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AMERICAN DENTAL ASSOCIATION

ADA News®

MAY 19, 2003

www.ada.org

VOLUME 34, NO. 10

ADVOCATING FOR MEMBERS

ADA **sues** major insurers, defends 'in-network' dentists, **evokes** RICO 'Fraud, extortion, racketeering'

BY JAMES BERRY

Evoking a set of laws originally adopted to fight organized crime, the ADA May 19 filed a class-action federal suit, alleging that some of the nation's largest insurers have conspired to "deny, reduce and delay" payments to dentists under contract to the plans.

This latest civil complaint, filed in South Florida's U.S. District Court, Miami Division, is the third ADA lawsuit aimed at defending the dentist-patient relationship and halting what the Association sees as unlawful insurance industry practices.

The ADA's earlier class actions, against Aetna Inc. and Wellpoint Health Networks Inc., went after

■ **The seven-count complaint targets some of the best-known insurers in health care and levels a stunning array of charges.**

business practices that allegedly harmed nonplan or "out-of-network" dentists.

This new complaint pursues



alleged transgressions against "in-network" dentists and seeks redress under the Racketeer Influenced and Corrupt Organizations Act, better known as RICO. The suit also evokes state statutes.

"This latest lawsuit is another example of the Association's advocacy for its members, for our profession and for the patients we serve," said Dr. T. Howard Jones, ADA president.

"These are important issues that affect dental health care, and the ADA rightly should be stepping in to address them," added Dr. Jones. "Our case alleges a conspiracy among insurers who dominate the marketplace. These insurers are not living
See LAWSUIT, page 29

BRIEFS

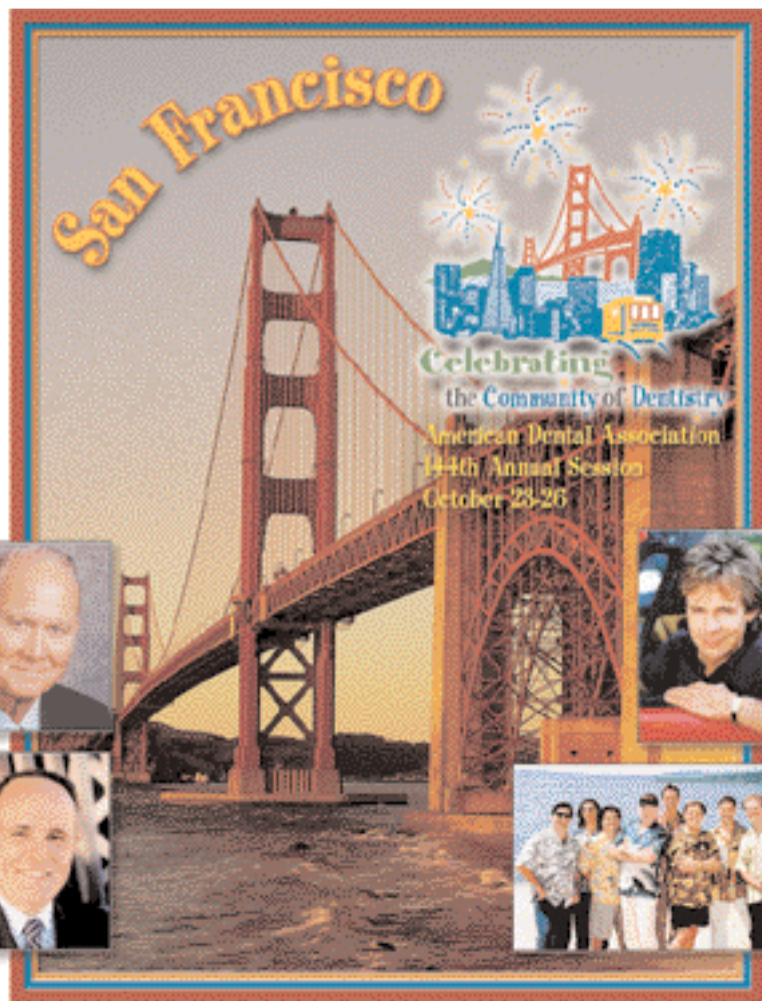
Summer holidays: The ADA will close early three afternoons this summer before holidays.

The first closing will be at 1 p.m. CDT on Friday, May 23, prior to the Memorial Day holiday. The Association will open again for regular hours on Tuesday, May 27.

The second early closing will be at 1 p.m. CDT on Thursday, July 3, prior to the July 4 Independence Day holiday. The ADA will open again for regular hours on July 7.

The third early closing will be at 1 p.m. CDT, Friday, Aug. 29, for Labor Day weekend. The ADA will open again for regular hours on Tuesday, Sept. 2. The ADA's official hours of operation are 8:30 a.m.-5 p.m. Central Time, Monday through Friday.

To minimize any inconvenience, the ADA encourages members to keep these dates in mind so that ADA staff can accommodate requests prior to the early closings. Members can continue to access the ADA through ADA.org. ■



Golden Gate awaits you

Plan now for annual session by the Bay

BY STACIE CROZIER

San Francisco—Go ahead and leave your heart.

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"In this beautiful city, known for its diverse cultures, sights and cuisines, it is very fitting that we gather the best clinicians and educators; the latest technologies, products and services; the hottest
See SESSION, page 26

■ **Registration forms, annual session details, pages 16-23**
■ **Technical extravaganza, page 26**

INSIDE



ADAF helps out

ADA Foundation grants aid communities. **Story, page 10.**

JADA, ADA News 'excel'

Three national awards for excellence earned

The Journal of the American Dental Association and the ADA News have each captured national awards for excellence in publishing.

The Society of National Association Publications, a publishing trade group better known as SNAP, announced last month that JADA garnered two Silver EXCEL awards: general excellence among scholarly journals and design excellence among scholarly journals.

The ADA News won a bronze EXCEL award

for feature writing for the article, "Beyond the Call of Duty," which appeared in the May 20, 2002, ADA News.

The story, written by Karen Fox, ADA News senior editor, chronicled the events that led to the awarding by President Bush of the Medal of Honor to Capt. Ben L. Salomon.

A dentist, Dr. Salomon gave his life defending war-wounded patients in 1944. The story details his life, his courage under fire in World War II and the relentless efforts of dentists who never met him to see that he received proper

recognition for his bravery.

In the letter announcing the awards, Marilee Peterson, SNAP executive director, said, "Congratulations on your fine work and exemplary product; your efforts have truly identified ADA Publishing, A Division of ADA Business Enterprises, Inc. as a leader in the field!"

The ADA's flagship publications were among some 900 entries in SNAP's 2003 awards competition. SNAP is a non-profit professional society serving association publishers and communications professionals across the country. ■



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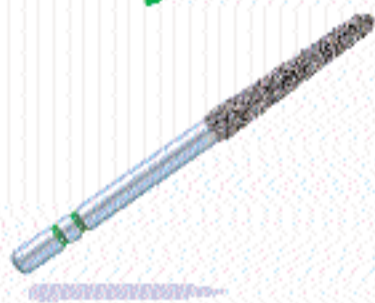
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National 'call to action'

Surgeon general presents oral health agenda

BY KAREN FOX

Milwaukee—Surgeon General Richard Carmona, M.D., April 29 unveiled the results of the "National Call to Action to Promote Oral Health," a report developed by the U.S. Department of Health and Human Services in consultation with 70 health organizations that included the ADA.

In so doing, Dr. Carmona appealed to health professionals to use the Call to Action as a tool to set in motion programs and initiatives to reduce oral health disparities that are spelled out in Oral Health in America: A Report of the Surgeon General (2000).

"Today is a day of change," he said. "Today is the day we send our oral health workforce into action with specific charges."

The Call to Action revolves around a set of five principal actions that describe the necessary steps toward assuring that all Americans achieve optimal oral health. They include:

- changing perceptions of oral health care;
- overcoming barriers to care using proven models and programs;
- building the science base and accelerating science transfer;
- increasing oral health care workforce diversity, capacity and flexibility;
- increasing collaboration.

Most notably, Dr. Carmona said the Call to Action "puts a face on oral health" and shows the vital role that oral health care has in developing national public policy.

ADA President T. Howard Jones and Executive Director James B. Bramson expressed their satisfaction in seeing the new emphasis on oral health reflected by the surgeon general's report and the Call to Action. They have pledged the ADA's cooperation with other partners in the oral health community to see that these goals are realized.

The call goes out to organizations, not the public, said Dr. Dushanka V. Kleinman, chief dental officer, U.S. Public Health Service.

"We are the oral health conscience to make this happen," she said.

The occasion for launching the Call to Action was the 2003 National Oral Health Conference—the fourth joint annual meeting between the American Association of Public Health Dentistry and the Association of State and Territorial Dental Directors and its sponsors: the Health Resources and Services Administration and the Centers for Disease Control and Prevention.

The diversity of the audience fit well with the surgeon general's call for public-private collaboration toward reducing the incidence of oral health disease.

"If we don't work together, we are going to fail," Dr. Carmona said. He went on to commend dental professionals and public health officials for their emphasis on prevention.

"We are a treatment-oriented society but to be successful, we have to emphasize prevention," he said.

The Call to Action is the result of listening sessions held by the 70-member partnership network that includes the ADA.

Held in U.S. cities over the past two years, the events enabled citizens to address inequities in oral health affecting their communities and discuss solutions. The ADA promoted the sessions and encouraged dentists and state and local societies to provide testimony.

In a closed meeting prior to the Call to Action's release, the surgeon general thanked representatives of the partnership network and implored them to continue their work.

"This is not a call to talk, it's a call to action," Dr. Caswell Evans, director of the oral health initiative, Office of the Surgeon General, told the partners.

A tangible way for dentists to support the Call to Action is to promote "health literacy" among patients in a culturally sensitive manner.

"We have a lot of good science, so how do we get it to the people?" said Dr. Carmona. "The best messages are developed by the community, and by those who are part of the community who understand the culture."

Dr. William Maas, president of the American Association of Public Health Dentistry, said it's now up to the health professions to forge meaningful collaborations toward reducing oral

health disease. That includes increased collaboration among dentists and other health professionals, and local and state health departments.

"The Call to Action is not a blueprint," said Dr. Maas. "This is how we will amass the workforce resources to meet the needs with measurable outcomes."

To view and download the National Call to Action to Promote Oral Health, go to "www.nidcr.nih.gov/sgr/CallToAction.asp". ■



Call issued: Dr. Carmona answers reporters' questions with Dr. Kleinman (left).

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VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

 LAURA A. KOSDEN, *Publisher* DR. MARJORIE K. JEFFCOAT, *Editor*

 JAMES H. BERRY, *Associate Publisher, Editorial* JUDY JAKUSH, *ADA News Editor*

MYVIEW

Dentists are my heroes

I thought that Give Kids A Smile was just another project like the hundreds of projects I've been involved with in my 25 years with the Georgia Dental Association. Wrong! Feb. 21 was an eye-opening experience.

For the first time I walked the walk, not just talked the talk. When a 3-year-old boy appeared with a swollen face that caused his eye to be almost shut and tears trickling down his face, I was brought to tears.

Like most non-dentists, the only dentistry I've been exposed to is the care I get in my dentist's office. From the time I was a child, my mother made sure that my sisters and I received good dental care. It was natural for me then to make sure that my son and his son go to the dentist and take care of their teeth.



Martha S. Phillips

I've heard and related the stories of children who have dental abscesses and can't sleep, eat or study. I've even seen the pictures but they were not real to me. That will never be true again.

My heart hurt for that 3-year-old little boy who had suffered for who knows how long with a tooth that had abscessed. I couldn't wait to get him to the front of the line and into the hands of the kind, caring dentists who showed up for the first annual American Dental Association Give Kids A Smile event that the GDA coordinated in Lyons, Ga.

This little boy was not the only child to come to the event crying and in pain. Unfortunately, there were lots of these children. The need in this community and others is great. Organized dentistry can only do a small fraction to help meet these needs. It's going to take a much bigger commitment from the state and federal government to make the tears go away. Even in tight budget times, kids should come first. That's what I've always been taught and that's what I believe.

I don't think there is anyone who could witness the pain and the need that the GDA volunteers addressed on Give Kids A Smile and not be moved to help. I'm disappointed that we didn't have legislators there to experience, as I did, the cry for help. The media attended the event but we saw little or no coverage on Georgia television or in the local newspapers.

Dentists have always been the good guys in white hats for me, but after Feb. 21 they are my true heroes. We had 45 volunteers—dentists, dental hygienists and assistants—who came prepared to do what they do every day but for no pay, other than the joy of seeing a child be relieved of pain.

See MY VIEW, page five

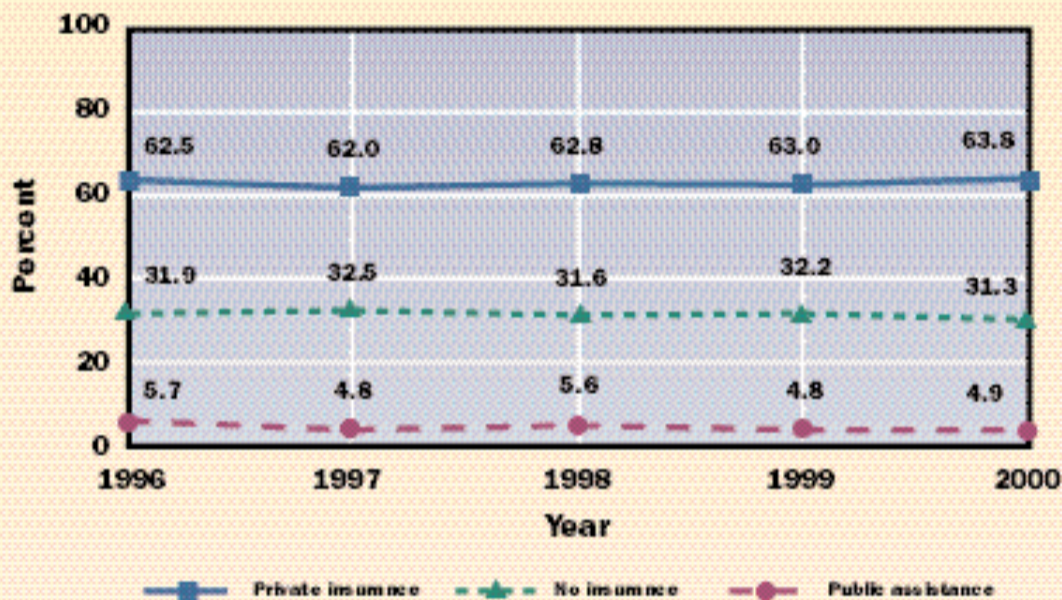
LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Dental insurance

Insurance coverage for solo dentists' patients remained consistent from 1996-2000.

Insurance of solo dentists' patients: 1996-2000



Source: American Dental Association, Survey Center, *Surveys of Dental Practice*

LETTERS

Licensure

This is in response to Dr. Ray Berringer, the oral surgeon in Alabama who complains about needing to take a state board exam in some states in order to be licensed to practice there ("Letters," March 17 ADA News).

I don't doubt for a moment that he is a thoroughly competent oral surgeon. The other side of the coin is that a license to practice dentistry is just that, a license to practice dentistry—all of it, in all its various branches.

Once licensed, there is nothing to prevent an oral surgeon from going into general practice at any future date if he or she so chooses, and, indeed, some have done so.

A state is obliged to assure the public that a person is competent to do what he or she is licensed to do. Under the U.S. Constitution (see 10th amendment), the states have this right.

The debate can go on and on. In the meantime, things are the way they are, frequently for good reason.

*John Allan Bier, D.D.S.
San Francisco*

Dr. Harris' legacy

I was terribly saddened to learn that Dr. Samuel D. Harris passed away (April 7 ADA News).

As a recipient of a grant from the ADA Foundation Harris Fund



Grants Program, I was given the incentive to produce a hygiene program for children with special needs.

My wife Jacqueline wrote a book for our own children, "A Smile for Samara." She modified the book's illustrations with Meyer-Johnson symbols attached to Velcro to make it interactive for the teacher and child.

My daughter, Samara, hand produced each of the 44 books we gave out to classroom teachers. We also produced a 20-minute video to accompany the book, which included the original story and a live demonstration done at New York University. We gave demonstrations in class-

rooms, and I gave out disclosing tablets and a toothbrush to each student. I was overjoyed when I later found out that one of the 8-year-olds told the school principal he would cherish the toothbrush I gave him. He said that he never had one, and had never brushed his teeth before.

This is just one side benefit of Dr. Harris' generous grants.

*Harold I. Sussman,
D.D.S.*

*Clinical Professor
New York University
College of Dentistry
Scarsdale, N.Y.*

Anesthesia guidelines

Since the ADA passed the anesthesia guidelines amendments on the October 2002 consent calendar, I have been contacted by hundreds of dismayed dentists who complain that the ADA makes policies and guidelines that don't represent the general dentist ("ADA Supports Anesthesia Guidelines," March 17 ADA News).

Many of those contacting me ask, "Has the time come to quit the ADA?"

I believe reason will prevail at the ADA. Like every democratic institution, at times the ADA is unduly

See LETTERS, page five

LETTERS

Continued from page four
influenced by special interest groups. But before tearing up your membership cards, disillusioned general dentists need to exercise their right to be heard and represented.

Roughly 2,500 ADA members already have an established track record practicing safe, effective enteral conscious sedation with titration. By removing a practitioner's ability to provide a safe second appropriate dose of a sedative (titration), the guidelines eliminate a necessary element from a well-proven technique.

The guidelines also would turn away tens of thousands of dental patients who rely on established enteral conscious sedation practices to help them overcome dental anxieties. Moreover, there are millions of additional patients with similar fears who don't now, but should, seek appropriate care.

We owe it to our many patients and prospective patients to make sure their voices are heard at the ADA. I am confident that this process will result in the concerns of general dentists being heard and will allow room for science to rule the recommendations of this constituency to the Council on Dental Education and Licensure.

*Michael D. Silverman, D.M.D., President
Dental Organization for Conscious Sedation
Norristown, Pa.*

Editor's note: According to the ADA Council on Dental Education and Licensure, the changes to the anesthesia guidelines documents do not discourage the use of oral sedatives but are intended to provide guidance to dentists who wish to use oral medications for sedation purposes.

The guidelines require providers to be responsible for the treatment of emergencies associated with the administration of enteral and/or combination enteral conscious sedation (combined conscious sedation), and document successful completion of a Basic Life Support course. To read the guidelines, go to "www.ada.org/prof/prac/issues/statements/index.html".

The CDEL Committee on Anesthesiology met in May to continue its discussions regarding the ADA anesthesia guidelines. Watch for future updates in the ADA News. The Dental Organization for Conscious Sedation (DOCS) is an international organization of dentists that offers its members education, management and marketing strategies and other products for the use of oral conscious sedation in the dental office.

MYVIEW

Continued from page four

And while 19 dentists donated hours of time in this GDA/ADA event, hundreds more give every day in their own practices. A GDA survey found that GDA members gave over \$6.2 million of free care in calendar year 2002. Don't ever tell me that dentists don't care.

Thank you to all of the people who volunteered on Feb. 21 to make life a little better for those who can't help themselves.

Ms. Phillips is the executive director of the Georgia Dental Association. Her comments, reprinted here with permission, were originally published in the April 2003 GDA Action.

Editor's note: The first annual Give Kids a Smile netted remarkable results: 1 million children received care in more than 5,000 programs. The value of care provided is estimated at \$100 million.

Dr. Goepp, dental researcher and mentor, dies at 72

Dr. Robert A. Goepp, the 1981-82 chairman of the ADA Council on Dental Research, died in Chicago March 30 at age 72.

Throughout his career, Dr. Goepp lectured extensively to professional and scientific groups on the subjects of oral pathology, radiology and radiation biology.

From 1978-87, Dr. Goepp chaired the Zoller Dental Clinic at the University of Chicago—a noted research facility under his leadership and one of the first to conduct a large scale clinical study on the effectiveness of fluoride and determine that caries is an infectious disease.



Dr. Goepp

As an ADA volunteer, Dr. Goepp also served as a consultant to the councils on Dental Materials and Equipment and Dental Education, and was a reviewer for the Journal of the American Dental Association. He belonged to many professional associations, holding key leadership posts with the American Academy of Dental Radi-

ology, Chicago Dental Society, American Academy of Oral Pathology and the American Board of Oral and Maxillofacial Radiology.

"Dr. Goepp was an inspired teacher who steadfastly believed that dentistry is an integral part of medicine," said Dr. Kenneth Burrell, senior director of the ADA Council on Scientific Affairs, who calls Dr. Goepp one of his mentors. "At the same time, he reminded his students of the added responsibility dentists bore in needing to improve and maintain our special techniques."

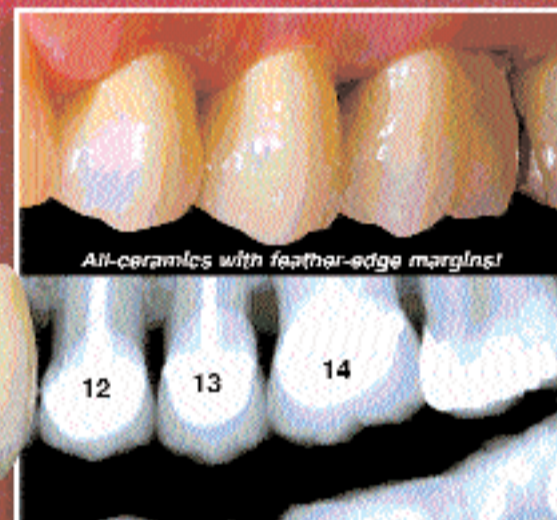
Dr. Goepp earned his degree from the Loyola University of Chicago School of Dentistry. ■

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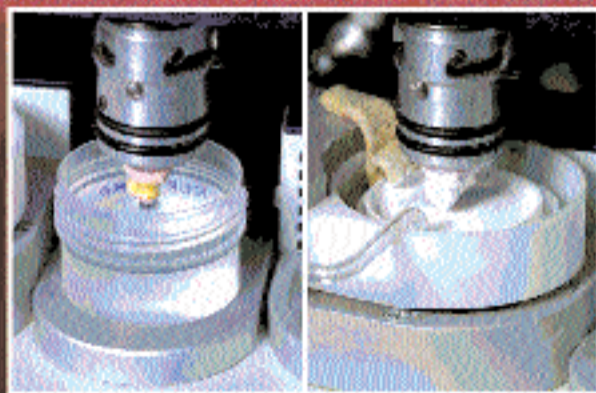


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Government

ADA calls for sound science

Congress hears testimony on proposed amalgam legislation

BY CRAIG PALMER

Washington—Health care policy must be based on sound science because patients deserve nothing less, the Association testified May 8 as Congress opened a second round of

hearings on dental amalgam and proposed amalgam-banning legislation.

"In keeping with numerous U.S. and international organizations responsible for protecting the public's health, the American Dental Association

reiterates its position that dental amalgam is a safe restorative material whose continued use has value," said Dr. Frederick C. Eichmiller, director of the ADA Foundation Paffenbarger Research Center in Gaithersburg, Md.

Dr. Eichmiller represented the Association at a hearing of the House Government Reform Committee's newly formed subcommittee on human rights and wellness on "consumer choice and implementing full disclosure in dentistry." The full committee held a hearing Nov. 14, 2002, at which the Association likewise testified to the safety and efficacy of dental amalgam as a restorative material.

The ADA testified May 8 at the subcommittee's invitation and offered "to set the record straight" on dental amalgam and Association policy.

"The ADA does not recommend or promote any single restorative material," Dr. Eichmiller testified. "The Association believes that patients, in consultation with their dentists, should have a full range of treatment options, including filling materials, basing decisions on

■ "Patients should have a full range of treatment options, basing decisions on what is most clinically appropriate to meet each patient's needs."

what is most clinically appropriate to meet each patient's needs. Dental amalgam is but one of many dental filling materials that the ADA evaluates to help dentists and their patients choose safe, appropriate and effective restorations."

The testimony included ADA-developed comparative information on restorative dental materials and invited members of Congress and the public to this and other information on dental filling choices posted at ADA.org ("www.ada.org/public/topics/fillings.html").

"Because the ADA and our member dentists want patients to make informed decisions regarding oral health care, we provide both dentists and patients with educational materials about the advantages and disadvantages of the various materials used to treat decayed teeth," Dr. Eichmiller testified. Dental amalgam is a safe and effective restorative material even though mercury is a component of the alloy, the Association said. At the Nov. 14 hearing, the ADA testified, "If the Association believed that dental amalgam posed a threat to the health of dental patients, we would advise our members to stop using it. But the best and latest available scientific evidence indicates that it is safe."

Dr. Eichmiller reintroduced the Nov. 14 testimony, telling the subcommittee, "A copy of that submission, which remains accurate today, is attached." It will become part of the hearing record for the new round of hearings.

Rep. Dan Burton (R-Ind.), subcommittee chair, co-sponsors with Rep. Diane Watson (Calif.), subcommittee ranking Democrat, legislation that would prohibit after 2008 the introduction into interstate commerce of mercury intended for use in a dental filling.

The ADA told Congress in May 8 testimony and letters to the U.S. House of Representatives that the ADA opposes HR 1680, the "Mercury in Dental Filling Disclosure and Prohibition Act." ■



Gravity doesn't take a day off.

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ADA asks for funding to up dental access

BY CRAIG PALMER

Washington—The Association asked Congress May 8 for first-time funding of profession-supported legislation passed by the 107th Congress to increase access to dental care.

"The authorized programs will help communities establish dental facilities, set up mobile clinics or even create teledentistry programs," the Association told a House appropriations subcommittee holding hearings on the government's fiscal year 2004 budget.

"To demonstrate our commitment, on Feb. 21, 2003, the American Dental Association and state dental societies across the country joined in partnership with corporate America, schools and policy leaders in an effort to improve access to oral health care. Needy children in small towns, rural outposts and big cities from coast to coast received dental care and health education free of charge through the ADA's first-ever annual Give Kids a Smile Event."

It was the Association's first congressional testimony describing events in more than 5,000 communities serving upwards of one million children. "We helped many children in need," said Dr. James A. Harrell Jr., Association hearing witness and chair of the ADA Council on Government Affairs.

Legislation offered by Rep. Eric Cantor (R-Va.), and unrelated to the appropriations process, thanks the nation's dentists "for volunteering their time to help provide needed dental care" and congratulates the ADA for the Give Kids a Smile campaign. Rep. Cantor's resolution was referred to the House Energy and Commerce Committee.

The Association, invited to testify on Department of Health and Human Services dental and oral-health related activities, advises Congress annually on appropriations. It was the first Association testimony this year on the new dental access, safety net legislation, which had the strong backing and policy support of the ADA. The dental access legislation enacted with President Bush's signature Oct. 26, 2002, offers incentives for the states and private practice dentistry to "expand or establish oral health services" for underserved population groups in rural and remote areas. It was one of the few health policy measures to emerge from the last Congress, but Congress has yet to fund the new grant programs.

However, other administration proposals could undermine the intent of the dental access, health safety net legislation, particularly the proposed elimination of general and pediatric dentistry residencies, the Association testified.

"These programs train dentists to care for the underserved and treat people with special needs," Dr. Harrell testified. "To expand access to oral health care, we need more than additional community health centers, we need advanced trained practitioners as well." ■



Photo by Anna Ng Delort

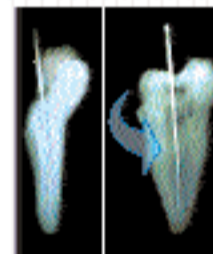
Everyone on the Hill: Drs. Harrell and Fred Eichmiller (from left) share a moment with Robert S. Johns, executive director of the National Dental Association. Dr. Eichmiller testified and Mr. Johns attended the amalgam legislation hearing. (See story, page six.)



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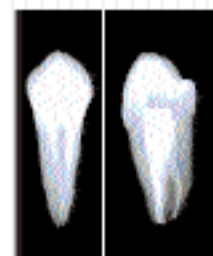
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Revising the Code

BY ARLENE FURLONG

A decision in February to clarify the adult prophylaxis' descriptor is part of an ongoing process to keep the ADA Code on Dental Procedures and Nomenclature current.

The Code Revision Committee, which consists of balanced representation from the dental profession and third-party payers, voted to clarify the D1110 adult prophylaxis' descriptor at its first meeting of the year, Feb. 14-15, at ADA Headquarters.

The CRC agreed that the clarification returns the descriptor to its original intent and is not a

ADA Reports

change to the Code. The committee also agreed this action should be reported to dentists through ADA print and electronic publications.

The D1110 adult prophylaxis' descriptor now reads:

"A dental prophylaxis performed on transitional or permanent dentition that includes scaling and polishing procedures to remove coronal plaque, calculus and stains."

The CRC believes clarifying the descriptor by editorially correcting "scaling and/or polishing" to "scaling and polishing," eliminates confusing text that contradicts the original intent of the definition.

An ADA representative prompted the clarification by providing the CRC with feedback from both dentistry and third-party payers on CDT-4—which went into effect Jan. 1.

"The CRC action is a measure of the committee's concern with effective implementation and use of the Code," said Dr. Tom Floyd, chair of the ADA Council on Dental Benefit Programs, about

the clarification. "With balanced representation from the dental profession and third-party payers, the CRC strives to ensure that the Code on Dental Procedures and Nomenclature contains clear information that supports accurate, clinical record-keeping and claim submission."

The action on D1110 was an addition to review and discussion about the first batch of code revision requests under consideration for the next version of the Code—effective Jan. 1, 2005.

CRC representatives will review three batches of code revision requests in all. Requests in Batch 2, those received by April 1 will be reviewed Aug. 16 and 17; requests for Batch 3 are those received by Oct. 1 for review and action at the Feb. 13-14, 2004, CRC meeting.

Dentists, dental specialty organizations and payers are submitting Code change requests to the ADA. As part of its evaluation process, the ADA then meets with representatives from dental specialty organizations and the Academy of General Dentistry to discuss each request so the ADA representatives can present organized dentistry's position at CRC meetings.

Of 40 code revision requests submitted in Batch 1, four were not approved and 36 were tabled for additional research and discussion at the August 2003 CRC meeting. The ADA received 68 requests between Nov. 1, 2002, and April 1, 2003. These requests will be considered at the Aug. 16-17 CRC meeting and are called Batch 2. The majority of requests are submitted electronically.

Revision requests undergo structured and rigorous evaluation. Those accepted by the CRC will

■ "The CRC action is a measure of the committee's concern with effective implementation and use of the Code," said Dr. Tom Floyd, chair of the ADA Council on Dental Benefit Programs.

become part of the copyrighted work, CDT-5, which the American Dental Association owns. The Code is named by the Secretary of Health and Human Services as the national standard for reporting dental procedures electronically under the Health Insurance Portability and Accountability Act of 1996.

"When the Code on Dental Procedures and Nomenclature was named as a HIPAA standard, that designation came with the responsibility for maintaining a current and effective code set, said Dr. James Bramson, ADA executive director about the CRC process. "Its actions are in the letter and spirit of that mandate."

The CRC process employs balanced representation from the ADA and the payer community. Its aim is to balance the interests of payers and dentists within the framework of a predictable and ongoing review and revision process.

Revisions to the Code are published and effective biennially, at the start of odd-numbered years. Although the ADA has periodically reviewed and revised the Code to reflect dynamic changes in dental procedures since its first publication in 1969, the new process arose from the settlement agreement announced in January 2002 between Delta Dental Plans Association and the ADA.

A detailed timeline illustrating the new protocol for the review and revision to the Code, guidelines, evaluation criteria and instructions and any errata changes are available at the dental code page on ADA.org ("www.ada.org/goto/dentalcode") or from ADA staff. Call toll-free, Ext. 2753. ■

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'Making lives better'

ADA Foundation grants empower change through access, education, research and charitable assistance

BY STACIE CROZIER

"Improving health and making lives better, one person at a time" can start with something as simple and inexpensive as placing a power toothbrush in the hands of a person with a developmental disability.

The ADA Foundation exemplified its mission and touched the lives of countless people last year by donating \$1.2 million in grants to benefit access to care, education, research and charitable

ADA | FOUNDATION

American Dental Association Foundation assistance programs.

A modest \$500 grant to Residential Resources in Longview, Wash., dramatically improved the oral and overall health status of eight residents of a group home for people with developmental disabilities by providing them with rechargeable power toothbrushes and brush refills, says Wendy

Keegan, the organization's community relations administrator.

"It's really done wonders for our residents," says Ms. Keegan. "These are people who have always needed assistance holding a toothbrush or to have someone brush for them, which can be stressful. Now they can do it themselves and view it as an enjoyable, pleasurable experience.

"A local dentist who treats one of the residents," she adds, "says he's noticed a big change



Serving in Santa Fe: An ADA Foundation grant enables students to receive comprehensive on-site dental care thanks to a new pad site for a mobile dental clinic.

for the better in that individual's dental health. This project has worked well for us."

In Arlington Heights, Ill., a new geriatric center was able to install a new dental chair and dental unit as part of its comprehensive health care facilities, says Gail Lawler, development research coordinator for Lutheran Home & Services, thanks to a \$15,100 grant from the Foundation.

Volunteers escort patients to the clinic, whether it's walking or wheeling them from inside the center or driving them from their homes to the clinic. The center works in partnership with local physicians, dentists and hospitals to bring convenient care to their clients.

"The dental clinic serves our 492 residents, plus 800 more seniors in our adjacent retirement home, plus other seniors from the community," says Ms. Lawler. "We are very grateful to the ADA Foundation for making it possible to serve our residents with complete health care services."

Some 1,800 high school students at Santa Fe High School now have on-site access to dental care through a Presbyterian Medical Services mobile dental unit. A \$5,000 grant from the ADA Foundation enabled PMS to build a pad site with access to power, water and sewer services at the school.

"We provide services to students on a sliding fee scale," says Doug Smith, PMS vice president of operations. "We can offer full preventive and restorative services and before- and after-school appointments to students who may not have had access to care before."

The pad site allows the PMS van to include the school in its 60- and 90-day rotations in the Santa Fe, N.M., area.

Bringing the latest research to the practicing dental community is a No. 1 priority for Pfizer Inc., says Dr. John Coehlo, senior manager of clinical research for the company.

Last year Pfizer supported the ADA Symposium on Oral-Systemic Relationships, contributing \$10,000 for its underwriting.

"Pfizer strongly believes that it's essential for dental professionals to be well informed about the state of science," says Dr. Coehlo. "We're committed to educating busy dental professionals about the latest developments in the relationship of oral and systemic health, and this commitment, of course, leads to the health and well-being of the patients we serve. We strongly support the work the Foundation does in access, education and research, and that is why we are dedicated to helping in this effort."

During fiscal year 2002, the ADA Foundation funded the following grants to support access to care; education; research; and charitable assistance programs, including relief activities:

Access to care

- Community Preventive Dentistry Award, \$11,949;
- DuPage Community Clinic, Chicago, \$3,925;
- Geriatric Oral Health Care Award, \$9,128;
- Harris Fund for Children's Dental Health Grant Program, \$89,761;
- Howard Dental Center, Denver, Colo., \$10,000;
- Infant Welfare Society, Chicago, \$3,925;
- Lutheran Home & Services, Arlington

See GRANTS, page 11

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Legislation would name Harris museum national dental museum

BY CRAIG PALMER

Washington—With the strong support of organized dentistry and the Maryland congressional delegation, legislation offered in the U.S. House of Representatives and Senate would recognize the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore as the official national dental museum in the United States.

The legislation would extend congressional recognition to the newly designated “official national museum of dentistry in the United States.” The museum is affiliated with the University of Maryland at Baltimore on the grounds of the world’s first dental college, the Baltimore College of Dental Surgery, founded in 1840. The museum is an affiliate of the Smithsonian Institution.

ADA President T. Howard Jones and Executive Director James B. Bramson offered the “strong

support” of the 147,000-member Association for the resolutions recognizing the Dr. Samuel D. Harris National Museum of Dentistry as the official national museum.

“As the most comprehensive dental museum in the world, it is a national and international resource whose primary mission is to educate people, especially children, about the history of dentistry and the importance of good oral hygiene,” the ADA leaders said in letters to House and Senate sponsors. “The museum uses state-of-the-art, interactive exhibitions and expert presentations to deliver the message that oral health is

important to achieve overall health. Currently, the museum is displaying an exhibit entitled, ‘The Future is Now! African Americans in Dentistry.’”

Rep. Elijah E. Cummings (D-Md.) and Sens. Paul Sarbanes (D-Md.) and Barbara Mikulski (D-Md.) offered H.J. Res. 52 and S.J. Res. 12. Like a bill, a joint resolution has the force of law when passed by both chambers and approved by the president or passed over a veto.

“Passage of my resolution to make the Dr. Samuel D. Harris National Museum of Dentistry the official national museum of dentistry in the United States will shine a bright light on the prob-

lem some Americans face in accessing dental care,” Rep. Cummings said April 11.

“The principal purpose of this legislation is to help educate the public about the critical importance of oral health to the overall health of all Americans,” said Sen. Sarbanes.

Both cited “Oral Health in America: A Report of the Surgeon General,” the first surgeon general’s report devoted exclusively to oral health which drew attention to dramatic improvements in oral health but said uneven access leaves some low-income children and families without care.

H.J. Res 52 was referred to the Committee on House Administration. The eight initial cosponsors include Maryland Reps. Roscoe Bartlett (R), Ben Cardin (D), Wayne Gilchrest (R), Steny Hoyer (D), C.A. “Dutch” Ruppersberger (D), Chris Van Hollen (D) and Albert Russell Wynn (D) and Major Owens (D-N.Y.). ■

Grants

Continued from page 10

Heights, Ill., \$15,100;

- National Foundation of Dentistry for the Handicapped, Denver, \$75,000;
- Presbyterian Medical Services, Santa Fe, N.M., \$5,000;
- Residential Resources, Longview, Wash., \$500;
- Special Olympics Special Smiles, Washington, D.C., \$5,000;
- St. Basil’s Free Dental Clinic, Chicago, \$3,925;
- Su Salud, French Camp, Calif., \$10,000.

Education

- Dental Student Scholarship Programs, \$155,000;
- American Dental Education Association (Washington, D.C.), \$10,000;
- American Society of Dental Foundation Executives, \$5,000;
- National Conference on Special Care Issues in Dentistry, Chicago, \$10,000;
- National Foundation for Ectodermal Dysplasias, Mascoutah, Ill., \$9,400;
- National Museum of Dentistry, Baltimore, \$10,000.

Research

- ADA Symposium on Oral-Systemic Relationships, \$5,500;
- American Association for Dental Research Fellowship Program, \$6,000;
- Dental Student Research Conference, \$45,718;
- Frederick S. McKay Award for Excellence in Preventive Dentistry, \$5,000;
- Health Screening Program, \$90,165;
- Intel International Science and Engineering Fair, \$12,675;
- New Dentist Scientist Program, \$7,500;
- Norton M. Ross Award, \$10,444;
- Research Training Fellowship, \$35,000;
- Young Investigator Award, Gaithersburg, Md., \$12,800.

Charitable assistance programs

- Relief Grants (in partnership with state relief funds), \$344,000;
- Loans for expenses associated with chemical dependency treatment, \$20,000;
- Loans to victims of a disaster for office repair, \$62,000;
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Marketplace

UCCI bills dentists

Contract gives company right to audit

BY ARLENE FURLONG

Do you expect to pay insurance companies back for the fees they've already paid you for patient care?

Did you have to re-read the above question to be sure you understood its meaning?

That's what Dr. Michael Zingale says he did when he received a letter from United Concordia Companies Inc. last July asking for a refund of \$49,283.82 in ahead-paid reimbursements.

UCCI's letter said a review of Dr. Zingale's dental records identified him for "high utilization of periapical radiographs and posterior composite restorations." It said the \$49,283.82 was calculated by applying the percentage of services that were determined to be discrepant—based on UCCI's statistical analysis—to the total number of like services performed on other patients during the review period—approximately two years, according to Dr. Zingale.

"I didn't get any sleep for days after receiving that letter," recalls the New Mexico general practitioner. "I felt I was accused of dishonesty, and I had no idea why."

A Pennsylvania dentist who doesn't want to

divulge his name because he says, "I fear possible repercussions," got a bill from UCCI for more than \$30,000 in already-paid reimbursements.

"It's taken over my life," he says. "Now I'm re-reading documentation to show why I placed fillings for occlusal decay that didn't show up on X-rays—that doesn't show up on X-rays."

Another New Mexico dentist says she cut back on periapical X-rays since her office got what she describes as "a very scary letter." The letter from UCCI says her average frequency of periapical radiographs is much higher than for all general practitioners.

"If no improvement is noted, a record audit may be pursued. That audit could result in an overpayment determination and a refund request," the letter notes.

What do these dentists have in common?

They signed contracts that allow UCCI to audit their practices based on statistically based utilization review programs developed by UCCI.

The ADA Council on Dental Benefit Programs believes that a number of dental insurance carriers are inappropriately relying on statistically based utilization review programs. However, if a

dentist signs a contract that permits an insurer to audit, the insurer can audit.

That's one reason why member dentists may want to ask their state dental association to contact the Contract Analysis Service based in the ADA Legal Division. By obtaining a contract analysis, members can determine what contract provisions mean to a dental practice before they sign up, rather than after.

"For example, some contracts incorporate separate documents, such as a provider manual, into the contract," explained Peter M. Sfikas, the ADA's chief counsel. "This means that a dentist who signs the agreement will also be contractually bound by the terms of an undisclosed provider manual."

Thomas Harbold, UCCI senior vice president, says "post-payment reviews are nothing new." He says the difference now is more dentists are affected since 1996 when Pennsylvania Blue Cross and Blue Shield formed United Concordia to centralize dental benefits in a stand alone company and to conduct business outside of Pennsylvania.

"We look at claims of peers in the same specialty who practice in the same state for comparison and analysis," says Mr. Harbold. "We suggest to dentists who are higher, for example, who do more X-rays than their peers, to take a look at the way their offices report."

Mr. Harbold says after taking a statewide average of procedures submitted for reimbursement, UCCI increases that number by two standard deviations to reach benchmarks that less than 5 percent of dentists exceed. Those who exceed benchmarks for certain procedures get what Mr. Harbold describes as an "educational" letter. It lets dentists know that according to UCCI's statistical analysis, their frequency of reporting particular services exceeds that of other dentists.

"After an educational letter goes out, we give dentists about 12 months to rethink how they report before we re-evaluate," says Mr. Harbold.

While the Pennsylvania dentist with the \$30,000 bill says, "All this does is make you hesitant to treat patients," Mr. Harbold says, "UCCI isn't under any obligation to pay for treatments that aren't necessary."

ADA policy states there should be state regulation, based on professional standards, of all organizations that provide utilization management, managed care review or prior review of dental treatment services.

"Otherwise the process will become merely a system to contain costs by only using dentists who are willing to provide the least expensive treatment to patients rather than the appropriate treatment for the patients' condition," explains the policy.

Dentists who contacted the ADA agree.

The N.M. dentist who is cutting back on periapical X-rays says, "I'm not comfortable doing it but I have so many UCCI patients, I don't want to have a problem with the company."

Retired state employees covered by UCCI in

New Mexico use the National Fee for Service Network. State laws apply to that contract. (The same network of dentists treat patients in the TRICARE Dental Program throughout the country, a federal program covering families of active military personnel. UCCI was first awarded the TRICARE program in 1996.)

She says patients now often pay for needed radiographs out of their own pockets.

"I think to myself, why do they even have insurance if they can't use it?" she comments. "This really affects the delivery of care."

Dr. Zingale is offended by UCCI's determinations on one-surface posterior restorations, which are frequently performed to treat occlusal decay. This condition may not show up on X-rays until enamel is destroyed, according to the ADA Division of Science.

"If we waited for occlusal decay to show up on X-rays, we'd be doing a lot of root canals," Dr. Zingale says. "It's one of the most clinically subjective and difficult diagnoses we make."

"Radiographs did not support the indication for many of the restorations provided," according to the opinion of UCCI's dental advisor.

Dr. Zingale says he uses new laser fluorescence technology, radiographs and photos and traditional dental explorers to diagnose occlusal decay.

"I send them everything," says Dr. Zingale. "They're never satisfied."

Mr. Harbold says UCCI does not use statistical analysis to make treatment decisions, but to "identify outliers—dentists whose patterns of practice differ significantly from their peers."

"We don't make treatment decisions; we do make benefit determinations and/or payment

determinations about the services reported to us," says Mr. Harbold.

"Although X-rays are helpful for certain cases, UCCI can't always use them for occlusal decay and photographs and narratives may or may not be helpful. Some situations are easier to convince us about than others," he says.

Whether or not the state insurance commission gets involved in reimbursement matters for dentists, "usually doesn't change where we end up," according to Mr. Harbold.

Dr. Zingale thinks it matters a lot. He says it

wasn't until after the insurance commissioner got involved that Dr. Zingale received a letter from UCCI saying, "since you did not receive any educational letters, we have decided to rescind the request for a refund."

"Occasionally we drop refund requests because after offering a second review some changes were made," says Mr. Harbold. He did recall one case in which a doctor hadn't received an educational letter. "UCCI withdrew the refund request because the dentist hadn't received the educational letter," Mr. Harbold says. "The state insurance commission was not involved at the time of that determination."

Complaining dentists also say they feel there are provisions in the contracts they signed with UCCI which require them to accept a different schedule of allowances than the one they think they're signing up for.

Mr. Harbold says that the ADA has requested that some contract provisions be spelled out more clearly, but that there's "a natural chain of logic" about contract provisions.

"I'm not sure what we could do to make them more clear," he says. ■

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But the fact is, they also work nicely in any Cavitron scaler (or any Cavitron clone, for that matter). So if your practice includes several different magnetostrictive devices, Parkell inserts are great for all of them. Just be sure to order the frequency (25KHz or 30KHz) that matches the scaler.

*Order an insert when you buy a Parkell scaler and you'll save an additional 10% off the price of the insert.

Question, about 818, 808 & 818 and trademarks of Ultrasonic Inc., Inc.

Patents Pending



At last, a super-thin tip that delivers 70% more power

The Burnett Power Tip is about 1.5mm longer than a typical perio insert. And unlike most thin inserts (which should never be used above the "medium" power setting), the Power Tip is designed for any power scaling from "low" for plaque removal ... to "maximum" for flat out calculus blasting.

Available for any Parkell or Cavitron compatible scaler. Just be sure to specify 30KHz or 25KHz.



Locate the foramen through sodium hypochlorite, anesthetic, saline, blood ...

\$450

The new Forumatron® D-10 is a multi-frequency apex locator that quickly pinpoints the apical foramen even when the canal is contaminated with conductive electrolytes like sodium hypochlorite and anesthetic solution.



Multi-colored lights track the progress of your instrument down the canal. Corresponding audio tones allow you to focus on the patient without watching the machine. 5 year warranty (1 year on cables). 3 month money back trial.

■ Forumatron® D-10 All-Modes Apex Locator (stock No. D610AD): \$450. Includes Apex Locator, cables with instrument clip, accessories and 9 V battery.

Compare the Forumatron D-10 with other all-fluid, multi-frequency apex locators

	Price	Warranty	Trial
Forumatron® D-10	\$450	5 Year	3 months
Morita Root ZX®	\$960	1 Year	0
Osada Findex® Plus	\$950	1 Year	0
Analytic AFA	\$995	1 Year	0

Power off stain in seconds - \$450



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- New Anti-clog Design

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Stick a 25 or 30KHz insert into this baby, and it automatically switches frequency to match.

Delivers 40% lower low-power scaling for comfortable debridement, 10% higher high-power scaling for calculus removal - and gives you greater power control everywhere in between.

Provides foot-pedal Turbo mode, autoclavability, the longest warranty in dentistry, plus a 3-month trial ...



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The TurboSENSOR's smart circuitry senses whether you've inserted a 25KHz or 30KHz tip and automatically switches the operating frequency to match. It's done instantly, without your having to remember to flip a switch.

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It gives you a higher maximum power setting for patients with extreme calculus. Yet for subgingival use, the tip begins vibrating at far lower power than any previous Parkell scaler. An orange LED tells you when you're operating in this low-power "perio" range.

Turbo mode ... but without the Turbo button.

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Just unscrew the patented handpiece sheath and pop it into the autoclave. The TurboSENSOR comes with an extra sheath, so you can keep on scaling while one sheath is in the oven.

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Parkell scalers come with something no other manufacturer supplies ... a built-in 5-year power-unit warranty. That's 5 times as long as the standard scaler warranty.

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Please send me the TurboSENSOR® Ultrasonic scaler: Stock No. D560 \$499 plus shipping and handling. Includes two autoclavable handpiece sheaths, in-line water filter with spare filter disk, water connection with quick connect. Accepts any 25KHz or 30KHz insert (N/A included).

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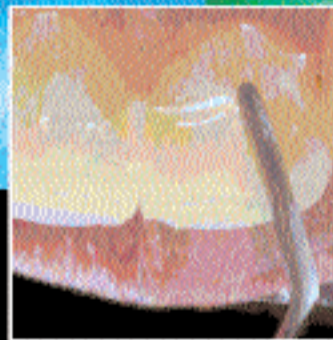
ESTHETIC INVISIBILITY



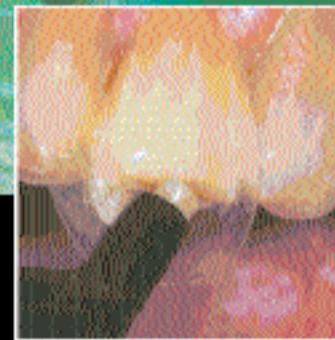
NATURAL BEAUTY



GRADIA DIRECT restorations match the appearance of surrounding tooth with perfect translucency and opalescence.



26 shades: Includes 11 standard anterior, 3 interior opaque, 6 anterior translucent, 4 standard posterior and 2 posterior translucent. Uniflip or Composite Syringe delivery.



Esthetic Invisibility - Single Shade Simplicity

With the best light refractory index, opalescence, fluorescence and translucency available, GRADIA DIRECT makes it easy to complete natural looking, high-end multi-layer restorations with as little as a one shade technique. GRADIA DIRECT not only picks up the color and matches the surrounding tooth, it becomes esthetically "invisible."

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STRENGTH



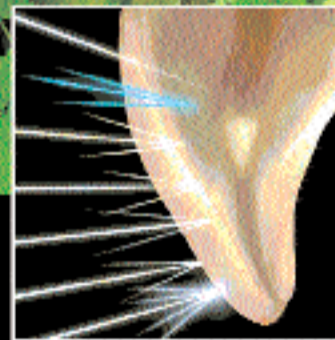
GRADIA DIRECT in Comparison

REACTIVE TENSILE STRENGTH (MPa)	GRADIA DIRECT	GRADIA ROSEFFER	GRADIA ANTOR	Heliomolar	Herculite XRV	Phenix	Tetric Ceram	AT100
0	100	100	100	100	100	100	100	100
20	100	100	100	100	100	100	100	100
40	100	100	100	100	100	100	100	100
60	100	100	100	100	100	100	100	100
80	100	100	100	100	100	100	100	100
100	100	100	100	100	100	100	100	100

100 = 100% OF THE ORIGINAL STRENGTH

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Annual Session

The best of the 'City by the Bay'

BY STACIE CROZIER

San Francisco—The ADA can help you make the most of your San Francisco experience outside the convention center through a first-class tour program that highlights the best sights, restaurants and pastimes of this vibrant and culturally diverse city.

"We hope members' families and guests will come to the 'City by the Bay' and experience its wonders by taking advantage of the ADA's spectacular tour program," says Dr. Dennis Shinbori, general chairman of the committee on local arrangements. "We've put together nearly three dozen tours of the very best sites to see and things to do in San Francisco and the surrounding area. The tours will help annual session attendees have a memorable visit."

Annual session tours include sensational sights, fabulous foods, wonderful wines, costal cruises and much more.

"You can eat your heart out in some of our finest restaurants," says Dr. Shinbori, "and wine lovers can savor the flavors of beautiful Napa and Sonoma valleys."

Tasty tours include:

- champagne brunch aboard The San Francisco Spirit on San Francisco Bay;
- a hands-on cooking class that puts you elbow-to-elbow with a California Culinary

Academy chef to try your hand at making canapés and decorating your own miniature cake;

- dinner at Ana Mandara—the eatery owned by Don Johnson and Cheech Marin;

- dinner in one of Chinatown's oldest Chinese restaurants, The Four Seas Restaurant, a traditional haunt of celebrities and politicians;

- fine dining at Charles of Nob Hill—one of San Francisco's most exclusive restaurants;

- classic Italian dinner at North Beach Restaurant in trendy North Beach—a mix of Italian heritage, coffeehouses and bohemian shops;

- wine country tours that can tickle your palate with an "al fresco" lunch or wine tasting.

"If you enjoy active sightseeing, you can see seals, sea lions, pelicans and other wildlife as you



Giant redwoods: See one of California's most famous living landmarks by taking an ADA tour.

kayak in Sausalito's Richardson Bay," Dr. Shinbori says. "We have a variety of tours designed to cater to both body and spirit."

Active tours include:

- touring San Francisco Bay by catamaran;
- horseback riding in Half Moon Bay;
- nature hiking along the Sonoma Coast;
- morning fitness walks along the waterfront;

- sea kayaking in Sausalito;

- a day on the links at StoneTree Golf Club.

"You can take in the diverse sights of San Francisco," Dr. Shinbori adds, "or absorb the artistic flavors of the city by viewing artworks or enjoying the wonderful theatrical production 'Beach Blanket Babylon.'"

Sights and arts tours will feature:

- a trip to Alcatraz Island—"the Rock";
- a visit to the U.S.S. Hornet, a national his-

torical landmark and floating naval museum;

- drives, walks and/or ferry rides that showcase breathtaking sights of the city, Victorian "Painted Ladies," the coastline to Monterey, giant Sequoia trees, Nob Hill, Filoli Mansion, Chinatown, Yosemite National Park and more;

- a visit to San Francisco Open Studios, an annual event that showcases the works of more than 750 artists in fine arts and crafts, jewelry, home accessories, photography, sculpture, painting and more;

- a zany performance of "Beach Blanket Babylon," the longest-running musical review in history—a sellout for 27 years.

Shopping enthusiasts might enjoy a visit to the famous Ferry Plaza Farmer's Market and the upscale Stanford Shopping Center.

"But don't leave your heart here without seeing the magnificent Golden Gate Bridge," Dr. Shinbori concludes. "Many of our tours offer you fabulous views of our most famous landmark."

Tours are scheduled Wednesday, Oct. 22 through Monday, Oct. 27. For a complete list, detailed descriptions, dates and prices, consult your annual session Preview or go online to "www.ada.org/prof/events/session/tour.html". Register early to secure tickets for the tours of your choice; availability is limited. ■

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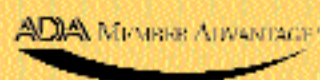
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New programs give exhibit floor added excitement



Hot spot: Find the latest technologies and products when you visit the Technical Exhibition in San Francisco.

San Francisco—The latest in clinical practice meets practice management and continuing education in the annual session technical exhibition as a pair of programs debuts this year.

Eight experts will present free one-hour continuing education programs on the exhibit floor, showcasing the latest in dental technology and office design that can enhance patient treatment and office functionality.

“We’re really excited about the exhibit hall continuing education programs,” says Dr. John Olmsted, program director for annual session. “These mini-courses are designed to bring the clinical practicing dentist together with an expert who showcases new products, applications or technology and to get a hands-on

opportunity to try it out. Then, if a participating dentist wants to learn more, he or she will be right there on the exhibit floor where various dental manufacturers can provide comparative information about how a new product or technology can be integrated into the dentist’s office.”

Dentists on the exhibit floor will also be able to check out the dental industry’s state-of-the-art products—all in one place—when they visit the new

product showcase.

The technical exhibition will include more than 625 exhibiting companies and will be open three full days: Friday, Oct. 24, 9:30 a.m.-5:30 p.m.; Saturday, Oct. 25, 9:30 a.m.-5:30 p.m.; and Sunday, Oct. 26, 9:30 a.m.-4 p.m. The exhibition will also feature:

- ADA Exhibitor Coupons to help you save money with specials, promotions and discounts for products you use in your office;
- the ADA Exhibitor Block Party to give you the opportunity to network with company representatives and colleagues;
- one-stop shopping for all of your ADA membership benefits at the ADA Member Services Pavilion. ■



SFCVB photo by Jerry Lee Hayes

San Francisco sights: Fisherman’s Wharf, above, and wine country, below, are attractions you won’t want to miss when you attend the ADA’s 144th annual session in October.

Session

Continued from page one
celebrities; and outstanding special events under the theme “Celebrating the Community of Dentistry,” says Dr. T. Howard Jones, ADA president.

“We have a members’ favorite annual session destination, world-class entertainment and new exciting programming. I hope you will join your colleagues and the ADA to celebrate the community of dentistry.”

This year, the scientific session will follow a Thursday-Sunday schedule, Oct. 23-26. The finest minds in the dental community will present the latest in dental research, clinical applications and personal growth in four full days of continuing education and nearly 200 courses for dentists and staff.

“We hope members will take advantage of this opportunity, where the world’s leading dental experts are eager to share state-of-the-art knowledge on new techniques and technologies,” says Dr. Craig Yarborough, annual session general chairman. “ADA annual session is also the venue where the dental industry showcases not only their newest, but also their full range of products.”

A huge technical exhibition featuring more than 625 companies will be open for three full days, from Friday, Oct. 24, through Sunday, Oct. 26. (See story, this page.)

The 40th Annual Health Screening Program will run for four full days, Thursday, Oct. 23-Sunday, Oct. 26. (See story, page 28.)

The ADA House of Delegates will convene Saturday, Oct. 25; Tuesday, Oct. 28 and Wednesday, Oct. 29.

“America’s Mayor,” Rudy Giuliani, and Gen. H. Norman Schwarzkopf will take the podium in the 2003 ADA/Sonicare Distinguished Speaker Series Friday, Oct. 24, and Sunday, Oct. 26, respectively.

Emmy-award winning comedian Dana

Annual Session

Carvey will take the stage Friday, Oct. 24, for an evening of comedy. The Beach Boys will headline the ADA Foundation’s Benefit Concert Saturday, Oct. 25, and musical impersonator Martin Dubé will provide the entertainment for the ADA Presidential Gala Tuesday, Oct. 28.

Surrounding the convention center, San Francisco—steeped in diverse cultures and history—beckons. From modern skyscrapers to restored Victorian homes, from Chinatown to Fisherman’s Wharf, from breathtaking vistas to cozy coffeehouses, San Francisco is a city of exciting contrasts.

“October is autumn in San Francisco, when we enjoy some of our best weather,” says Dr. Yarborough. “Those attending annual session will have a wealth of opportunities to see some of the most beautiful sights and taste some of the best cuisine in the world.”

Visitors can enjoy world-class sights, parks, arts and attractions and enjoy the flavors—not only of the culture—but also the region’s best wines and the gastronomic delights of more than 3,000 restaurants.

Beyond the city, rugged and scenic coastlines and beautiful wine country await exploration.

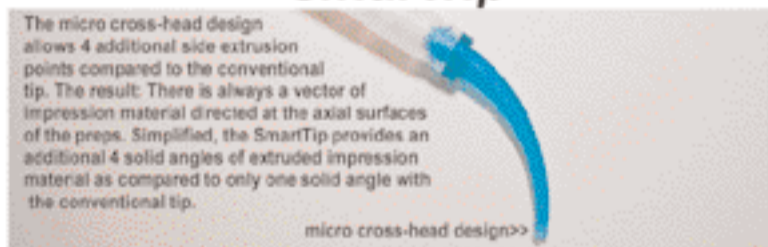
And, for those who want to extend their learning opportunities and pamper themselves with outstanding services and amenities, the ADA will host two post-session seminars Tuesday, Oct. 28, and Wednesday Oct. 29, at the renowned Silverado Resort and Spa in Napa Valley.

Turn to page 16 of the ADA News for registration forms and information on the scientific program, hotels, special events and more. Or, visit “www.ada.org/goto/session” for complete annual session information.

To request a copy of the 2003 Annual Session Preview, call the Council on ADA Sessions toll-free at 1-800-232-1432 or e-mail your request to “annualsession@ada.org”. Reference code “ADN4.” ■

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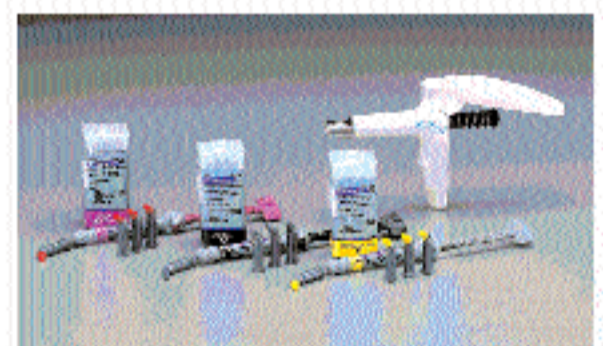


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HSP returns for 40th year

Mental health and CRP screens added to battery of health evaluations

BY STACIE CROZIER

San Francisco—The 40th ADA Foundation Health Screening Program continues to broaden its focus toward total health and well-being for oral health professionals by adding two new screens to the program: mental health screening and cardiac c-reactive protein evaluation to check for heart disease risk.

“While the ADA Foundation’s Health Screening Program has gathered the largest national database on the health of dental pro-

ADA FOUNDATION

American Dental Association Foundation

professionals during the last four decades, there is very little data regarding rates of depression or other mental health conditions among dentists,” says Dr. Anthony Volpe, president of the ADAF board of directors.

“By gathering this confidential information from volunteers, the profession can better respond to the overall health of the dentist.”

After studying the well-being issue, the ADA councils on Dental Practice and Scientific Affairs recommended that a mental health screening be adopted for this year’s HSP.

The mental health screen will evaluate participants for depression, mood disorders, generalized anxiety disorder, post-traumatic stress disorder and alcoholism. The screening



Photo by Lagniappe Studio

Testing time: Dr. Darrell Blalock, left, of Slidell, La., has an electrocardiogram during the 39th Annual Health Screening Program in New Orleans.

tool, designed by Screening for Mental Health Inc., a nonprofit organization, is similar to the organization’s tool used for its annual National Depression Screening Day, which is scheduled for Oct. 9 this year.

Screening results are and will remain completely confidential. Counseling will be at the Moscone Center for any participant who may request immediate assistance.

Also new this year will be the cardiac

Annual Session

c-reactive protein—or CRP—screen, a test that measures the presence and intensity of inflammation in the walls of blood vessels—a link that is now suspected to be a stronger predictor of cardiovascular disease and stroke than LDL and cholesterol level.

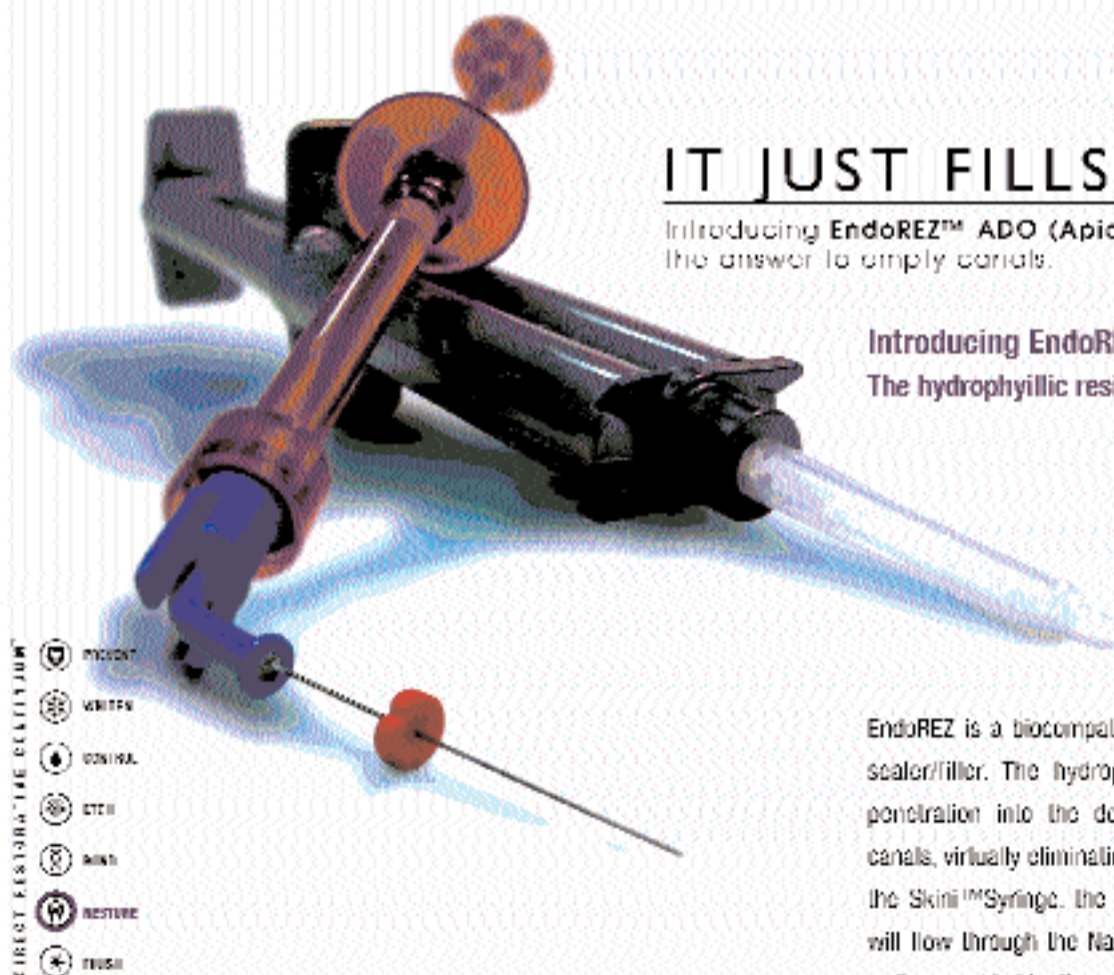
Participants will also receive 10 additional free screens, including:

- hepatitis B and C;
- *Legionella pneumophila* antibodies;
- cholesterol/HDL and LDL;
- blood pressure and weight;
- head and neck exam;
- latex hypersensitivity;
- carpal tunnel syndrome;
- electrocardiogram;
- urinary mercury;
- periodontal screening and recording.

Optional screens for osteoporosis, thyroid function and prostate-specific antigen will also be available at a reduced cost.

The HSP will be open in Moscone Center North, Hall D, for four full days: Thursday, Oct. 23-Sunday, Oct. 26, 9 a.m.-4 p.m.

Last year, more than 950 dentists, hygienists and assistants participated in the program in New Orleans. HSP data are used to develop clinical policies and recommendations that make dental offices as safe as possible for dentists and patients. ■



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ULTRADENT
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Lawsuit

Continued from page one

up to their contractual agreements with participating dentists, and that is bound to have a negative effect on their patients and the dental health care system."

The seven-count complaint targets some of the best-known insurers in health care and levels a stunning array of charges: unlawful "bundling and downcoding" of dental claims, mail and wire fraud, extortion, conspiracy, racketeering, and violations of state breach of contract and "prompt-pay" laws.

Named as defendants in the complaint are:

- Cigna Corp., its subsidiary Cigna Dental Health Inc., and Cigna affiliate, Connecticut General Life Insurance Co.;
- MetLife Inc. and its subsidiary, Metropolitan Life Insurance Co.;
- Mutual of Omaha Insurance Co.

Together, these companies underwrite dental and other health coverage for millions of Americans and include thousands of dentists as plan providers. MetLife's Preferred Dentist Program, for example, serves nearly 13 million patients and has more than 57,000 general and specialty dentists under contract.

Joining the Association as plaintiffs in this latest suit are two ADA-member dentists who represent the class of in-network, plan providers allegedly harmed by the defendants' business practices.

Identified as "class plaintiffs" in the suit are Dr. John Milgram, a general dentist from the Chicago suburb of Kenilworth, Ill.; and Dr. Scott A. Trapp, a general dentist from Omaha, Neb. Both men are under contract to one or more of the insurers named as defendants.

"Drs. Milgram and Trapp are to be commended for stepping forward to represent their colleagues in this complaint," said Dr. James B. Bramson, ADA executive director. "With their assistance, we want the insurance carriers to know that the Association is going to work hard to protect both the patients and the practitioners. In short, the carriers need to play fair, and by using these business practices, they aren't."

Added Dr. Bramson, "The Association will use the judicial system to prevent carriers from undercutting or delaying compensation to the dentists."

The suit alleges that the defendants "aided and abetted each other" in a conspiratorial "dental enterprise" to obtain "money and property belonging to the plaintiffs."

Specifically, the complaint says the insurers:

- used automated claims processing systems and software to "downcode" legitimate claims to less costly procedures;
- undercounted the patients included in their capitation plans as a way to trim the "per-member, per-month" fees paid to the class plaintiffs;
- used undisclosed "cost-based" or other actuarial criteria unrelated to covered procedures or services to approve or deny claims;
- denied or reduced claims by "bundling"

two or more procedures into one procedure billed at a lower rate;

- used systems that automatically "pend" claims, suspending them even when no additional information is required or requested;

- intentionally understaffed their claims processing departments in order to slow payments;

- mailed plaintiffs Explanation of Benefits statements that "misrepresent or conceal" the way a claim actually was processed.

- used their economic power and marketplace dominance to "coerce plaintiffs, with the threat of



Dr. Bramson



Dr. Jones



Mr. Sfikas

being denied patient referrals," forcing dentists to provide care on a "take-it-or-leave-it basis."

- used their market dominance to amend contracts without the providers' consent, with no mechanism for review.

"If only one defendant engaged in these activities," the ADA notes in its complaint,

"dental providers could and would refuse to do business with that defendant."

By working together, however, the insurers were able "to effect and perpetuate their schemes," the ADA says.

Peter M. Sfikas, the Association's chief counsel, said the ADA's earlier complaints against Aetna and Wellpoint, originally filed in Illinois, were combined with similar suits across the country and transferred to the federal court in Miami "for pretrial discovery and pretrial motions."

As a time-saver, the ADA's latest suit was filed directly in the Miami federal court.

"The conduct that we have found with reference to the defendants in this lawsuit is pervasive, unfair to patients and the profession, and, I believe, illegal," said the ADA's chief attorney. "These are matters that should be brought to the attention of the federal courts and rectified there." ■

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AADE on sedation

San Francisco—The American Association of Dental Examiners Oct. 22 will present "Oral Conscious Sedation—Scientific and Regulatory Issues" at its 2003 annual meeting.

Focusing on oral conscious sedation, the program brings together experts from the National Institute of Dental and Craniofacial Research, the ADA Council on Dental Education and Licensure, and representatives from dental schools, the American Dental Society of Anesthesiology, the American Society of Dentist Anesthesiologists and state dental boards. For more information, go to "www.aadexam.org" and click on "Meetings." ■

Real-life issues

Well-being survey gets to basics

BY ARLENE FURLONG

It sounds like a predictable script.

Interviewer: How satisfied are you in your relationship with your spouse or domestic partner?

Dentist: None of your business.

Interviewer: If you re-lived your life, would you still want to be a dentist?

Dentist: None of your business.

Interviewer: How often do you have difficulty falling or staying asleep at night?

Dentist: None of your business.

Now the Association twist: The ADA is strongly committed to supporting the personal well-being of America's dentists. Understanding members' business can help the ADA do its business.

That's why ADA Executive Director James Bramson hopes members won't think the Association is prying if they receive a survey from the ADA that asks personal questions.

"We're hoping that every dentist who receives this survey takes the time to complete it and send it back in," says Dr. Bramson. "The survey itself is designed with protections of anonymity and the information is much needed and long overdue."

The first comprehensive survey of ADA members will go out to 5,000 members in June. Its aim is to gather information about dentists that argue against perpetuating myths and lead to useful programs and services.

"Surveying dentists about work-life balance, the stresses of child and elder care and mental health is a wonderful opportunity to better serve our members," says Dr. Bramson. "It supports all of the Association's objectives to be the premier source of information for and about dentists."

Dr. Hal Fair, chair of the ADA Council on Dental Practice, says the data gathered will be extremely important to assess the needs of all dentists and assist the ADA in meeting their needs.

"The sample is chosen randomly to ensure results will be applicable to the entire dentist population," says Dr. Fair. "This is an opportunity to gather high-quality information to counter prevailing beliefs about high rates of suicide, depression and other unproven tales."

Dr. John Drumm, chair of the Well-Being Advisory Committee, says members shouldn't feel anxious about divulging personal information. "Because it's the ADA asking, you can rest assured," he says. "This survey is about getting the valuable missing data we need. It will help Association and state dental societies' well-being programs help our members."

Protections of anonymity are built into the survey design. The questionnaire itself has no identifying information. Instead, dentists completing the survey will be asked to return a postcard. Identifying information on the card will ensure dentists who have completed the survey and returned the postcard will not receive follow-up mailings.

Data from the questionnaires is coded and compiled by an outside vendor. Data analysis will be done in-house by the Survey Center's research analysts.

Dentists who want more information about the questionnaire should contact the ADA Survey Center toll-free at Ext. 2570 or e-mail Jon Ruesch at "rueschj@ada.org". Or contact Linda Keating, director of the Council on Dental Practice's Well-Being Programs toll-free at Ext. 2622 or e-mail "keatingl@ada.org". ■

MSAs offered

An ever-increasing drain on profits for many small businesses, escalating health insurance costs are causing many to turn to consumer-driven health plans like medical savings accounts (MSAs).

Last year, ADA Member Advantage selected MSAver Resources LLC to administer an MSA program for ADA members.

A national leader in providing insurance products and services to the professional health care community, MSAver offers ADA members one-stop shopping for insurance options, quotes and MSA bank account administration.

MSAs can help you manage your health care expenses with a high-deductible medical insurance policy and a tax-favored savings account. MSA health plans provide a lower cost of annual health insurance premiums and give policyholders the ability to contribute up to \$1,625 for an individual and \$3,787.50 for a family into a tax-deductible account.

Deposited funds are then used to pay for medical expenses tax free; or if unused, can be saved from year to year for future medical expenses or for retirement.

ADA members may contact MSAver through an ADA-dedicated toll-free line. Once approved for the policy, members can open the MSA tax-advantaged bank account.

For information, contact MSAver at 1-866-257-2652 or go to "www.dentalmsa.com". ■



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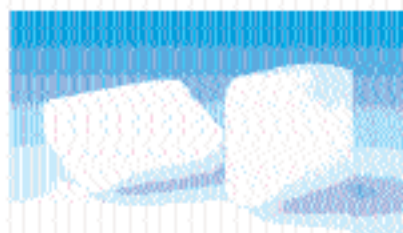
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HIPAA answers from experts

Online chat puts technology to use to answer member questions

BY JOE HOYLE

If you have questions about compliance with the Health Insurance Portability and Accountability Act privacy rule that went into effect April 14, help is on the way from cyberspace.

Next month, the ADA and the Academy of General Dentistry will use Internet "chat" technology to connect you with the answers during a live online question-and-answer session with ADA HIPAA experts scheduled for June 26.

Jointly sponsored by the ADA and AGD, the HIPAA chat will give members of both organizations the opportunity to login and get instant answers to ongoing questions related to the HIPAA privacy rule and electronic transactions, and separate the facts from the fiction in HIPAA compliance.

"With all the hucksters out there, people are looking for reliable sources of information," said Robert Lapp, Ph.D., director of the Department of Dental Informatics and one of



Dr. Lapp



Dr. Gamble

the ADA experts who will answer questions. "Now that the privacy rule has been in place for two months, the chat will give us an opportunity to see where we stand and how the questions have changed."

Dr. Lapp will be joined by Colleen Johnson, an ADA attorney and director of the Contract Analysis Service in the Division of Legal Affairs, for the two-hour electronic chat hosted by Dr. Howard Gamble, chair of the AGD Council on Communications.

"This is our chance to tell dentists they need to look to the ADA experts as the source for HIPAA information," said Dr. Gamble, an ADA delegate and member of the Committee on Dental Informatics. "We need to convey to dentists the idea that they don't need to be afraid of HIPAA."

By logging on to either ADA.org or AGD.org between 7 p.m. and 9 p.m. CDT, members of both organizations will be able to ask the experts questions on electronic transactions, business associate agreements, patient complaints, issues with "HIPAA hucksters" and other matters connected with the privacy rule and receive accurate and reliable answers. (See sample questions, page 33.)

"The chat is another way to help our members understand the legal and procedural ramifications of the privacy rule and how it affects their practices," said ADA Chief Counsel Peter M. Sfikas. "It should prove very helpful for those who still have basic questions as well as for members with more complex privacy rule issues."

Satellite broadcasts held in several locations as part of the ADA's HIPAA seminar series used technology to communicate with groups of dentists. But the June 26 chat will allow the Association to communicate directly with individual members via the Internet in real time, taking questions, providing answers and pointing to the extensive resources on HIPAA compliance available from the ADA.

"It will provide a broader dissemination of the responses to questions we often get by telephone," added Dr. Lapp. "Any new form of communication to reach new groups is helpful."

Following the live chat, a recorded transcript will be available on both organizations' Web sites, serving as a resource that members can check back to find answers to many of the most common questions about the privacy rule.

More information about how to participate in the HIPAA chat will be available in the next issue of the ADA News and online in ADA News Today. ■

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JDR seeks new editor

Alexandria, Va.—Founded in 1919, the Journal of Dental Research is seeking a new editor-in-chief. The application deadline for the position is Aug. 15.

The editor is responsible for a full range of editorial duties, including working closely with the International and American Associations for Dental Research.

The candidate must have a distinguished record of scientific accomplishment, and editing experience is desirable. The part-time position carries an annual honorarium.

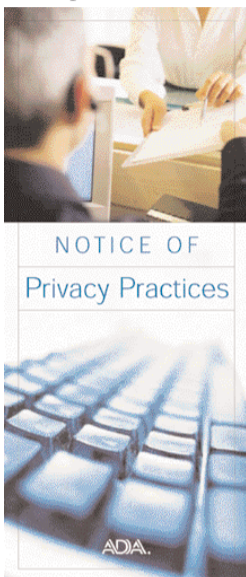
For information on submitting a letter of application, curriculum vitae and letters of reference, contact Susan Kinder Haake at "JDReditor@iadr.org". ■

Inform patients with new HIPAA posters, brochure

BY ARLENE FURLONG

The ADA is offering members three new products to help address patients' concerns about privacy regulation under the Health Insurance Portability and Accountability Act of 1996.

• "The Notice of Privacy Practices" poster informs patients that your office is compliant with HIPAA privacy regulations. It describes how health information about patients may be used and disclosed and how patients can access their health information under the HIPAA privacy rule. It also explains your legal duties, possible



uses and disclosure of health information and discusses how patients can ask questions or file complaints about how their health information is used.

• "The Notice of Privacy Practices" brochure will serve as your notice of privacy practices. It explains how health information about your patients may be used and disclosed and how patients can access this information. It also discusses treatment and payment information, health care operations, patient authorization, disclosure to family and friends, people involved in care, marketing health-related serv-



ices, abuse or neglect, national security and appointment reminders.

Both the NPP poster and brochure can be personalized with your office and contact information.

• "The HIPAA Privacy Poster for Non-Covered Entities" has been developed for offices that are not filing electronic claims and not covered by HIPAA Privacy regulations. This poster lets patients know your office has adopted policies to protect patients' privacy and that you comply with any applicable state or federal privacy laws.

All of these products along with the HIPAA Privacy Kit and the HIPAA Privacy for Dental Professionals Seminar can be ordered by calling the ADA Department of Salable Materials at 1 800-947-4746 or by visiting "www.adacatalog.org". ■

What to ask?

HIPAA chat designed to answer a wide variety of queries

BY JOE HOYLE

Are you interested in participating in the HIPAA privacy chat but wonder if the experts will be able to answer your question? More than likely, they will — they've heard just about all of them.

Here are some examples of the kinds of questions that will be addressed:

1. I don't submit electronic claims. What part of HIPAA applies to me?
2. Why can't I find a simple list of HIPAA dos and don'ts?
3. Can we request protected health information from another office?
4. Must we provide a copy of our Notice of Privacy Practices to every patient?
5. Must I mail my Notice of Privacy Practices to all my patients so that I can send them appointment reminders?
6. What if the patient's spouse, or an adult patient's parent, is responsible for paying the patient's bill? What information can I disclose to the person responsible for payment?
7. Can you explain when I need a business associate agreement?
8. Are business associate agreements with dental labs required?
9. Do I need a business associate agreement with a company providing financing to patients?
10. Where would patients file privacy complaints?
11. When do I have to do this HIPAA stuff?
12. What's going to happen to me if I missed the April 14 compliance date? ■

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Corporate funding

Questions raised about orthodontic programs

BY KAREN FOX

Denver—The University of Colorado Health Sciences School of Dentistry's multimillion-dollar partnership with the Orthodontic Education Co. is raising some eyebrows throughout the dental profession.

Having secured a \$3-million donation and \$92.7-million commitment from OEC, the dental school plans to establish a new advanced specialty education program in orthodontics and build a new dental school—the Lazzara Center for Oral-Facial Health.

The funding also creates a 30-year business relationship that officials say will address an anticipated shortage of orthodontists and provide low-cost orthodontic care for underserved children.

The dental school will train 16 orthodontic residents a year. OEC provides two-year scholarships and a living stipend for 12 of those 16 who will have a seven-year post-residency commitment to practice at an OEC site.

The arrangement raises complex questions.

What influence will a for-profit entity have on a dental education program? What role will a for-profit entity play in the resident selection process?

Dr. Howard Landesman, dean of the University of Colorado dental school, said there is no conflict of interest.

"The program is intended to train the orthodontists to become board-qualified and will be no different than any other orthodontic program in the United States," he said. "It will be fully accredited and maintain the same admission and graduation standards for all students."

According to Dr. Gasper Lazzara, managing partner and cofounder, the Orthodontic Education Co.'s objective in supporting orthodontic education is to increase the number of practicing orthodontists and enhance the practice opportunities for graduating orthodontists.

In exchange for assuming the training and living expenses of orthodontic residents, OEC places graduates in private or group practices following graduation.

The UC dental school will establish all aspects of the program, and the residents selected will have to meet the requirements set forth by the university's admissions committee on advanced education programs and the chair of the department of orthodontics.

The arrangement between OEC ("www.orthoeducation.com") and the dental school is one way to address projected future shortfalls of orthodontists, said Dr. Lazzara, for whom the dental school's Lazzara Center will be named.

Dr. Lazzara cited U.S. population growth—especially in the age five to 19 bracket—and the shrinking pool of practicing orthodontists as evidence of the need for more practitioners.

"Unless the need is met, the public will be faced with long delays in receiving orthodontic treatment and with continued increases in the cost of obtaining braces," said Dr. Lazzara.

For the University of Colorado, funding from OEC creates an opportunity to construct a new dental school and enhance its educational program without dipping into public funds.

These are tough times for dental education. Data examined during the 2001 ADA Dental Education Summit noted that from 1991-98, there was a significant decline in public support for dental education.

Dr. Landesman counts among his current budgetary concerns recruiting and retaining faculty and staff, student indebtedness, lack of financial aid for students and lack of resources to treat patients who aren't able to pay for care.

Add to that the pressure to update facilities and provide technologically oriented environments for learning and laboratories that attract the best students.

"Dental students today ask themselves, 'Am I getting my money's worth for the education that I'm receiving?'" said Dr. Landesman, a 38-year veteran of dental education.

"New paradigms of funding schools must be established if the profession is to survive," he added. "If the educational community does not create education and business partnerships and



Dr. Landesman



Dr. Lazzara

other entrepreneurial ventures and instead continues to depend on state revenues to support education to the extent they have

in the past, I predict we will see a number of closures of dental schools throughout the nation."

Added Dr. Landesman: "I am hopeful that as a result of scholarship opportunities, qualified graduating dental students from diverse and economically disadvantaged backgrounds will consider participating in specialty training."

The concept of the orthodontic program, he believes, benefits residents and patients as well as orthodontists who will have an increased number of practice buyers, and Colorado orthodontists who he invites to serve as part-time faculty.

Dr. Glen Zelkind, president of the Colorado Dental Association, said the CDA is generally supportive of the new orthodontic program.

"The Colorado Dental Association is trying to gather all the information, and obviously we are sensitive to the needs of our members," Dr. Zelkind said. "We also support the dean in his ability to administer and run the dental school."

Colorado's situation is not the first case of a corporate sponsor involved in higher education (see story, this page), or the first time that OEC has funded an advanced specialty education program.

In January, the Commission on Dental Accreditation granted preliminary provisional approval to Florida's Jacksonville University to develop a program in orthodontics and dentofacial orthopedics. Through a contractual arrangement with Jacksonville University, OEC will cover tuition and living expenses for trainees who agree to practice for a specified term in an OEC-operated site.

The Jacksonville program is unique in that it is a freestanding orthodontic program without a dental school. There are, however, multiple examples of accredited orthodontic programs functioning in hospitals or universities without companion dental schools.

Nevertheless, the issues raised by OEC's funding of advanced specialty education programs has led the Commission on Dental Accreditation to call for a review of new models of educational funding. The Commission expects to consider a report at its Aug. 1 meeting.

The ADA continues to work toward solutions to the crises that plague dental education, with a focus on the rising cost of education, faculty shortages and student debt. The theme of this year's Dental Education Summit is "Innovative Approaches to the Delivery and Financing of Dental Education."

Plans are under way for UC to apply for accreditation for the orthodontic program this fall. If the program is granted initial accreditation status, it could be up and running by 2004.

Despite the questions surrounding the OEC funding, the American Association of Orthodontists is not opposed to the university's plans.

"The AAO has no concerns about the source of funding for Colorado's orthodontic program," said Dr. James E. Gjerset, AAO president. "We are only interested in whether accreditation standards are followed, and that's where our concern ends." ■

Links between education and business/government common

While the business partnership between the University of Colorado dental school and the Orthodontic Education Co. may be unique in dentistry, alliances between business or government and institutions of higher education are not uncommon.


For example, those enrolled in the CVS Pharmacy's scholarship program can receive monies to assist with their education in exchange for working for CVS full-time as a registered pharmacist.

In dentistry, the National Health Service Corps, the Indian Health Service and the U.S. Armed Forces are examples of partnerships between education and government in which

students receive scholarships and stipends in exchange for a post-graduation practice commitment.

Medical accreditation agencies have adopted rules that address funding from for-profit entities, and the ADA Commission on Dental Accreditation is now studying the issue.

Current standards for orthodontic programs specify that it is the responsibility of the sponsoring institution to ensure that financial support from entities outside the institution does not compromise the integrity of the program or the professional options of the students and/or graduates. ■



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General: The use of Citanest[®] Plain Dental and Citanest[®] Forte Dental injections should be limited to the relief of dental pain. They should not be used for the relief of pain caused by non-dental causes. Patients should be advised to avoid alcohol and tobacco during treatment.

Cardiovascular: Patients with a history of cardiovascular disease should use Citanest[®] Forte Dental with caution. Patients should be advised to avoid alcohol and tobacco during treatment.

Central Nervous System: Patients with a history of seizures should use Citanest[®] Plain Dental and Citanest[®] Forte Dental with caution. Patients should be advised to avoid alcohol and tobacco during treatment.

Drug Interactions: Citanest[®] Plain Dental and Citanest[®] Forte Dental injections may interact with other drugs, including other local anesthetics and vasoconstrictors.

Pregnancy and Lactation: There is no information available regarding the use of Citanest[®] Plain Dental or Citanest[®] Forte Dental injections in pregnant women or nursing mothers.

Adverse Reactions: Adverse reactions to Citanest[®] Plain Dental and Citanest[®] Forte Dental injections are usually mild and transient. These include numbness, tingling, and burning at the injection site. Systemic reactions are rare.

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Citanest[®]

Is less epinephrine better? In a heartbeat!



Citanest[®]

Xylocaine[®]

Polocaine[®]

Accuject[®]



You won't find a safer, purer or more convenient anesthetic than Citanest. But what makes it a truly exceptional anesthetic is that Citanest Plain, which contains no epinephrine, allows you to perform mandibular blocks for 45 to 60 minutes, making it ideal for high-risk patients. For procedures that require a vasoconstrictor, Citanest Forte provides mandibular blocks for 90 to 120 minutes with only half the epinephrine of the most commonly used anesthetic (lidocaine HCl with epinephrine 1:100,000). So, if you've been using another anesthetic, should you switch to Citanest? Yes. *Heartbeat!*

800-225-2787 www.dentsply.com

DENTSPLY PHARMACEUTICAL

The innovation is just getting started.

Indicated for the relief of dental pain caused by local anesthetic agents. It is indicated for the relief of dental pain caused by local anesthetic agents.

CONTRAINDICATIONS: Patients with a known hypersensitivity to prilocaine or epinephrine should not receive Citanest[®] Plain Dental or Citanest[®] Forte Dental injections.

WARNINGS: PRILICAINES: Prilocaine is metabolized to O-toluidine, which is a known carcinogen. Avoidance of prilocaine-containing products is recommended for patients with a history of prilocaine hypersensitivity.

EPIPHENEPHINE: Epinephrine is a vasoconstrictor. It may cause systemic hypertension, tachycardia, and other cardiovascular effects. Patients with a history of cardiovascular disease should use Citanest[®] Forte Dental with caution.

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Weight	Maximum Recommended Dosage
< 70 lbs (30 kg)	4 mg (8 cartridges)
> 70 lbs (30 kg)	6 mg (12 cartridges)

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DENTSPLY
PHARMACEUTICAL

Sometimes the beauty of a new product is in what it *doesn't* give you and your patients. **XENO™ III Self-Etch Adhesive** says “no” to post-op sensitivity and “no” to a slow, clumsy application process. XENO III adhesive also shouts a resounding refusal to bond failures, with exemplary bond strength to both dentin and enamel. Check out **XENO III Self-Etch Adhesive**, and enjoy the benefits of everything that you're missing.

introducing
the power of

XENO III



**sensitivity,
powerful
bond
strength,²
and a **one-step
process.****

From the makers of
Prime & Bond[®]



1. 8.5% methacrylic acid. XENO III is a Class II Composite Resin.
2. Comparison included the Prime & Bond, and Dental Excellence Durafix. The
Multiple site testing data are as shown in the bond strength.

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