Council on Dental Benefit Programs

Areas of Responsibility as Set Forth in the *Bylaws* or *Governance and Organizational Manual of the American Dental Association*

As listed in Chapter VIII, Section K.3. of the Governance and Organizational Manual, the areas of subject matter responsibility of the Council are:

a. Administration and financing of all dental benefit programs including both commercial and public programs;
b. Dental Quality Alliance;
c. Monitoring of quality reporting activities of third party payers;
d. Peer review programs;
e. Code sets and code taxonomies including, but not limited to, procedure and diagnostic codes;
f. Electronic and paper dental claim content and completion instructions; and
g. Standards pertaining to the capture and exchange of information used in dental benefit plan administration and reimbursement for services rendered.

Key Accomplishments and Outcomes: Agency Programs, Projects, Results and Success Measures

*New Dentist Member

Initiative/Program: Insurance Reform Commercial Markets: Credentialing

Success Measure: Promote industry solutions that reduce administrative burden allowing practices to spend more time in clinical care and less time on paperwork.

Target: At least an additional 12,000 dentists per year establish a new current attested profile in the ADA's Credentialing Service powered by CAQH ProView.

Range: Between 10,000—14,000 new profiles per year are added as complete and current profiles in CAQH ProView.

Outcome:
- 5,867 new profiles have been created year-to-date through June 2024.
- A total of 77,286 dentists have complete and current profiles as of June 2024.
- An average of 978 dentists are completing their profile per month.
- 43,390 dentists have completed applications and now only need to log in to re-attest.
- Outreach to dental payers has resulted in 26 participating dental organizations to date.

The credentialing service continues to experience strong and steady growth more than five years after implementation. Additionally, the number of dentists with profiles due for re-attestation also continues to trend downwards in proportion to the overall number of dentists using the system, which has surpassed 120,676 dentists nationally.

Initiative/Program: Insurance Reform Public Programs: Medicare

Success Measure: Provide guidance on enrollment and participation in Medicare for dentists choosing to provide care for Medicare beneficiaries eligible for medically necessary dental care. Identify all rules and regulations that may apply to dentists as physicians when they choose to enroll as Medicare providers.

Target: Provide guidance on enrollment and participation in Medicare for interested dentists by August 1, 2024.

Range: N/A

Outcome: As of May 2024, a centralized toolkit for dentists who wish to treat Medicare beneficiaries has been released.

Initiative/Program: Coding Standards

Success Measure: Maintain CDT and SNODENT coding standards within stated timelines.

Target:
- Deliver content for 2025 CDT Manual and Companion and 2025 Consumer-Friendly CDT for publication and implementation.
- Deliver content for 2025 SNODENT for ANSI standard review and approval.
- Develop and deliver mapping content for SNODENT, ICD-10-CM, and CDT for implementation.

Range: N/A

Outcome: The CDT Code is the only HIPAA standard code set for reporting dental procedures. It is overseen by the Council on Dental Benefit Programs and managed by the Code Maintenance Committee. The 2025 edition was approved in March 2024. The CDT Manual and Companion are published annually.

CDT files are licensed by interested parties including third-party payers, clearinghouses, and software vendors.

The Systematized Nomenclature of Dentistry (SNODENT) was developed by the ADA to serve as a set of terms in dentistry primarily related to findings and diagnostic terms for use in clinical documentation within the Electronic Health Record (EHR). It is a recognized code set that will be the basis for EHR development and certification. SNODENT is managed by the SNODENT Maintenance Committee and is an American National Standard. The 2024 edition of SNODENT was approved in fall of 2023 as ADA/ANSI Standard No. 2000.7. SNODENT files are licensed by interested parties including software developers and researchers.

Initiative/Program: Standards: Dental Quality Alliance

Success Measure: Position the Association as a leader in advancing quality of care.

Target: Not less than 40 state Medicaid programs report using measures developed by the Dental Quality Alliance (DQA).

Range: Between 35—45 states use measures developed by the DQA in their Medicaid programs.

Outcome: Thirty-six (36) state Medicaid programs are currently using DQA measures.

Measures identified by the DQA are used in several federal and state programs. The Centers for Medicare & Medicaid Services (CMS) uses three DQA measures for Medicaid program reporting. Two additional measures are under consideration for use by the CMS.

The DQA currently has 25 organizations as dues-paying members. The DQA continues to build and add new features and reports to the first-of-its-kind State Oral Health Quality Dashboard. The dashboard allows users to build dynamically-generated reports of DQA quality measures that were calculated through analyses of the Medicaid and CHIP claims and enrollment data contained within the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files. Recent updates include a new population selection feature (children, adults, pregnancy) with newly reported measures for adult and pregnant beneficiaries, and all four sealant measures.

The Council on Dental Benefit Programs (CDBP) was appointed as the lead agency by the Board of Trustees at the inception of the DQA and has since been closely monitoring the work of the DQA. The Council has not identified any concerns with the measures approved by the DQA to date. The Council is actively following the process of development of practice level measures and hopes to engage with the DQA as reports are published. Additional information on the DQA may be found here. The Council reviewed the governance and work of the DQA and will continue evaluating the selection and appointments of ADA representatives to the DQA.

Initiative/Program: Standards: Financial Data Exchange

Success Measure: Promote implementation of ADA Standard No. 1113 - Contents of Dental Procedure-Level Data Required for Eligibility and Benefit Responses in order to relieve administrative burden for dental offices.

Target: At least two of three Standards Development Organizations (SDOs) (X12, CAQH CORE, HL7) will have begun adopting elements from ADA Standard No. 1113.

Range: N/A

Outcome: Two of three SDOs (X12, CAQH CORE) are in the process of adopting elements from ADA Standard No 1113.

ADA Standard No. 1113 - Contents of Dental Procedure-Level Data Required for Eligibility and Benefit Responses and ADA Technical Report No. 1102 - Electronic Dental Benefits Eligibility Verification have been shared with CAQH CORE. CORE is a SDO designated by the Secretary of the Department of Health and Human Services (HHS) as the National Operating Rule Authoring Entity for the administrative transactions covered by HIPAA and X12. X12 is an ANSI-accredited SDO who develops and maintains EDI standards and XML schemas named under HIPAA. Both organizations are in the process of review and adoption of the content from the ADA for eligibility and data exchange, as well as updates to the ADA Paper Claim Form.

Emerging Issues and Trends

Dental Benefits Market Data
The data below is the most current information available.

Market Statistics [Source: National Association of Dental Plans]

- Almost 293 million people (88% of the U.S. population) had a dental benefit in 2022, up approximately 5% from 2021.
- In 2022, the commercial market had approximately 95.4 million people (55%) with fully insured dental benefits, up 1% from the previous year versus ~76.8 million (45%) with self-funded plans. Fully insured plan participation continues to grow since 2013 due to the number of individuals purchasing dental benefits on the marketplace.
    - In 2022, PPOs continued to dominate the market at 86%, down 2% from 2021.
    - The median number of networks a dentist participates with is 25.
- The percentage of large and small Plans that do not include preventive and diagnostic (P&D) services in the annual maximum is:
    - 23.5% for annual maximums ranging from $1,000 to $1,500
    - 28.4% for annual maximums ranging from $1,500 to $2,500
- The percentage of large group Plans that have rollover of unused benefits is:
    - 62.3% for annual maximums ranging from $1,000 to $1,500
    - 62.5% for annual maximums ranging from $1,500 to $2,500

Five Year Replacement on Filings: Delta Dental of Colorado now offers plans that will only cover fillings once in a five-year period. This is an increase from the previous policy of once every two years. Blue Cross Blue Shield Federal Employees Plan now does the same thing.

Out-of-Network Dentists Getting Paid Based on Lower Allowable Plan Fees: A new trend in the benefits market is to use network "allowed amounts" as the basis for payment for services rendered by out of network providers. In the past, out of network dentists were paid a proportion of their billed charges. Out-of-network dentists can still balance bill and collect up to their full fee from patients.

MetLife will now Lease its Network: MetLife recently sent an amendment to its participating PPO providers indicating that it may now lease its dental network to other plans. The Council has notified MetLife regarding ADA policy that dentists should be allowed to opt-into any leased networks.

Responses to House of Delegates Resolutions

There were no resolutions assigned to CDBP as primary agency from the 2023 House of Delegates.

Self-Assessment

The Council is next scheduled to conduct a self-assessment in 2028.

Policy Review

In accordance with Resolution 170H-2012, Regular Comprehensive Policy Review (*Trans.*2012:370), the Council on Dental Benefit Programs reviewed Association policies related to dental benefits, coding and quality.

The Council reviewed the following policies and determined they should be maintained:

Statement on Capitation Dental Benefit Programs (*Trans.*1985:582; 1993:689; 2013:303)
Use of Statistics in Utilization Review (*Trans.*1989:542)
Pre-Existing Condition Exclusion (*Trans.*1991:634)
Preauthorization of Benefits (*Trans.*1992:597)
Responsibility for the Oral Health of Patients (*Trans.*2004:334)
Alteration of Dental Treatment Plans by Third-Party Claims Analysis (*Trans.*1999:929; 2013:320; 2019:252)
Dental Enrollment Credentialing (*Trans.*2002:395)
Itemization of Dental Charges (*Trans.*1979:634)
Hospitalization Insurance for Dental Treatment (*Trans.*1972:674; 2013:309)
Council Membership Restriction (*Trans.*1973:645)
Review of Evidence-Based Reports Denying Reimbursement (*Trans.*2002:423)
Support of Current Medicaid Law and Regulations Regarding Dental Services (*Trans.*2010:603; 2014:500)
Mandated Assignment or Authorization of Dental Benefits (*Trans.*2006:316)
Participation in Public Agency Sponsored Programs Involving Dental Health Benefits (*Trans.*1995:648)
Government Reports on Payments to Dentists (*Trans.*1976:858; 2013:305)
Government-Sponsored Dental Programs (*Trans.*1998:705)
Real-Time Claims Adjudication (*Trans.*2007:419)
Dental Coverage for Retiring Employees (*Trans.*1993:689)
Equitable Dental Benefits for Relatives of Dentists (*Trans.*1987:502)
Extending Dental Plan Coverage to Dependents of Beneficiaries (*Trans.*1993:694)
Patient and Provider Advisory Panel (*Trans.*1997:704)
Frequency of Benefits (*Trans.*1983:548)
Limitation of Payments to Specialty Groups (*Trans.*1965:63, 353)
Statement on Programs Limiting Dental Benefit to Network Providers (*Trans.*2019:257)
Employer Mandates (*Trans.*1994:645)
Tax Preferred Accounts (*Trans.*1994:637; 2012:495)
Freedom of Choice in Selection of Health Care Provider Under Health Care System Reform (*Trans.*1993:717; 2012:495)
State No Fault and Workers' Compensation Programs (*Trans.*2008:460)
Community Rating, Risk Pools and Portability for Health Benefit Coverage Plans (*Trans.*1995:648)
Freedom of Choice (*Trans.*1994:667)

The Council will submit the following amendments to the 2024 House of Delegates on separate worksheets:

Direct Reimbursement (*Trans.*1989:548)
Medically Necessary Care (*Trans.*1990:537)
Definitions of "Usual Fee" and "Maximum Plan Benefit" (*Trans.*2010:546; 2011:452)
Medical (Dental) Loss Ratio (*Trans.*2015:244; 2019:262)

Council Minutes

For more information on recent activities, see the Council's [minutes](#) on ADA.org.