

For the 2019 treatment period, overall there were approximately 845,000 procedures submitted by Vermont providers to Northeast Delta Dental.

Of those 845,000 procedures, only 27,000 (3%) would be considered non-covered, which means that the procedure was not covered by that specific group's dental plan on the procedure's treatment date.

Of those 27,000 non-covered procedures, only about 7,500 were subject to artificial fees

That 7,500 of non-covered procedures subject to an artificial fee represents less than 1% (.89% actually) of the total procedures submitted (845,000)

The total amount of the artificial fees was approximately \$470,000. Compare that to the total amount paid in professional services in 2019: \$75.5 million (from Delta's Annual Report)

What about the other 2/3 of non-covered procedures not subject to an artificial fee? Delta says that for those the fee submitted by the dentist was actually lower than what Delta would have paid had it been covered, or Delta had no fee in mind

We also asked what non-covered procedures subject to arbitrary fees are mostly submitted?

The codes which were most frequently subject to artificial fees, in descending order of frequency, were:

D9230 = nitrous oxide, perceived as an elective

D4921 = sub-gingival irrigation – might be perceived as an additional service not needed

D4381 = placement of an antibiotic on the gum line

D9610 = specialist code for an oral surgeon for an IV injection

D9944 = night guard, might be perceived as cosmetic or elective

D7953 = bone graft after an extraction – might be seen as elective

D2392 = 2-surface tooth coloring for a back tooth, I am told this is usually down-graded to a silver filling code

These seven codes combined make up about 65% of the non-covered submissions subject to artificial fees. = 65% of the 7,500 submitted

All other non-covered procedure codes with artificial fees made up less than 2% of the overall non-covered submissions.

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Jamie Feehan  
Vermont State Dental Society  
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