Behavior Management Conference Panel II Report –Third-party Payer Issues

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Abstract

Panel II discussed key issues related to third-party payment for behavior management in pediatric dentistry and responded to a series of questions raised by the Conference Planning Committee. The panel was composed of individuals representing consumers (parents and caretakers), pediatric dentists, other health care providers, and a large dental insurance plan. They were charged with: (1) identifying problems related to third-party coverage and benefits for behavior management; (2) developing recommendations for the American Academy of Pediatric Dentistry; and (3) prioritizing the problems and recommendations. (*Pediatr Dent.* 2004;26:171-174)

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Most children willingly accept dental treatment when approached in a positive, supportive manner. However, dental personnel routinely encounter many children who exhibit considerable anxiety or problematic behaviors in clinical settings. For some of these children, especially those who are relatively young or have had negative prior experiences, providing even "routine" dental procedures requires considerable creativity and time spent gaining and maintaining cooperation. Still others require special management considerations because of their extensive dental treatment needs, general health conditions, or behavioral issues.

Shaping children's behavior to encourage their acceptance of dental services is a cardinal element of successful pediatric dentistry. By and large, however, systems evolved to provide third-party payment for dental services generally demonstrate little consideration for:

1. the wide range of child behaviors observed in dental settings; or
2. situations requiring special techniques, procedures, or additional resources to ensure safe delivery of quality services and to promote the development of positive future care-seeking behaviors.

Key points from conference speakers' background papers

The following 5 points from papers presented during the conference were identified as being particularly relevant to the topic of third-party payment:

1. Dentists typically collect fees only for "dental" procedures. Payments generally are provided only for procedures that relate directly to the teeth or related oral structures. Separate payments or reimbursements generally are not provided for the behavior-shaping component of pediatric dental services.
2. Educators and clinicians currently use and foresee continual use of behavior management techniques that go beyond basic communication techniques.
3. Dental third parties are skeptical about paying for things that cannot be easily and reliably measured or verified.
4. Understanding what motivates third parties and purchasers can help craft strategies for change.
5. Clarifying and defining the nature and extent of problems and the impact of proposed changes is an important step in securing third-party coverage changes.

Third-party payment for behavior management rationale

The panel identified the following factors as justifications for additional compensation for behavior management in conjunction with the delivery of dental services.

Additional dentist and staff time

Children who do not readily accept dental care or who are difficult to manage require additional dentist and staff time to complete treatment. This justification can apply to either nonpharmacological or pharmacological behavior management approaches; however, pharmacological approaches (eg, sedation or general anesthesia), in particular, generally require additional personnel for monitoring the patient before, during, and after treatment.

Additional supplies and equipment

Children who require sedation or general anesthesia to complete treatment need additional supplies and equipment (eg, sedative agents, monitoring equipment).

Additional training/specialty level care

Advanced behavior management approaches (eg, sedation administration) require additional training (gained through continuing education or specialty level training). Some states require special permits or specified training programs for practitioners who administer sedation.

Additional risk for personnel and liability

So-called "advanced" behavior management techniques involve additional risk of physical harm (eg, needle sticks, physical injury) and financial liability for the personnel involved in providing services for difficult-to-manage children.

Better clinical outcomes (oral and general health)

Successful behavior management allows services to be delivered without the compromises in technical quality that often occur with uncooperative children.

Better attitudes, utilization patterns, and cost savings

The positive experiences (or lack of negative experiences) that result from successful behavior management help to establish a more positive attitude about future dental treatment on the child's part. A positive attitude about dental care in children (ie, not fearing dental visits or even looking forward to dental visits), in turn, can lead to more regular use of dental care as the child grows older and reaches adulthood. Regular use of services can help avoid the need for costly services that results when dental diseases are not addressed in a timely manner.

Potential to expand access

Better compensation for the additional time and resources required to provide more advanced levels of behavior management can serve as an incentive for more dentists to participate in programs providing child dental benefits (eg, Medicaid and SCHIP), thereby expanding access to care.

Behavior management categories for third-party payers to consider

The panel concluded that children with the following conditions are more likely to require advanced behavior management approaches (ie, techniques beyond routine communication) that merit third-party payment consideration for the aforementioned reasons:

1. children with special health care needs;
2. preschool-age children (children <age 5);
3. children with behavioral or medical diagnoses;
4. children with acute situational anxiety (determined by a dentist);
5. children who have had prior unsuccessful attempts to provide dental care; and
6. children who require surgical or extensive restorative procedures.

The panel recognized that not all children within these categories need advanced behavior management techniques. Therefore, an efficient, reliable mechanism needs to be developed to identify children whose behavior management merits additional compensation and, at the same time, minimizes the potential for abusive billing practices.

Current behavior management coverage and third-party payment issues

Coverage for general anesthesia

Coverage for general anesthesia required for dental treatment remains a problem in many states. Nearly 30 states have passed legislation requiring health plans to cover general anesthesia for children if certain conditions apply (the criteria vary by state). However, even in those states that have passed such legislation, children covered by plans in which the purchaser is self-insured (ie, ERISA plans) generally are exempt from the requirement to provide benefits.

Coverage for various forms of sedation

Child sedation often is not covered or is covered at very low levels in many dental benefit plans. Better coverage for sedation could expand the use of this modality, with the corresponding benefits and potential cost savings noted previously for those children who could be treated with sedation instead of more costly general anesthesia procedures.

Nonpharmacologic approaches for children

Techniques not using pharmacologic agents but requiring considerable amounts of additional dentist or staff time to encourage a child to willingly accept dental treatment generally are not covered in most dental benefit plans.

Low levels of reimbursement for behavior management

Low levels of payment for sedation and general anesthesia can serve as a deterrent for hospitals and medical anesthesia staff to schedule dental cases, thereby reducing access to care.

Failure to take advantage of available medical benefits

Dentists and caretakers may be unaware that some children's medical benefits provide coverage for behavior management procedures regardless of the fact that the clinical care delivered consists of dental services. Therefore, dental providers need to be aware of this additional potential payment source for behavior management services.

Problems related to behavior management coding

Lack of code modifiers for sedation techniques specific to pediatric dentistry

Some plans include coverage for "advanced" behavior management procedures (eg, sedation), but provide no mechanism for modifying the general procedure code to reflect aspects of care relevant to services for children.

Lack of diagnostic codes for behavior problems

By and large, dental benefit plans lack diagnostic codes practitioners could use to indicate which behavior problems are evident in a particular situation.

Lack of data on costs to produce services

Little work has been done to document the extent of the additional resources necessary to adequately manage various types of child behavior problems in dental settings.

Lack of alternative care cost data if behavior management approaches are not covered

Similarly, little evidence exists on the costs of not providing coverage for sedation and relying only on other approaches (eg, general anesthesia, treatment provided in emergency rooms).

Code for facility fees

Many plans do not cover so-called "facility fees" (ie, payment for providing sedation or general anesthesia outside of hospital operating room settings).

AAPD recommendations and priorities

The panel recommended that the American Academy of Pediatric Dentistry (AAPD) pursue the following priorities to enhance third-party coverage for behavior management:

1. Continue to support state-level efforts to expand coverage for general anesthesia for dental treatment. Expansion should be sought through legislative and regulatory routes, as well as through discussions with major health plans and employers operating within a particular state.
2. Explore relationships with anesthesiologists and hospitals/surgi-centers to improve Medicaid payments for their services. Lending political support to efforts to increase payments for anesthesiologists and hospitals or surgi-centers for dental treatment may prove an effective strategy for expanding access to care for children with extensive dental treatment needs.
3. Help develop third-party pilot projects. Innovative approaches (eg, new benefit designs for children with special health care needs) need to be developed and tested to convince third-party payers that coverage is justified and feasible.
4. The AAPD should update its model dental benefits policy to incorporate additional detail on behavior management payment issues. Moreover, the AAPD should pursue additional data to document the additional costs of providing care for difficult-to-manage children.
5. Develop or revise AAPD policy or guidelines to highlight model criteria outlining when children should be eligible for sedation and general anesthesia. States use a variety of criteria to determine when children are eligible for sedation or general anesthesia benefits. The AAPD should develop or refine its policies to establish model criteria for providing coverage for these modalities.
6. Compile available evidence for behavior management outcomes. The panel recommends that the AAPD compile an authoritative source of available evidence supporting the use of behavior management. This information should be posted on the AAPD's Web site (with appropriate links to relevant AAPD guidelines and policies). In addition, the AAPD should promote additional behavior management outcomes research to strengthen the evidence base.
7. Identify or refine tools to document child behavior. Efforts need to be directed toward identifying or refining tools that can efficiently and reliably document child behavior in dental settings, thereby helping to establish a sound, practical basis for third-party payments for "advanced" behavior management techniques. One example cited by the panel is the instrument developed in Texas to quantify and assess factors that may justify treatment under general anesthesia.
8. Develop modifiers for codes to differentiate sedation and other behavior management techniques for children. Code modifiers need to be developed to distinguish behavior management approaches used for children from those used for adults.
9. Provide ongoing continuing education and tools for members on third-party issues. The AAPD should work to develop educational vehicles and tools to educate members on third-party issues related to behavior management. Similar materials should be developed for and made available to residents.

Summary

Systems providing third-party coverage for health care and dental benefits generally have demonstrated little consideration for child behavior variation in dental settings or the range of techniques practitioners must apply to provide quality dental services for children. This paper reflected:

1. the deliberations of a panel charged with identifying important issues; and
2. corresponding recommendations that need to be addressed to improve access to care and the delivery of dental services for children.

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