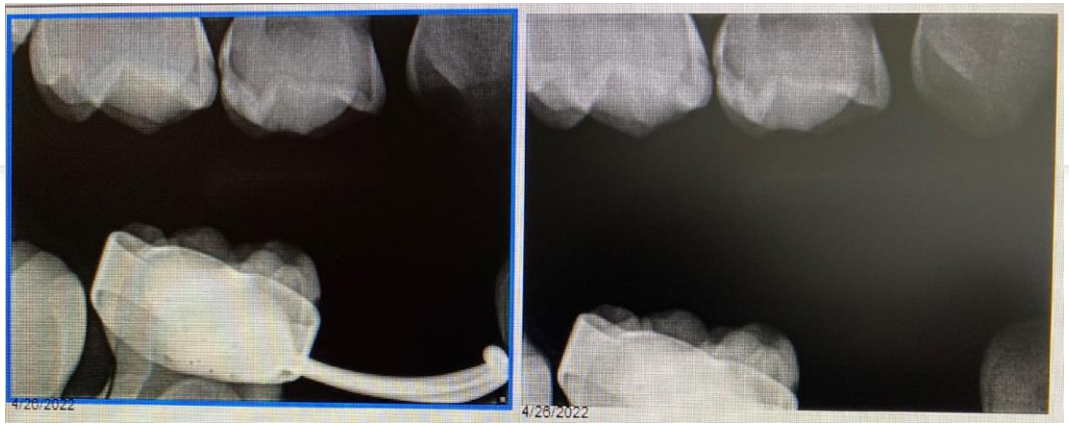
- 6 year old, referred by CPS, malnourished, abused, severe anxiety, needed all 24 teeth extracted, only roots left
- 4 year old, rampant decay, requiring multiple extractions, pulpotomies, and restorations in all 4 quadrants of the mouth
- 3 year old, pre-cooperative, not a candidate for in-office sedation, severe dental decay and pain
- 5 year old who was seen in the ED for a facial swelling from a dental infection
- 2 year old, 20 cavities in 20 teeth
- 25 year old, extreme autistic, extensive root canals and oral surgery needed
- 19 year old, developmental disability, diabetic, combative with dental office staff, decay in 3 quadrants
- 64 year old, dementia, combative, needs full mouth extractions

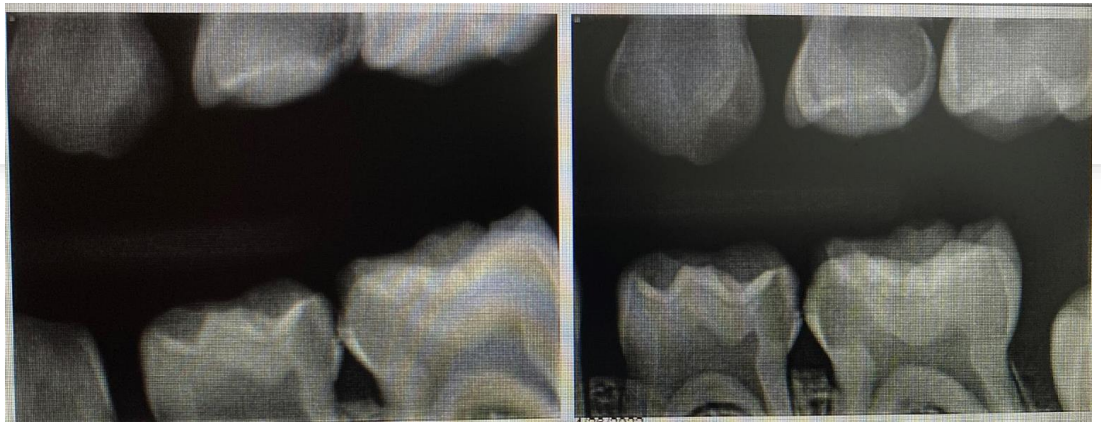
Jackie S.

- 4 year old patient took to the OR
- 4 composite crowns on upper anterior incisors
- 3 stainless steel crowns
- 5 composite restorations
- 12 teeth needing treatment total
- Improved function of her posterior teeth
- Improved esthetics of her anterior teeth



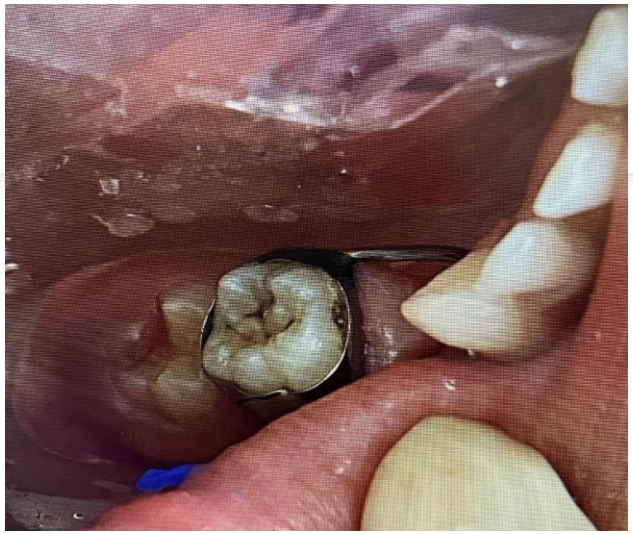
Devon C.

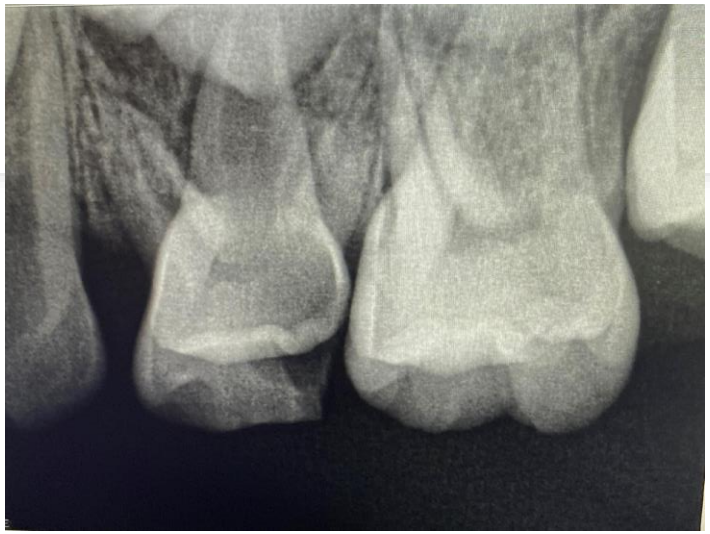


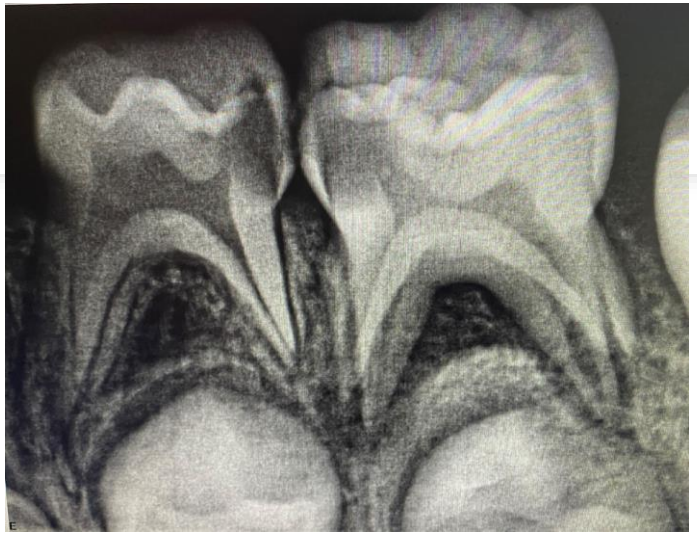


- 5 year old male presented to my office
- Had a tooth extracted on lower right (#S) and space maintainer put in with the general dentist. He was referred to my office. “Patient behavior poor, would not open for anymore treatment.”
- Mom stated patient was traumatized from previous experience, and that he needed restraint for extraction. Mom stated that he is in pain on left, his whole cheek hurts.
- For my new patient exam, he was very anxious, barely wanted to open, but were able to win him over and get a few radiographs.

Devon C.

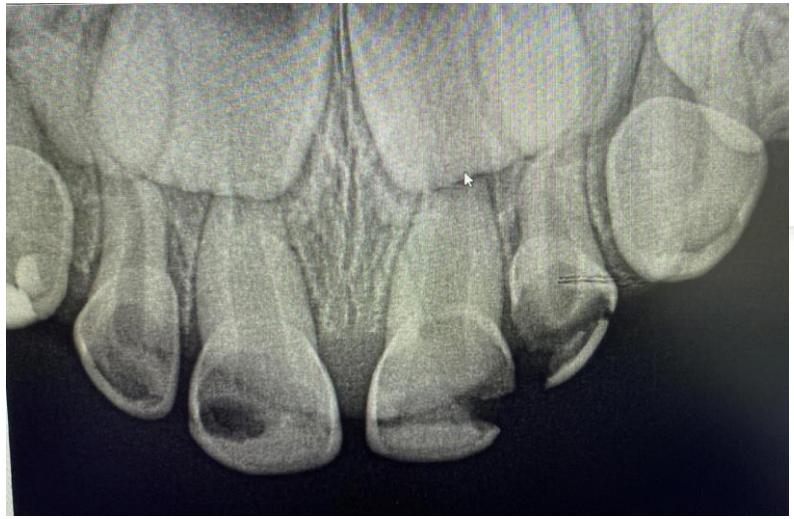


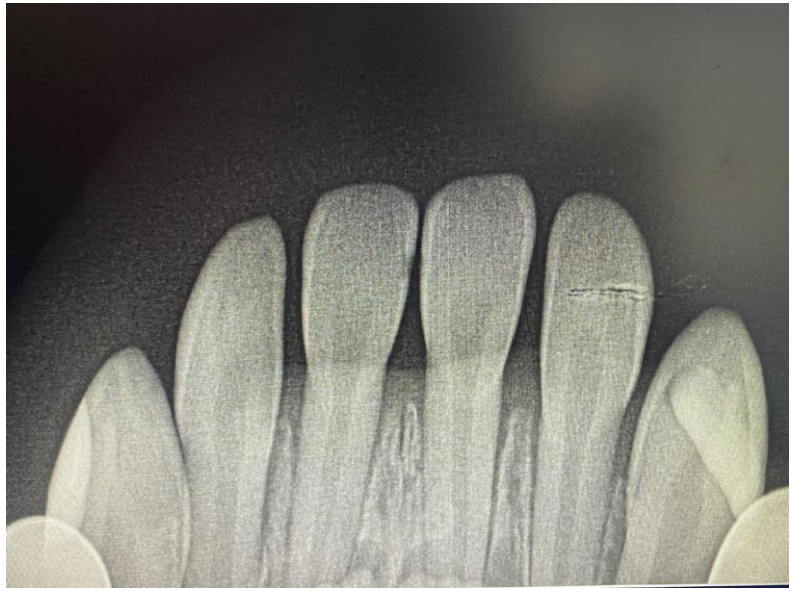


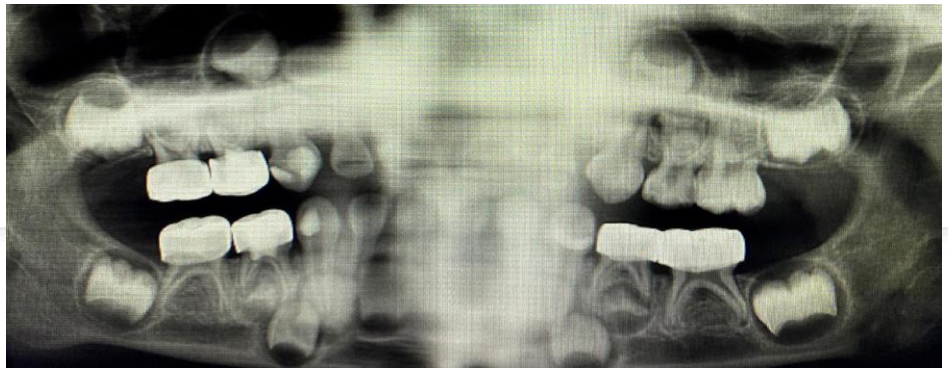


- Took patent to the OR
- Intraoral photo of tooth #T- has decay on mesial and occlusal surfaces. Periapical radiographs of teeth that were hurting were taken. Pathology noted apical to #I and K. #L has decay into pulp.
- Stainless steel crowns done on #A,B,J and T.
- Extractions of #I,K,L.
- New Band and loop space maintainer done for tooth previously extracted with general dentist.

Amelia D.







- 3 year old.
- Patient presented to my office. Mom had stated that her daughter had most of her treatment completed at the previous dentist, but she was “sick of hearing her scream for an hour each appointment and there had to be a better way to get treatment done.”
- Patient clinging to mom, head buried in her chest, crying and shaking before I even put on my PPE for exam.
- After lots of TSD, was able to do exam on mom’s lap sitting up and radiographs were obtained

Amelia D.

- Amelia went to the OR.
- #D-G were extracted, #H esthetic crown ,#I and J had stainless steel crowns, #O and P odontoplasties
- Parents pleasantly surprised how quickly her treatment in the OR was, they said it took the same amount of time in the OR as it did for one quadrant of treatment.
- At two-week post op mom was crying, saying she could not believe how well her daughter did and she wished she would have found us sooner. Bonus: Amelia gave me a hug at the end of our appointment.

What to Expect

Dental Procedures

- Dental Cleanings and X-rays
- Fillings
- Root Canals
- Crowns
- Extractions
- Space Maintainers

Type of Sedation

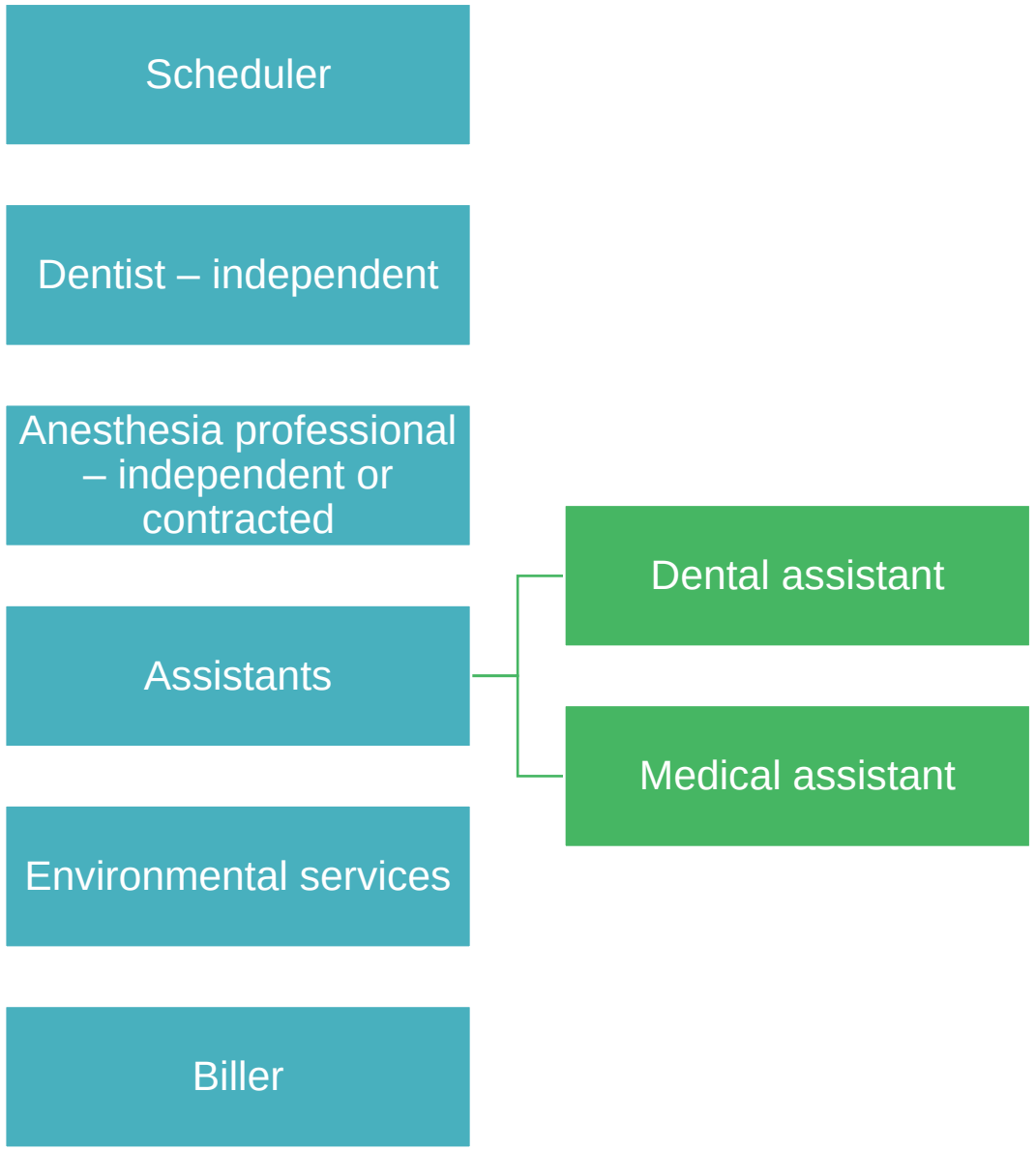
General anesthesia

Nasal intubation

Time

- Dental treatment time – average 45 minutes
- Pre-treatment sedation time - Versed/ Precedex- about 20 minutes
- Post-treatment recovery time - varies per patient
- Room turn around time

Staffing


Scheduler
Dentist – independent
Anesthesia professional – independent or contracted
Assistants
Dental assistant
Medical assistant
Environmental services
Biller

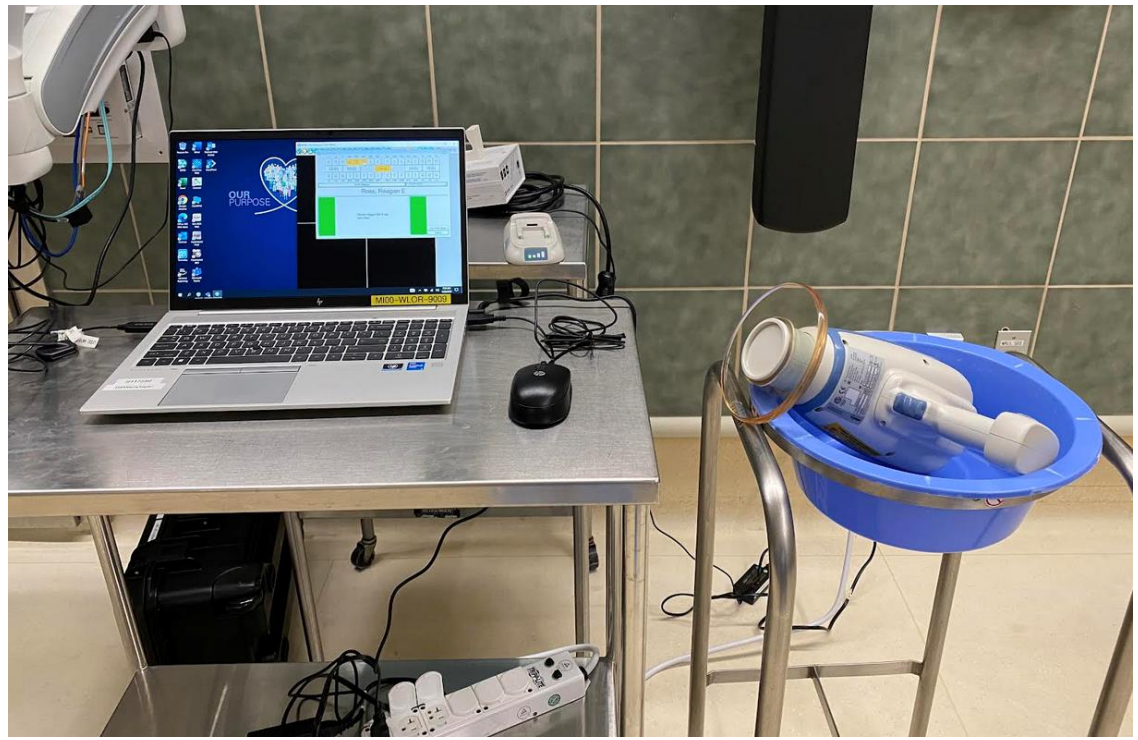
Equipment

- Dental equipment
- Anesthesia equipment
- Crash cart, etc. required by law

Dental Equipment/ Supplies

- Dental Cart
  - For high and low speed handpieces
  - Air water and suction
- Xray/ imaging unit
  - Laptop/ sensors
  - Lead Aprons
- Dental Instruments
- Dental Supplies- dentist provides
  - Filling materials, crowns, etc
- Isolite system
  - To isolate treatment area, minimize debris and aerosols


Pelton & Crane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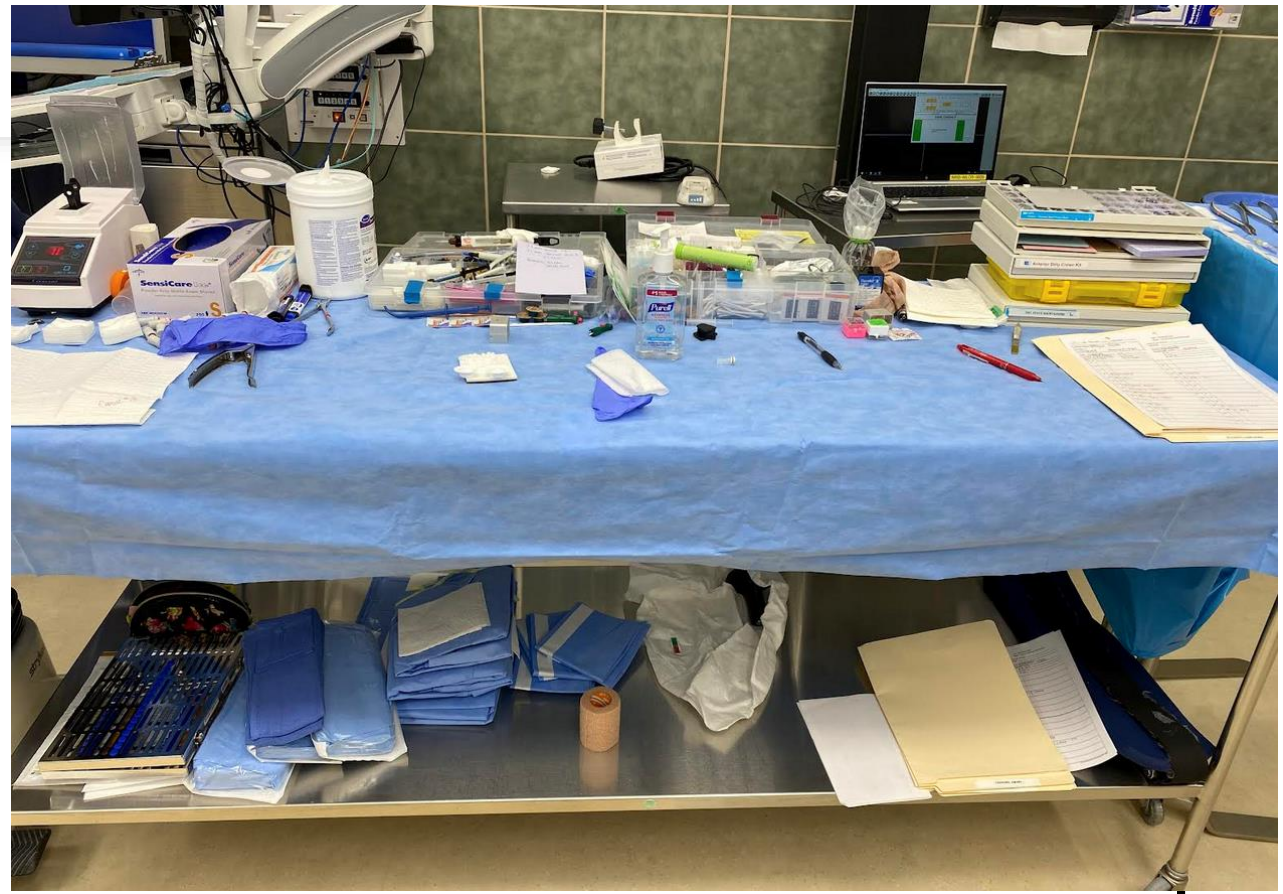
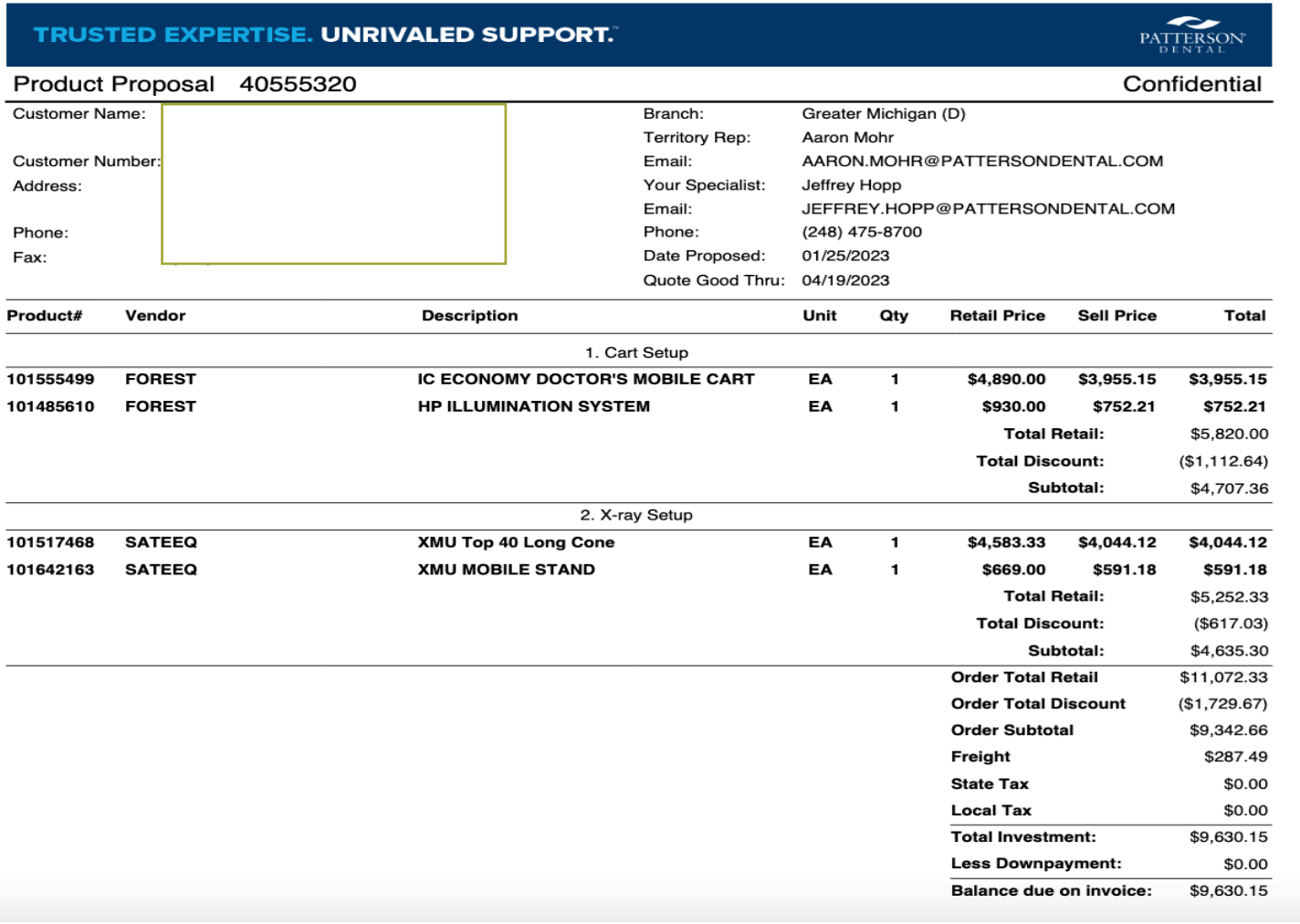
M100-WLOR-9009


SensiCare
Purell

Dental Equipment Costs



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PATTERSON DENTAL

Product Proposal 40555320 Confidential

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		Territory Rep:	Aaron Mohr
Customer Number:		Email:	AARON.MOHR@PATTERSONDENTAL.COM
Address:		Your Specialist:	Jeffrey Hopp
		Email:	JEFFREY.HOPP@PATTERSONDENTAL.COM
Phone:		Phone:	(248) 475-8700
Fax:		Date Proposed:	01/25/2023
		Quote Good Thru:	04/19/2023

Product#	Vendor	Description	Unit	Qty	Retail Price	Sell Price	Total
		1. Cart Setup					
101555499	FOREST	IC ECONOMY DOCTOR'S MOBILE CART	EA	1	$4,890.00	$3,955.15	$3,955.15
101485610	FOREST	HP ILLUMINATION SYSTEM	EA	1	$930.00	$752.21	$752.21
						Total Retail:	$5,820.00
						Total Discount:	($1,112.64)
						Subtotal:	$4,707.36
		2. X-ray Setup					
101517468	SATEEQ	XMU Top 40 Long Cone	EA	1	$4,583.33	$4,044.12	$4,044.12
101642163	SATEEQ	XMU MOBILE STAND	EA	1	$669.00	$591.18	$591.18
						Total Retail:	$5,252.33
						Total Discount:	($617.03)
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						Order Total Discount	($1,729.67)
						Order Subtotal	$9,342.66
						Freight	$287.49
						State Tax	$0.00
						Local Tax	$0.00
						Total Investment:	$9,630.15
						Less Downpayment:	$0.00
						Balance due on invoice:	$9,630.15

Dental Equipment Costs

Time 2:33 PM

Patterson Dental Supply, Inc.

Date 1/25/2023
Quote Expiration Date 2/24/2023

Quote

Order

Order Date: 1/25/2023
PO Number:
Status: Quote
Source: Rep
System: Web

Customer

ID: 648959775
Name: Elizabeth M Picard DMD
Address: 110 E MAIN ST
Bay City, MI 48708-7439 US
Phone: (989) 892-9888

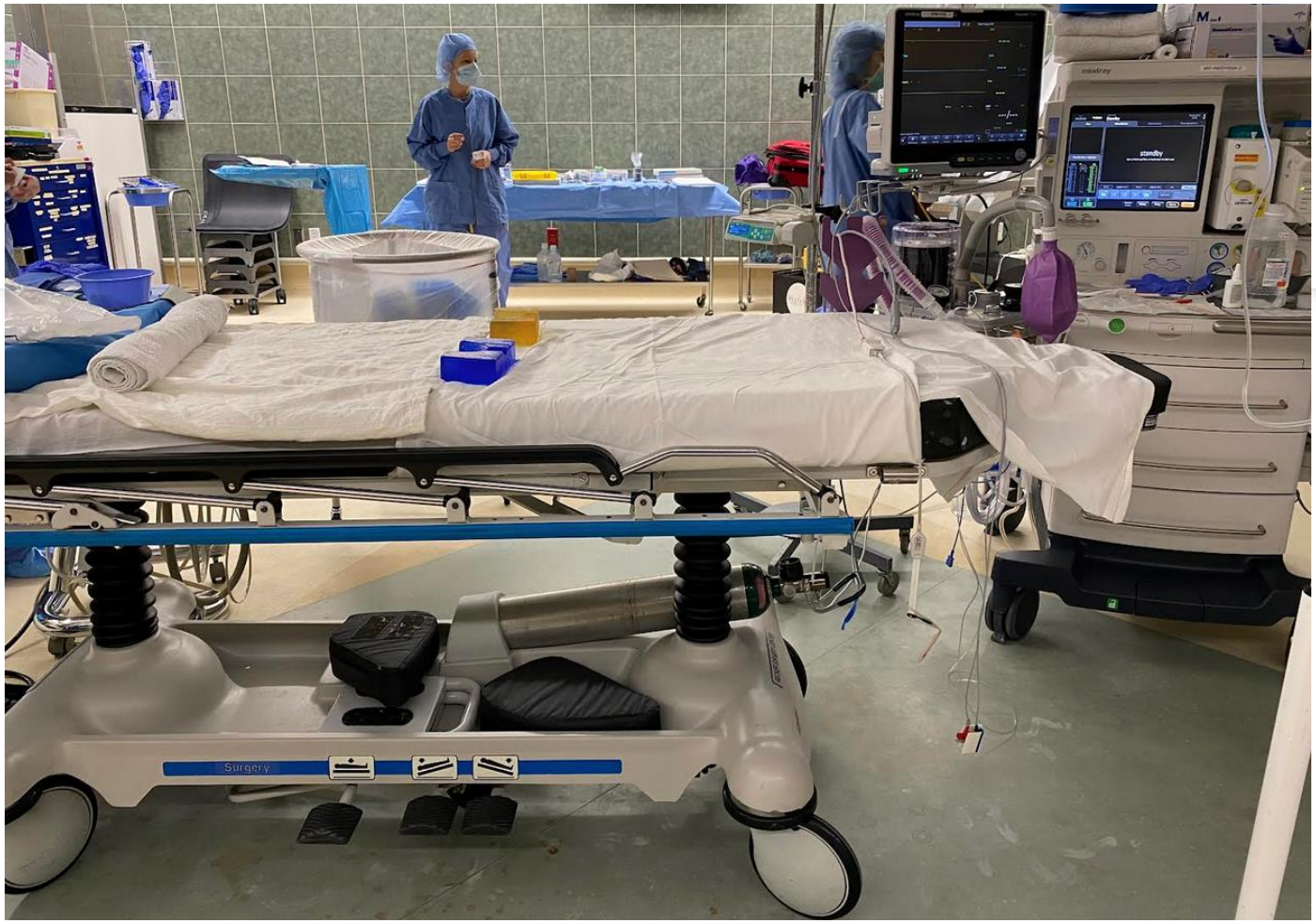
Title/Description	Patterson Item #	Mfg Item #	Status	Qty	Price	Subtotal
Ligature Director/band Pusher, Double End	375-8745	Hu-Friedy Manufacturing Co Inc - 678-908	Temporarily Out of Stock	3	$62.97 / EA	$188.91
Aspirating Anesthetic Syringes, 1.8 Ml Cartridge - Cook Waite Anesthetic Aspirating Syringe	375-5972	Hu-Friedy Manufacturing Co Inc - SYRCW	In Stock	3	$68.14 / EA	$204.42
Ims® Signature Series® Large Cassettes – 16 Instrument Capacity, 8" X 1.25" X 11" - Blue	371-0050	Hu-Friedy Manufacturing Co Inc - IM4168	In Stock	3	$189.40 / EA	$568.20
Mini Spatula/placer - 6 Satin Steel Handle	375-1542	Hu-Friedy Manufacturing Co Inc - SP60616	In Stock	3	$41.54 / EA	$124.62
Satin Steel Xts® Composite Instruments – 3 Goldstein Flexi-thin Titanium, Double End	370-4939	Hu-Friedy Manufacturing Co Inc - TNCIGFT3	In Stock	3	$50.09 / EA	$150.27
Cf® Ii Amalgam Carriers – Clog Free, Double End - Mini/regular	367-7937	Hu-Friedy Manufacturing Co Inc - AC5201	Temporarily Out of Stock	1	$87.41 / EA	$87.41
Patterson® Amalgam Burnishers – 26/27s Ball, Standard Handle, Double End	092-2831	Patterson Dental Supply - 092-2831	In Stock	3	$20.95 / EA	$62.85
Patterson® Carvers – # 3/6, Discoid-cleoid, Standard Handle, Double End	092-3771	Patterson Dental Supply - 092-3771	In Stock	3	$20.76 / EA	$62.28
Patterson® Explorers – 3, Standard Handle, Double End	092-4662	Patterson Dental Supply - 092-4662	In Stock	3	$16.44 / EA	$49.32
Patterson® Premium Mouth Mirrors, 12/pkg - Size 4, Cone Socket	040-6306	Patterson Dental Supply - 040-6306	In Stock	1	$33.83 / PK	$33.83
Patterson® Mirror Handles, Single End - Cone Socket, Octagonal	040-6348	Patterson Dental Supply - 040-6348	In Stock	3	$6.38 / EA	$19.14

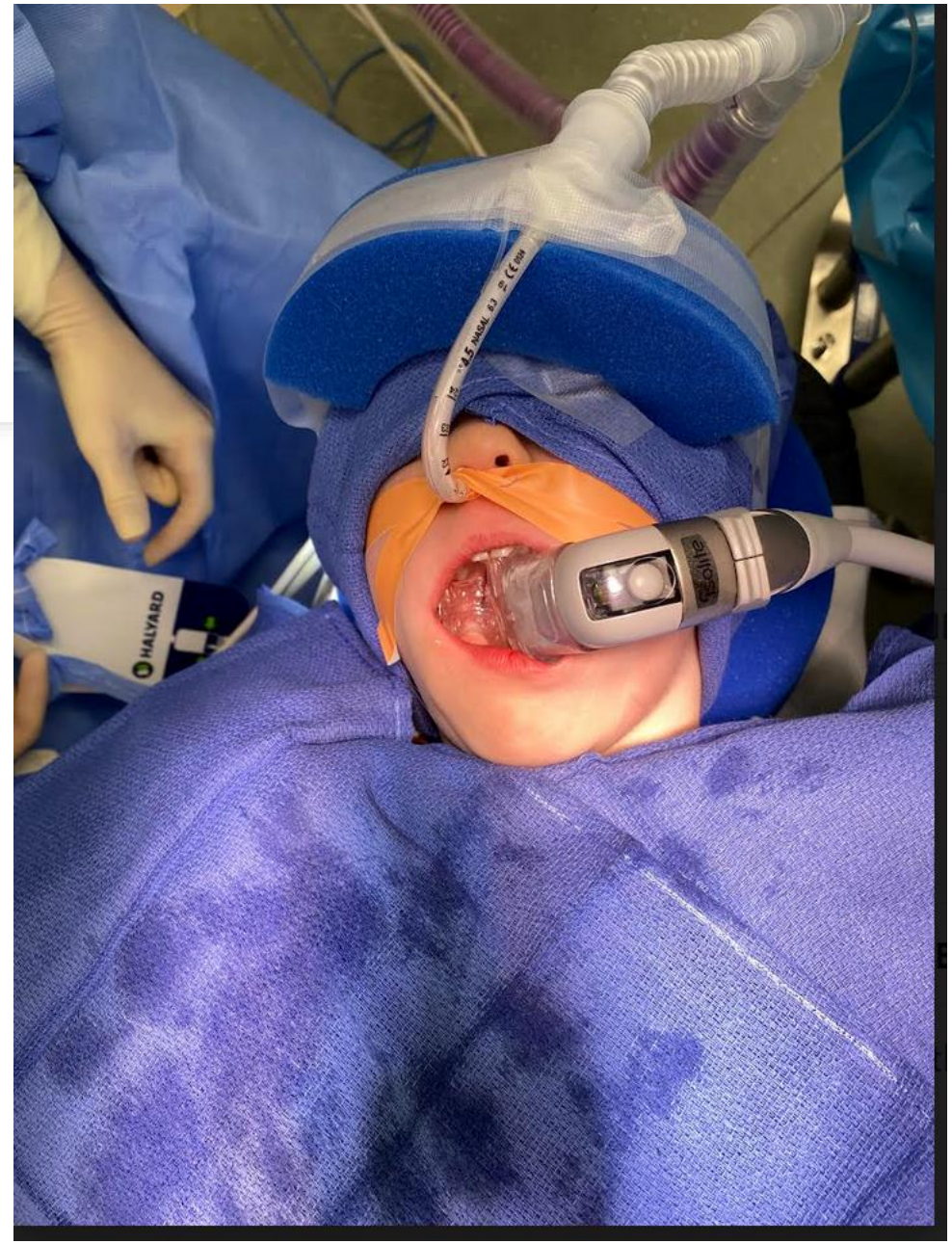
Thank you! Your order qualifies for FREE shipping.

Patterson Item Sub-Total: $1,551.25
Total Quantity: 29
Order Total: $1,551.25

Anesthesia/ Hospital Equipment

- If treating children already, have most of what is needed
- Eye cart or bed with head extension so we can sit under patient
- Traditional Stryker chair and assistant’s stool
- Nasal tubes, flex extender for tube, Magills forceps, nasal atomizers (if administering a premed IN).


Surgery


HALYARD

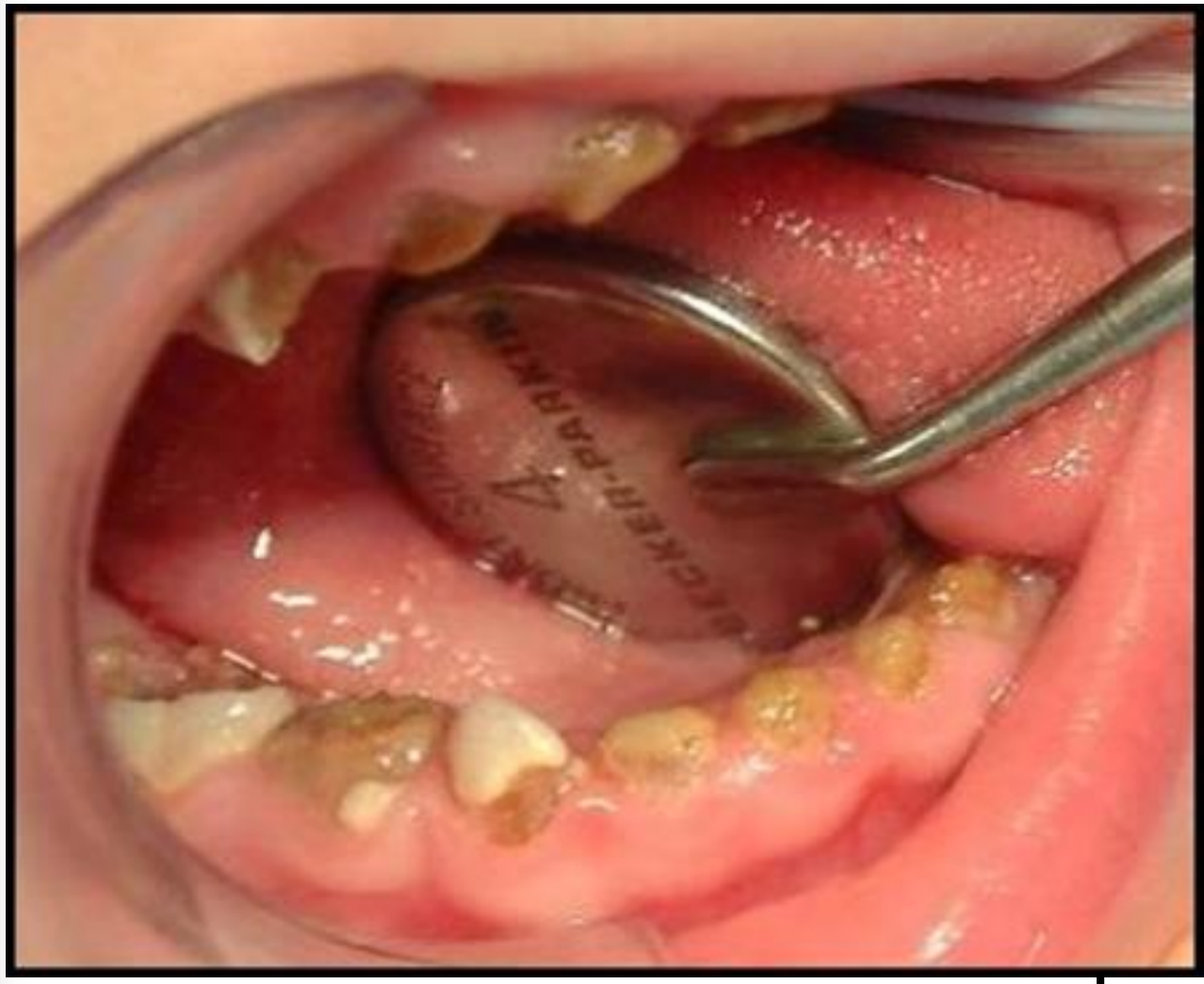
Start Up Costs

- $10-20,000 to purchase dental equipment and misc. medical equipment.
  - Could be different for different pediatric dentists
- Would cover 3-5 patients a day.

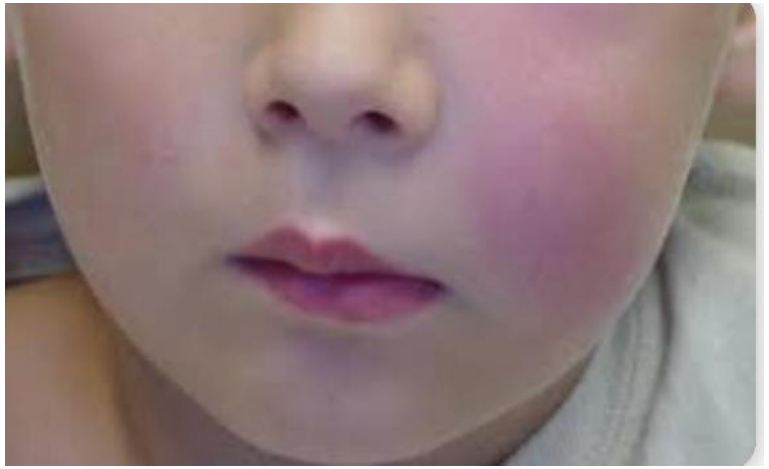
Scheduling Considerations

- Most pediatric dentists go to the hospital one time a week with 3-6 cases each time.
- Young patients, schedule early in the morning, less time to be NPO.
- What is the turn around time for the surgery center?
- Patients are required to have an H and P within 30 days of surgery by their primary care physicians.
  - Dentists are “gray area,” can they update their patient’s H and Ps the day of surgery?
  - Can the anesthesia provider update?

Why do all this, they are just baby teeth, aren’t they going to fall out?



Caries Rate in Children



- Caries is the most common chronic disease of childhood. (2) Approximately 60% of children experience caries in their primary teeth by age 5. (3) Caries, if left untreated, can lead to pain, infection, and loss of function. These can adversely affect learning, communication, nutrition, and other activities necessary for normal growth and development. (4)
- Children with early childhood caries (ECC) may be severely underweight because of the associated pain and disinclination to eat. Nutritional deficiencies during childhood can impact cognitive development. (5, 6)
- Many studies show the link between oral health and overall systemic health.

Positive Outcomes

- Many adults and parents say they were traumatized as a child from how dental treatment was done, and that they are grateful for how we can treat their children.
- Parents of patients stated their children are eating better, sleeping better and just overall feel better
  - Some state they didn’t even realize how uncomfortable their children were until they have had their treatment completed
    - Maybe kids not sure how to vocalize the pain/ discomfort they are feeling
  - “My kiddo is like a new person”
- Now that the bulk of treatment is completed, they can come back for happier, easier appointments.
  - If they do need treatment, it may be something smaller
    - Disclaimer: we do have repeat performers

- I understand as a business owner, we have to keep an eye on our bottom lines. But I feel it is my duty, as a healthcare provider, to help at risk children in my community.
- I owe it to these children, who don’t have a voice, to fight for their dental treatment to be done in a humane, compassionate way. I don’t want to just get the work done.
- I feel dental treatment methods are behind in Michigan, and I am hopeful you all can help the MDA/ Pediatric Dentists in your community in improving access to OR care for these children.
- It is my goal to spread the word, to find a way to improve our treatment methods and provide the best care possible for our pediatric dental patients.

References

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Cell Phone: (989) 980-9067

What's New?

Michigan Invests in Medicaid Dental

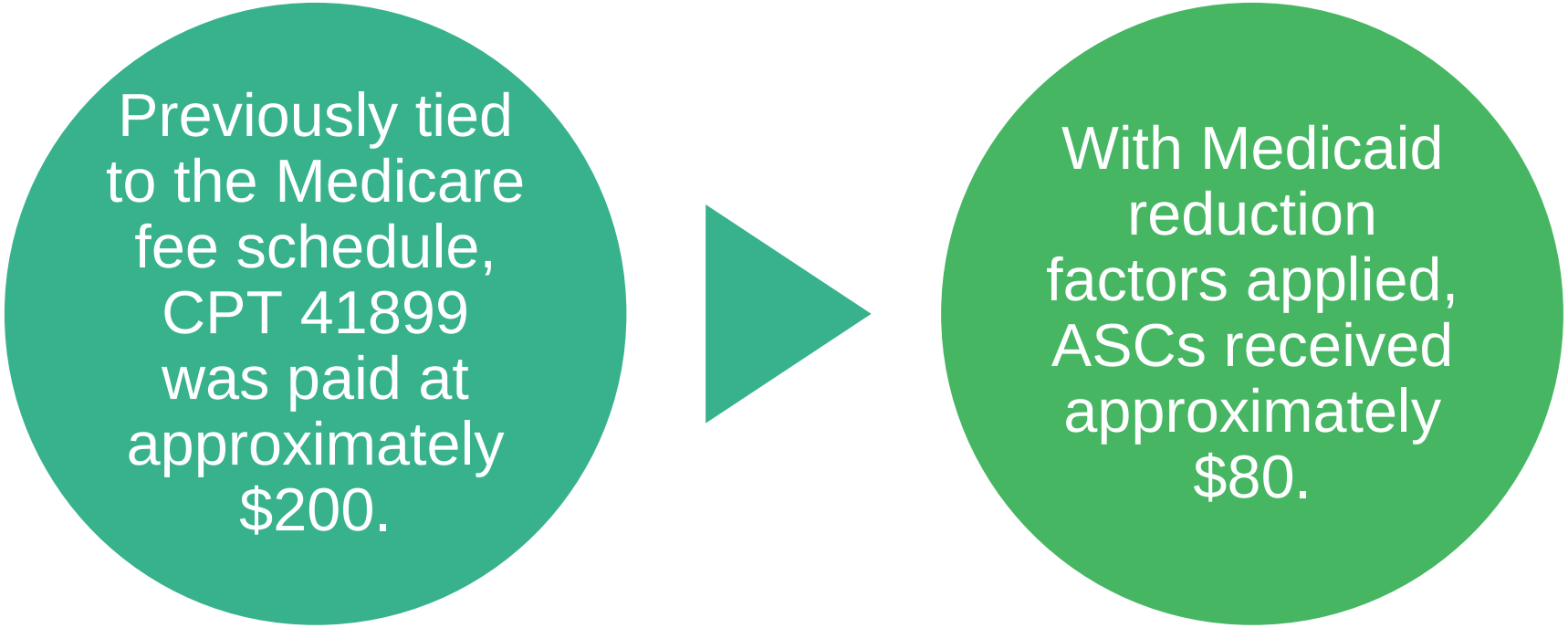
FY 2022-2023 Budget

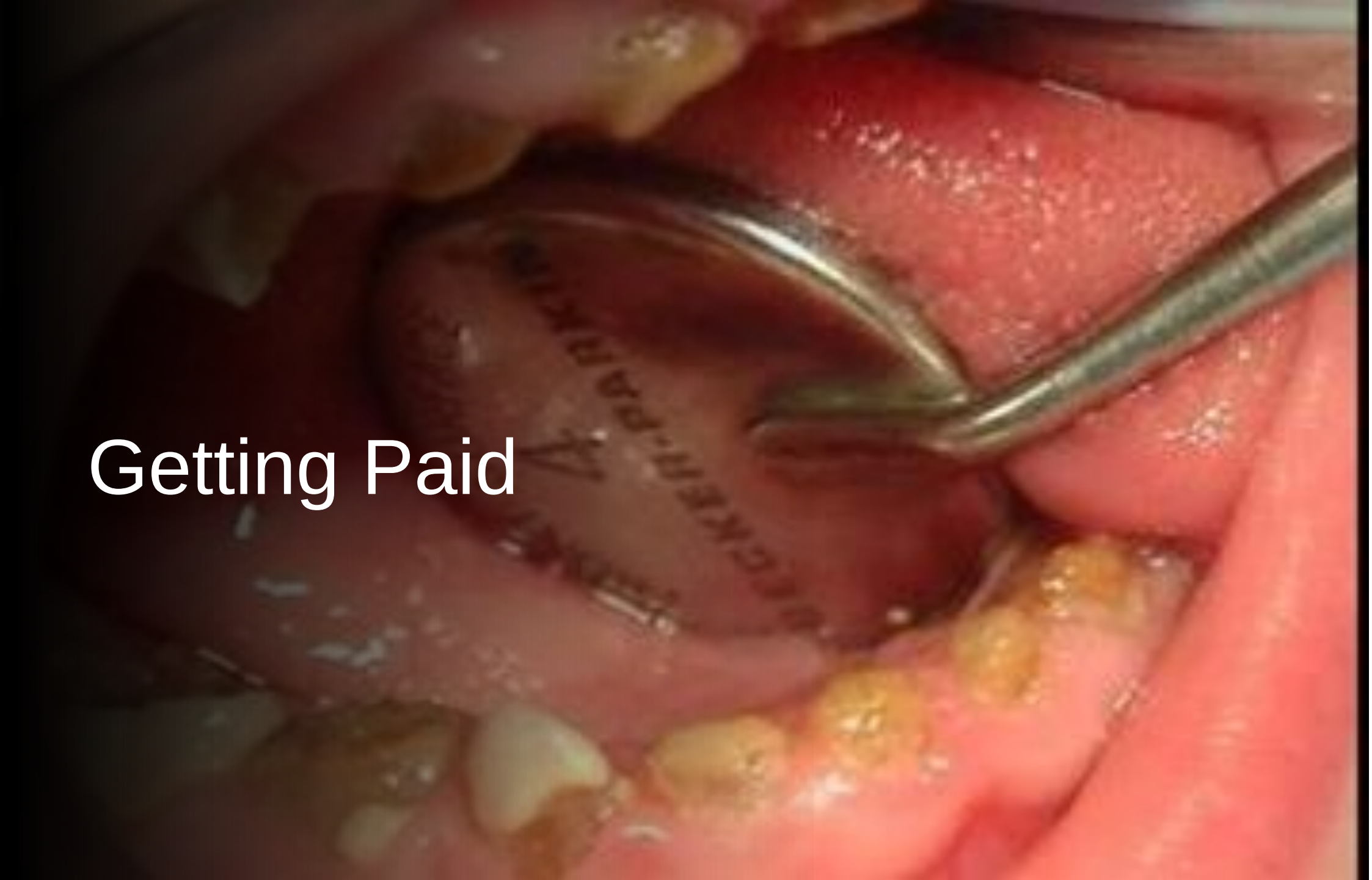
$10 Million in new funds dedicated to general anesthesia for dental in hospitals and ASCs

CPT 41899 facility fee reimbursement raises to $2,300 for hospitals and $1,495 for ASCs

NO Medicaid reduction factor applied

Previous Rate





Getting Paid

Billing

ASC

Facility fee CPT Code 41899 – Billed by ASC to medical plan

Anesthesia Professional

Anesthesia services – Billed by anesthesia professional to medical plan (or if contract employee of ASC, ASC bills to medical plan)

Dentist

Dental services – Billed by dentist to dental plan

Payment

Medicaid health plans or fee-for-service Medicaid (whichever the patient has their medical coverage through) will pay the ASC the actual payment of $1,495 for CPT 41899 with no Medicaid reduction factors applied.

Currently pending CMS state plan amendment approval.

Retroactive to October 1, 2022.

How to Connect/Promote

Contact the Michigan Dental Association

- MDA will maintain a list of dentists seeking facilities
- MDA will also maintain a list of facilities willing to host dental cases
- Paid advertisement in MDA’s monthly print publication and online classifieds
- MDA Annual Session (convention) exhibitor opportunities

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