February 2015

Upcoming HDS Holiday

Presidents Day
Monday, February 16

HDS Online and DenTel will be available to verify eligibility and to submit claims.

New Dentists

General Practice
Chantal M. Botros, DMD

Orthodontics
Aaron M. Miyai, DDS

New! Monthly Computer Security Tips!

This Month’s Tip: Apply Your Updates:
When notified of pending updates, accept them at your earliest convenience.

Updates are designed to fix or improve existing software. This may include fixing security vulnerabilities and other bugs, and improving the usability or performance.

Mahalo for Visiting Us at the HDA Convention

We look forward each year to this opportunity to thank our participating dentists and their office staff for working with us to service our HDS members. Thank you for stopping by during your break, taking photos with us, and participating in our social media contest.

Congratulations to Veronica Nakahara from Dr. Edmund Cassella’s office who “Liked” our Facebook page and posted her photo using #WinWithHDS! She received a trip for two to the Neighbor Island of her choice! Check us out on Facebook, Twitter, LinkedIn, Pinterest, and Google+ and our very own blog.

You can access all of the sites by clicking on the social media icons on our public website at www.HawaiiDentalService.com.

HDS Accepting Nominations for Board Dentist Directors

The HDS Annual Meeting of the Members is being held on Thursday, May 14, 2015, at which the Dentist Director-County of Maui and the Dentist Director-County of Kauai are to be elected.

Dentist members from Maui or Kauai interested in being considered for these positions may contact Nominating Committee chair Norman S. Chun, DMD, at drnormanchun@gmail.com or Penny Shiroma at pshiroma@hawaiidentalservice.com by February 23, 2015.

Don’t forget to “Like” us on Facebook!
Did You File Form 5500-EZ for Your Retirement Plan?
If Not, Take Advantage of Amnesty Period

If you, or you and your spouse, are the only employees in your practice, and if you have a retirement plan worth over $250,000, you are required to file Form 5500-EZ annually with the Internal Revenue Service (IRS). If you have ever missed a year, now is the time to take advantage of a one-time amnesty period to file all missed 5500-EZs and eliminate potential penalties of up to $15,000 per year. The amnesty period ends on June 2, 2015.

Hawaii Client Services, an HDS Company, specializes in retirement compliance. Contact Jeff Esmond or ask your retirement plan advisor to contact Jeff with any questions at jesmond@HawaiiClientServices.com or (808) 529-9277.

Celebrate Tooth Fairy Fun Day!

Join us as we celebrate National Children’s Oral Health Month in February! This will be HDS’s 11th annual Tooth Fairy Fun Day at the Hawaii Children’s Discovery Center on Sunday, February 22, from 10 a.m. to 2 p.m.

We’re looking for volunteer dentists from Noon to 2 p.m. If you’re interested in volunteering, please call Professional Relations at (808) 529-9222.

Please let your HDS patients know that admission to the event and Hawaii Children’s Discovery Center is free to the first 500 HDS members and their families.

HDS Online - Claim Submission Tips!

- **Service Dates:** When procedures are performed on the same date of service, there is no need to enter the service date on each line. Enter the service date on the first line and by validating the data or submitting the claim, the service date will automatically populate the same service date for each line.

- **Charge Amount:** If HDS has your Filed Fee schedule, the Charge Amount for benefited procedures may be left blank. Upon validation, HDS Online will populate the fee amount from our internal provider database based on your Filed Fees. However, if you are offering a discount to the patient for the service, that discounted amount should be reflected in the Charge Amount submitted on the claim.

- **Specify Arch or Quadrant:** For procedures that require a specific arch or quadrant, enter the appropriate area in the tooth field:
  - UA - Upper Arch
  - LA - Lower Arch
  - UL - Upper Left
  - UR - Upper Right
  - LL - Lower Left
  - LR - Lower Right

- **Send Attachment/Narrative in Five Days:** When an attachment/narrative is required, you have five calendar days to send the attachment/narrative to HDS. If the attachment(s) is not received within the five calendar days, the services will be disallowed. If you miss the five-day window, use the “Contact Customer Service” option to send the attachment and HDS will reprocess the claim.

HDS Online: Use Hot Keys!

Quickly navigate to various fields during claim submission by using the following Hot Keys!

- [ ] Takes you to the next field (like Tab)
- [ ] Takes you to the previous field (like Shift Tab)
- [+] Jumps to the procedure code box on the next line
- [/] Jumps to the procedure code box on previous line
- [*] Validates the claim
Consultant Corner: Post Placement in Endodontically Treated Teeth
Norma Luke, D.M.D.
Dental Consultant, Hawaii Dental Service

Introduction:
HDS dental consultants frequently review claims for the placement of a post and core where the submitted documentation does not clearly demonstrate the clinical need for a post. The rationale for the placement of a post (also known as a dowel) in endodontically treated teeth (ETT) has evolved considerably over the past decade. Teeth that had received endodontic treatment were once considered brittle and more likely to fracture which often led to the routine placement of posts with the intent of increasing tooth strength. Recent data from clinical and laboratory studies no longer support this rationale and now indicate that posts actually weaken endodontically treated teeth rather than enhance their clinical strength and longevity.¹ These studies also state that the purpose of a post should only be to retain a core that is needed due to extensive loss of coronal tooth structure.²

The purpose of this article is to:
• Review the American Association of Endodontists (AAE) and other evidence based recommendations regarding the placement of posts in ETT.

• Review the CDT nomenclature and descriptor for D2954 prefabricated post and core and D2952 post and core, indirectly fabricated.

• Provide clinical examples that demonstrate indications and contraindications for post placement in ETT.

Background:
The Glossary of Prosthodontic Terms defines a dowel as a “post that is fitted into a prepared root canal of a natural tooth. When a post/dowel is combined with an artificial crown or core, it provides retention and resistance for the restoration.”³

The AAE has published evidence-based principles for the restoration of ETT that include the preservation of coronal and radicular dentin, immediate restoration of the tooth after root canal therapy if possible, and the use of posts only when necessary to retain a core buildup.² The AAE has further published other clinical recommendations on the issue of post placement in ETT and has concluded that “in all cases where sufficient tooth structure remains, restoring the tooth without a post is still the best option.”⁴

The American Association of Dental Consultants (AADC) has also published a Position Statement on post placement in ETT. After conducting a review of the literature, the AADC concluded that “the consensus of this review suggests that posts of any material should be used only when there is insufficient tooth structure remaining due to caries or trauma for core retention and placement of a crown.”⁵
D2954 prefabricated post and core in addition to crown

The CDT 2014 descriptor for D2954 prefabricated post and core in addition to crown states that the “core is built around a prefabricated post. This procedure includes the core material.” Prefabricated posts may be composed of metal alloys, ceramic, glass, zirconium or carbon/quartz fiber.

D2952 post and core in addition to crown, indirectly fabricated

The CDT 2014 descriptor for D2952 post and core in addition to crown, indirectly fabricated states: “Post and core are custom fabricated as a single unit.” This indirect restorative procedure involves multiple steps including the impression of the root canal post space and the fabrication of a cast metal or milled post and core as a single unit. This procedure is usually more complex and time consuming when compared to the placement of a prefabricated post.

Example 1:

The radiographic image for tooth #7 was submitted to support a claim for a prefabricated post and core (D2954). Review of the radiographic image shows a properly obturated root canal system along with a significant portion of the anatomic crown missing. Placement of a post and core (D2954) is most appropriate in this clinical scenario.

Example 2:

A pre-authorization for tooth #9 was submitted for a prefabricated post and core (D2954). The radiographic image for tooth #9 suggests an intact anatomical crown without evidence of obvious fracture or extensive caries/loss of tooth structure other than the endodontic access. Since the purpose of a post should be to retain a core, a post does not appear to be clinically necessary to properly restore tooth #9.

Some dental offices may miscode a prefabricated post and core (D2954) as an indirectly fabricated post and core (D2952). The example below is a case of such miscoding.
Example 3:
The pre-operative radiographic image of tooth #8 was submitted to support a surgical extraction. The image clearly shows the prior placement of a prefabricated post (D2954). Unfortunately in this case, the prefabricated post had been incorrectly coded and the patient was improperly charged for an indirectly fabricated post and core.

The closure of the endodontic access through a prior existing crown or retainer can often be accomplished simply using only restorative material. When compared to restorative material alone, the placement of a post through an endodontic access opening or through an existing crown adds little additional support and retention and is rarely indicated.

Example 4:
A four unit fixed partial denture was fabricated for teeth #18-21. Two months after the insertion of the fixed prosthesis, tooth #21 required endodontic treatment through the retainer crown. The final restoration after the completion of endodontic therapy was an occlusal composite (D2391).

Practitioners should avoid using posts when other anatomic features of the tooth are available to retain the core. Molars may not always require a post since a core can often be retained by the pulp chamber and canals.

Example 5:
Tooth #19 was submitted for a core buildup (D2950). Review of the submitted radiographic image for tooth #19 shows complete obturation of the root canal system. In this case, the restorative treatment plan for ETT #19 did not include the placement of a post.

Treatment decisions regarding the restoration of ETT are often complex. Providers should always apply evidence based principles and best practices to develop a restorative treatment plans designed to increase the longevity of the ETT.
References:


