

DentalPro News

A publication for participating HMSA dental care providers, facilities, and their staff

Spring 2021

FEATURE ARTICLES

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Oral Health for Total Health: Helping you promote systemic health

As you probably know, our Oral Health for Total HealthSM (OHTH) program offers enhanced dental benefits for enrolled members. These benefits are condition-specific and help improve better total health outcomes. As your patients' provider, we're using OHTH to give you the best opportunity to promote systemic health through enhanced dental benefits. If your patients are enrolled in our program, they're eligible for benefits based on their condition.

Covered Medical Conditions and Enhanced Dental Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling* Covered 100% with No Out-of-Pocket Expense
Diabetes	✓	✓		✓
Coronary artery disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral cancer	✓	✓	✓	
Head and neck cancers	✓	✓	✓	
Sjögren's syndrome	✓	✓	✓	

*A member's plan must include periodontal coverage to receive this benefit.

The good news is that CoreoTM can help you quickly determine which of your HMSA patients are enrolled in OHTH, making it easier than ever to schedule them for necessary recalls based on the enhanced dental benefits they qualify for.

Coreo is a trademark of Navvis. Navvis is an independent company that provides CoreoTM, an online tool providing a virtual integrated health system for HMSA providers on behalf of HMSA.

Oral Health for Total Health – Eligibility, Benefit, and Periodontal Reminders

To confirm if your patient is enrolled in our program, please call 948-6440 on Oahu or 1 (800) 792-4672 toll-free on the Neighbor Islands. Or log in to MyPatientsBenefits in Coreo and select Medical Conditions in the Member Eligibility section. If enrolled, the member's condition and enrollment date will display.

My patient is eligible for Oral Health for Total Health if they:

- Have an eligible HMSA dental plan.
- Have a qualifying medical condition.

HMSA dental plans that aren't eligible for the program are:

- Federal 87 plans.
- Keiki Care plans.

Cond Code	Description	Trtmnt	Effective	Cancel	Source	Trtmnt Ind	User ID	Current Date	Current Time
01	DIABETES		04/01/2020	01/01/9999		Y	XXXXXXXXXX	11/10/2020	12:45 PM
02	HEART DISEASE/CONGESTIVE HEART FAILURE		04/01/2020	01/01/9999		Y	XXXXXXXXXX	11/10/2020	12:45 PM
09	STROKE (CEREBROVASCULAR DISEASE)		04/01/2020	01/01/9999		Y	XXXXXXXXXX	11/10/2020	12:45 PM

How do I know which benefits a member is eligible for?

After confirming which qualifying condition(s) the member is enrolled for, select Benefits and then open the Wellness Benefits tab. In this tab, you'll find OHTH benefits details. Please pay special attention to the Limitation column for details on which procedures/CDTs are covered for which conditions.

Procedure		Covered	Allowance	Coverage % or Copay \$	Limitations	Applied to Deductible	Applied to Maximum
D0431	Adjunctive Prediag Test >	Yes	\$28.00	100%	1 Per 6 Months - Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions	No	No
D1110	Prophylaxis Adult >	Yes w/ limitations	\$67.95	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No
D1120	Prophylaxis Child >	Yes w/ limitations	\$45.80	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No
D1206	Topical Fluoride Varnish >	Yes w/ limitations	\$36.45	100%	In Network - Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No

*Root scaling and planning are only covered under enhanced dental benefits at 100% if the member's standard plan offers periodontal coverage.

D1208	Topical Fluoride >	Yes w/ limitations	\$36.45	100%	In Network - Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No
D4341	Scaling/ planning 4+ Teeth >	Yes w/ limitations	\$161.85	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy Medical Conditions	No	No
D4342	Scaling/ planning 1-3 Teeth	Yes w/ limitations	\$86.75	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy Medical Conditions	No	No
D4346	Perio Scaling W/ inflam >	Yes w/ limitations	\$67.95	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total, Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No
D4910	Periodontal Maintenance >	Yes w/ limitations	\$130.50	100%	In Network - Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions. 4 Per Benefit Period Total, Diabetes, Coronary Artery Disease, Stroke, Pregnancy, Oral Cancer, Head and Neck Cancer, Sjögren's Syndrome Medical Conditions.	No	No

Please refer to the Non-Surgical Periodontal Services tab in the Benefits section to determine if periodontal scaling (CDTs D4341, D4342, D4346) is covered under a member's standard plan.

Non-Surgical Periodontal Services					D4320 - D4999		
D4341	Scaling/planing 4 + Teeth >	Yes	--	50%	In Network 1 Per 24 Months ~ Per Area of the Mouth more...	Yes	Yes
D4342	Scaling/planing 1-3 Teeth >	Yes	--	50%	In Network 1 Per 24 Months ~ Per Area of the Mouth more...	Yes	Yes
D4346	Perio Scaling W/inflam >	Yes	--	100%	In Network Age 18 And Older In Combination with Cleanings more...	No	Yes

Coreo Update

Earlier this year, new features in Coreo became available to you and your staff, including:



- **Dental Performance screen.** This is separate from the existing Panel Management screen. Here, you can:
 - o View performance percentage measured by care gaps across your overall attributed membership.
 - o Filter for Oral Health for Total Health (OHTH) attributed membership vs. non-OHTH attributed membership.
 - o Filter for noncompliant members.
- **Last dental visit.** Appointment information will be separated into two columns:
 - o Last Dental Visit.
 - o Last Medical Visit.
- **HMSA dental ID.** Medical and dental IDs will be separate when viewing your list of attributed members.

Please refer to the FAQs and training materials in the HMSA Connected Care section of hmsadental.com on how to navigate the new features.

Teledentistry is a Permanent Benefit

In response to the COVID-19 pandemic, HMSA began covering teledentistry as an option for dentists to provide emergency services to our members. Real-time teledentistry encounters through the phone or video chat have been covered for your patients of record in 2020. We've now added teledentistry as a permanent benefit on all HMSA commercial dental plans. When billing for real-time emergency services by phone, you'll need to submit two CDT codes:

- D0140: Limited oral evaluation — problem-focused.
- D9995: Synchronous teledentistry.

You'll be reimbursed at the D0140 allowance.

Please note that this is a change from our previous process, where you only needed to submit D9995.

You can verify benefits and eligibility online at MyDentalCoverage or by calling Customer Service at 948-6440 on Oahu or 1 (800) 792-4672 toll-free on the Neighbor Islands. Members with commercial plans are responsible for payment of general excise tax. This service doesn't count toward a member's frequency limitation for exams.

Updated Dental Provider Directory

Find a Dentist, our online dental provider directory, has a new look. We redesigned our provider directory so that our members can find your practice faster and easier.

Upgrades include:

- Much faster search speeds.
- One-stop local and national provider network search capability; searchable by address and ZIP code.
- Enhanced, versatile mapping capabilities: generate a printable PDF (by ZIP code or island).
- Ability to see search results in map view.
- A mobile-friendly design.

BRUSHING UP

Reminder to Update Your Information

Please report changes to your practice address, phone numbers, tax ID numbers, and practice affiliations to us as soon as possible. This ensures that we have current information in our directories for our members and that you'll receive the materials that we send to you. Up-to-date information also help to ensure accurate and timely claims payment and 1099 tax form distribution.

Visit our website at hmsadental.com/find-a-dentist.aspx to double-check information such as your name, practice address, phone number, website, and accepting patient status. You can easily update your information on our Update Your Status page. Please note that we're required by law to keep our provider directories up to date.

If you haven't already provided us with your office email address, please email it to dentalproviderrelations@bshi.net. We periodically conduct provider surveys by email, which are opportunities for you to give us valuable feedback on how we can better serve you.

To make any changes, call your dental network manager.

Expert Help with MyDental Coverage and Speed eClaims

If you have questions about MyDental Coverage or need support when filing claims electronically, you have direct access to the experts at Dental Electronic Services. Call 1 (800) 633-5430 toll-free, Monday through Friday, 2–11 a.m. Hawaii time.

Recredentialing

Many of you will be due for recredentialing this year. If you're due, you'll receive a request from Verifpoint, the credential verification organization we work with. Verifpoint will ask you to complete the recredentialing form and submit it with copies of certain documents.

We thank you in advance for your attention and timely response to these requests. If you have any questions about recredentialing, please call Dental Network Managers Jessica Chang at 538-8904 or Ellie Kelley-Miyashiro at 538-8933, both on Oahu.

CLINICAL FOCUS

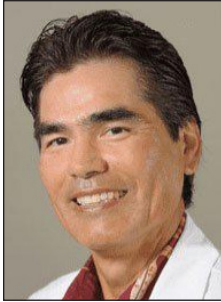
2021 License Renewal and CE Requirements

Hawaii state dental and dental hygiene licenses expire Dec. 31, 2021, unless renewed. To renew, dentists and dental hygienists must meet the continuing education (CE) requirements set forth by the Hawaii Board of Dentistry (HBOD).

For licenses issued before 2020, there's a requirement of 38 CE hours for dentists and 20 CE hours for dental hygienists. We strongly encourage you to stay up to date on your CE, ensuring they are from approved sponsoring organizations pursuant to HAR §16-79-142.

CE requirements for both dentists and dental hygienists must meet a minimum training in ethics and basic life support from approved organizations and specifically for health care providers. There's also a maximum amount of CE that may be obtained through computer, correspondence courses, or courses presented through other media, such as audio and video tape recording.

Questions about CE requirements and exceptions to them should be directed to HBOD.



Michael Nishime, D.D.S.

Cement vs. Screw-retained Implant Restorations: Which is Better?

When fabricating an implant-retained restoration, you basically have two choices. Make it a cementable restoration or make it a screw-retained restoration. There are pros and cons to either method¹.

In the not-so-distant past, most implant restorations were cemented. The trend currently seems to favor screw-retained implant restorations.² Cement-retained restorations were popular in the past primarily because it made restoring an implant more like traditional crown and bridge and clinicians felt comfortable with that. Another factor may have been that it was much more expensive to fabricate a screw-retained implant restoration compared with a cemented restoration. Cement-retained restorations were also deemed to be more esthetic because there was no screw access hole coming through the occlusal or facial. The biggest cons about cemented restorations were the lack of ease of retrievability and the potential to trap residual cement leading to cement sepsis.

The pros of screw-retained restorations include retrievability, no risk of cement sepsis, and restoring with limited occlusal height. The cons with screw-retained restorations are increased difficulty in delivering the crown compared with cemented restorations, compromised esthetics due to the screw access hole, and increased lab cost to fabricate a screw-retained restoration.



Cemented

Screw Retained

If we review the literature comparing the survival rates and complications associated with cemented versus screw-retained restorations, we find that there is no clinically significant difference in the survival or failure rates,^{3,4} but a study by Sailer showed that cemented reconstructions exhibited more serious biological complications versus screw-retained reconstructions, which exhibited more technical problems. Sailer went on to conclude that screw-retained reconstructions are more easily retrievable than cemented reconstructions, therefore technical and biological complications can be treated more easily.⁵

An article by Wilson studied 39 patients with implants exhibiting clinical and/or radiographic signs of peri-implant disease. Evaluating the implants with an endoscope, he observed that out of 42 implants that had signs of peri-implant disease, excess cement was found in 34 implants (81%).⁶

Until a couple of years ago, there has been no protocol established for the cementation of implant crowns and dentists were essentially cementing their implant crowns similar to cementing a crown on a natural tooth. There are now several articles published by Wadhvani and Hess that provide a protocol for the cementation of implant crowns, so if your preference is to cement implant restorations, there are certain precautions you can take to minimize the risk of cement getting trapped in the peri-implant sulcus:

1. Keep the abutment margin equi- or supra- gingival.⁷
2. Place vent holes in your abutment.⁸
3. Minimize the amount of cement by using a very thin film of cement on the intaglio of your crown.⁹
4. Place teflon tape below the margin of your abutment.¹⁰
5. Use a reverse crown margin.¹¹
6. Use a temporary zinc oxide-eugenol cement.¹²



Excess cement leading to implant failure

Unfortunately, no technique can 100% prevent cement from getting trapped in the peri-implant sulcus¹³ and it may take as little as four months to as many as nine years before there's a peri-implant problem.⁶



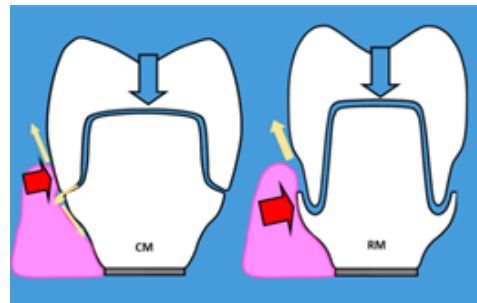
Vent holes in the abutment



Making a die out of pvs to thin the cement on the intaglio of the crown

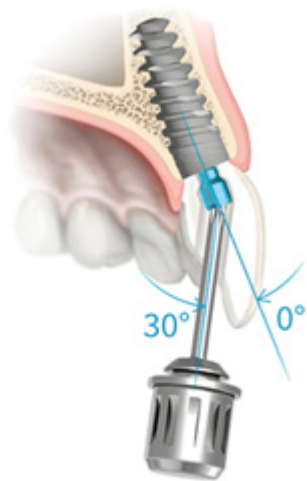


Teflon tape wrapped below the margin of the abutment



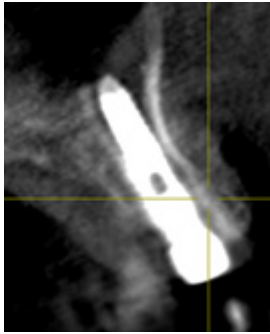
Reverse margin design forcing cement toward the occlusal

When I first started placing and restoring implants 30 years ago, probably 90% of my implant restorations were cemented. Currently, close to 100% of my implant restorations are screw-retained. There have been two game-changing technologies that have led to this change. One is the introduction of CAD-CAM technology into my practice and the other is the introduction of the angled screw channel (ASC) ti bases.^{14,15} CAD-CAM technology has allowed me to fabricate a screw-retained implant restoration with less cost than a cemented implant restoration with a custom abutment and the ASC makes it possible to make any off-axis implant up to 30 degrees screw-retained. There are several companies that make ASC ti bases: DESS, BioHorizon, Nobel Biocare, Atlantis Custom Base, Straumann VarioBase, BlueSky Bio, TruAbutment, Dynamic Abutment Solution, and ZirkonZahn.¹⁶

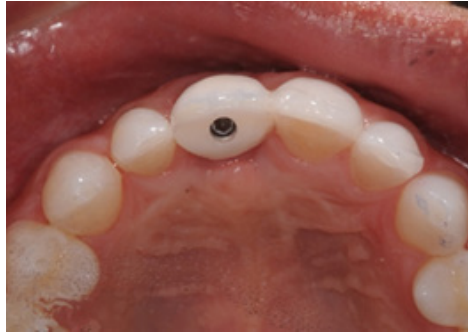


Angled Screw Channel

The ASC gives new meaning to the phrase, "prosthetically driven implant placement," because prosthetically driven implant placement doesn't always mean the implants are ideally placed in the bone. With the introduction of the ASC, implants can be placed in the ideal bone position and still have a screw-retained crown made on top of it. The following case illustrates an implant for #8 in the ideal bone position but not in the ideal prosthetic position for a screw-retained crown.



Ideal bone position



DESS ASC on a BioHorizon implant



eMax crown by Esthetic Dental Design

In conclusion, even though it's a little more challenging to deliver a screw-retained implant restoration compared with a cement-retained restoration, the benefits (i.e., no chance of cement sepsis and retrievability) far outweigh the minor inconvenience to deliver the screw-retained crown. The most common implant single crown complication reported is screw loosening.¹⁷ It's so much easier to deal with a loose screw on a screw-retained crown than it is to have to drill a screw access hole through a cemented crown to access the abutment screw. If it's an anterior cemented crown, you may need to redo the crown if the access hole is coming through the facial or incisal. Making the crown retrievable also makes it easier to remove the crown and treat peri-implantitis around an implant.¹⁸ Implant complications are inevitable, so you want to do everything you can to reduce complications and make dealing with complications when they occur less of a headache.

1. Cemented-retained vs screw-retained implant restorations: an investigation on 1939 dental implants, M Cicciù, M Beretta, G Risitano, C Maiorana. *Minerva Stomatol.* 2008 Apr;57(4):167-79.
2. A Current Perspective on Screw-Retained Single-Implant Restorations: A Review of Pertinent Literature, George Priest, *J Esthet Restor Dent.* 2017 May 6;29(3):161-171.
3. Clinical performance of screw- versus cement-retained fixed implant-supported reconstructions-a systematic review, Julia-Gabriela Wittneben, Christopher Millen, Urs Brägger, *Int J Oral Maxillofac Implants.* 2014;29 Suppl:84-98.
4. Growing body of evidence on survival rates of implant-supported fixed prostheses, Elliot Abt, *Evid Based Dent.* 2008;9(2):51-2.
5. Cemented and screw-retained implant reconstructions: a systematic review of the survival and complication rates, Irena Sailer 1, Sven Mühlemann, Marcel Zwahlen, Christoph H F Hämmerle, David Schneider, *Clin Oral Implants Res.* 2012 Oct;23 Suppl 6:163-201.
6. The positive relationship between excess cement and peri-implant disease: a prospective clinical endoscopic study Thomas G Wilson Jr 1, *J Periodontol.* 2009 Sep;80(9):1388-92.
7. Excess cement and the risk of peri-implant disease - a systematic review Noémie Staubli 1, Clemens Walter 1, Julia C Schmidt 1, Roland Weiger 1, Nicola U Zitzmann 1, *Clin Oral Implants Res.* 2017 Oct;28(10):1278-1290.
8. Effect of implant abutment modification on the extrusion of excess cement at the crown-abutment margin for cement-retained implant restorations Chandur Wadhvani 1, Alfonso Piñeyro, Timothy Hess, Hai Zhang, Kwok-Hung Chung, *Int J Oral Maxillofac Implants.* Nov-Dec 2011;26(6):1241-6.
9. Technique for controlling the cement for an implant crown, Chandur Wadhvani 1, Alfonso Piñeyro, *J Prosthet Dent* 2009 Jul;102(1):57-8.
10. A technique to eliminate subgingival cement adhesion to implant abutments by using polytetrafluoroethylene tape, Timothy A Hess 1, *n J Prosthet Dent.* 2014 Aug;112(2):365-8.
11. Comparing the Chamfer and Reverse Margin System at Preventing Submarginal Cement, Citation: Emil LA Svoboda P.H.D., D.D.S. Anit Sharma D.D.S., Majid Zakari D.D.S., reversemargin.com.
12. Peri-Implantitis Associated with Type of Cement: A Retrospective Analysis of Different Types of Cement and Their Clinical Correlation to the Peri-Implant Tissue, Michael Korsch 1, Winfried Walther 1, *Clin Implant Dent Relat Res.* 2015 Oct;17 Suppl 2:e434-43.
13. Applications to reduce the amount of excess cement for cement-retained implant supported prostheses: Mini review, Zühre Belde Akkaya1* and Bahadır Ersu2, *Journal of Clinical Advances in Dentistry*, Published: 12 June 2020.
14. Angled Screw Channel: An Alternative to Cemented Single-Implant Restorations--Three Clinical Example, Björn Gjelvold, Majid Melvin Sohrabi, Bruno Ramos Chrcanovic, *Int J Prosthodont.* Jan-Feb 2016;29(1):74-6.
15. Abutment screw torque changes with straight and angled screw-access channels, Rajesh S Swamidass1, Joseph Y K Kan2, Mathew T Kattadiyil3, Charles J Goodacre4, Jaime Lozada5, *J Prosthet Dent.* 2020 May 18;S0022-3913(20)30086.
16. Angled Screw Channel – A Paradigm Shift in Implantology? Dr. Michael Scherer, D.M.D., M.S., learndentistry.com.
17. Prosthetic complications with implant prostheses (2001-2017), Brian J Goodacre, Sarah E Goodacre, Charles J Goodacre, *Eur J Oral Implantol* 2018.
18. Loosening of the fixing screw in single implant crowns: predisposing factors, prevention and treatment options, Stefanos Kourtis 1, Mariana Damanaki, Sofia Kaitatzidou 1, Aikaterini Kaitatzidou 1, Vasiliki Roussou 1, *J Esthet Restor Dent.* 2017 Jul 8;29(4):233-246.

WELCOME: E KOMO MAI

New Groups and Providers

New Groups (partial list)

Clinical Laboratories of Hawaii
Feather & Fur Animal Hospital
Hawaii Pacific Neuroscience
Hawaii Smile Designs
HKI Kauai Inc.
Holiday Orthodontics
International Roofing & Building Construction
Kalihi Union Church
Kauai Beach Resort
Martin Defense Group
Menehune Pest Management
Naniq Global Logistics
Pearl Golf Management
Puakea Golf Management
The Savio Group
Sensei Holdings
United Laundry Services
The Wahiawa Center for Community Health

New Participating Providers

General Dentistry

HAWAII

Karen Sheppard, D.D.S.

KAUAI

Matthew L. Peers, D.M.D.

MAUI

Timothy R. J. Adamchuk, D.M.D.

Theodore E. Dodson, D.D.S.

Landon Michael Momberg, D.M.D.

Kelly S. Wojcicki, D.M.D.

Tyler T. Yamada, D.D.S.

OAHU

Simone Downs, D.D.S.

Jessica G. Gasser, D.M.D.

Olga Hamilton, D.D.S.

Richard Y. Kim, D.D.S.

Keith M. Koga, D.D.S.

Derek N. Q. Takai, D.D.S.

Orthodontics

HAWAII

Satyaprasad Nayak, D.M.D.

OAHU

Satyaprasad Nayak, D.M.D.

Pediatric Dentistry

HAWAII

Jennifer L. Logigian, D.M.D.

KAUAI

Tiffany J. Lewis, D.D.S.

MAUI

Erica C. Hollander, D.M.D.

OAHU

Tanya K. Karnavy, D.D.S.

Tiffany J. Lewis, D.D.S.

Periodontics

HAWAII

Mari R. Heslinga, D.D.S.

ROUTING BOX

Date Received _____

Please route to:

_____ Dentist

_____ Office Manager

_____ Dental Hygienist

_____ Dental Assistant

_____ Other: _____



HMSA Dental Services
PO. Box 1320
Honolulu, HI 96807-1320