Policy on Third-party Reimbursement for Management of Patients with Special Health Care Needs

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Council on Clinical Affairs

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Purpose
The American Academy of Pediatric Dentistry (AAPD) recognizes that, because of improvements in medical care, the number of patients with special health care needs will continue to grow. Many of the formerly acute and fatal diagnoses have become chronic and manageable conditions. These patients require a dental team with special knowledge and skills and additional staff time to coordinate care and/or accommodate the patient’s unique circumstances. An increased appointment length often is necessary in order to treat the patient in a safe, effective, and high-quality manner. Such customized services have not been reimbursed by third-party payors. AAPD advocates reimbursement for measures that are necessary to manage the patient’s unique healthcare needs within the dental home.

Methods
This policy is a review of current dental and medical literature, sources of recognized professional expertise related to medical and dental reimbursement, and industry publications. An electronic search was conducted using the PubMed®/MEDLINE database with the terms: special health care needs and access to care, special health care needs and reimbursement, disease management and managed care, disease management and insurance, disease management and reimbursement; fields: all; limits: within the last 20 years, humans, English, birth through age 99. The search found 1375 articles. Papers for review were chosen from this list and from the references within selected articles.

Background
About 18 percent (12.5 million) of U.S. children have special health care needs, and numbers continue to rise.1 The AAPD defines special needs as “any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs.”2 The 2001 National Survey of Children with Special Health Care Needs (CSHCN) determined the dental care was the largest unmet need. More than eight percent of CSHCN were unable to obtain this service.3 This trend continued in the more recent 2005 National Survey.4 These patients face a multitude of barriers in accessing dental care. These barriers may be either environmental/system-centered or non-environmental.5 Environmental barriers to obtaining oral healthcare include difficulties in finding a dental office close to home that will accept the patient’s dental insurance and is able to accommodate the patient’s unique needs, in addition to the rising costs of healthcare. Non-environmental factors center around the patient: the patient is afraid of the dentist, orally defensive, or unable to cooperate for the dentist. Additionally, the patient’s medical condition may complicate dental treatment or the patient may have health care needs more urgent than dental care.5

Patients with special health care needs may require more provider time, particularly those with developmental disabilities, complex health care issues, behavioral issues, and dental fears.6 Many dentists often are unwilling to treat these individuals due to medical conditions, the additional time required to obtain a medical history or medical consultations and render treatment, poor reimbursement, and inadequate training in treatment of patients with special health care needs.7-10 Consequently, pediatric dentists provide a disproportionate amount of care to this population, but U.S. pediatric dentists are too few in number to meet the need.11 While the AAPD has obtained federal funding for expansion and creation of new pediatric dental residency positions, little has been done on the financial front by third-party payors.

Financing and reimbursement of dental care have been cited as common barriers for medically necessary oral health care in the special needs population.12-14 Eliminating or reducing the effect of this barrier may have lasting positive effects on oral health for patients with special health care needs. Patients with significant health histories require additional appointment time to take a thorough history, as well as additional time for

ABBREVIATIONS
AAPD: American Academy Pediatric Dentistry. CSHCN: Children with special health care needs.
could reduce hospitalizations and avoid emergency room visits. Furthermore, reimbursement for the use of additional personnel or advanced behavior management techniques could reduce the need for costly general anesthesia and facilitate the delivery of medically necessary oral health care to which these patients are entitled. Therefore, the AAPD advocates that third-party payors and managed care organizations review their capitation policies to provide adequate reimbursement for care coordination (CPT code D9992) and behavior management (CPT code D9920).

References

References continued on next page.


