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Healthier living
Financial well-being
Intelligent solutions

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Toward a Diagnosis Driven Profession 2016

*Panel: Implication of widespread diagnostic term implementation
for insurance companies*

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What Aetna Dental can learn from Aetna Medical

Value of ICD-10 in Medicine

Aetna Medical Provider Newsletter:

“We did it – we’re all using new ICD-10 codes now

Since October 1, 2015, you’ve used the new ICD-10 code set.

And we’re processing your claims with these codes.

Using these codes will

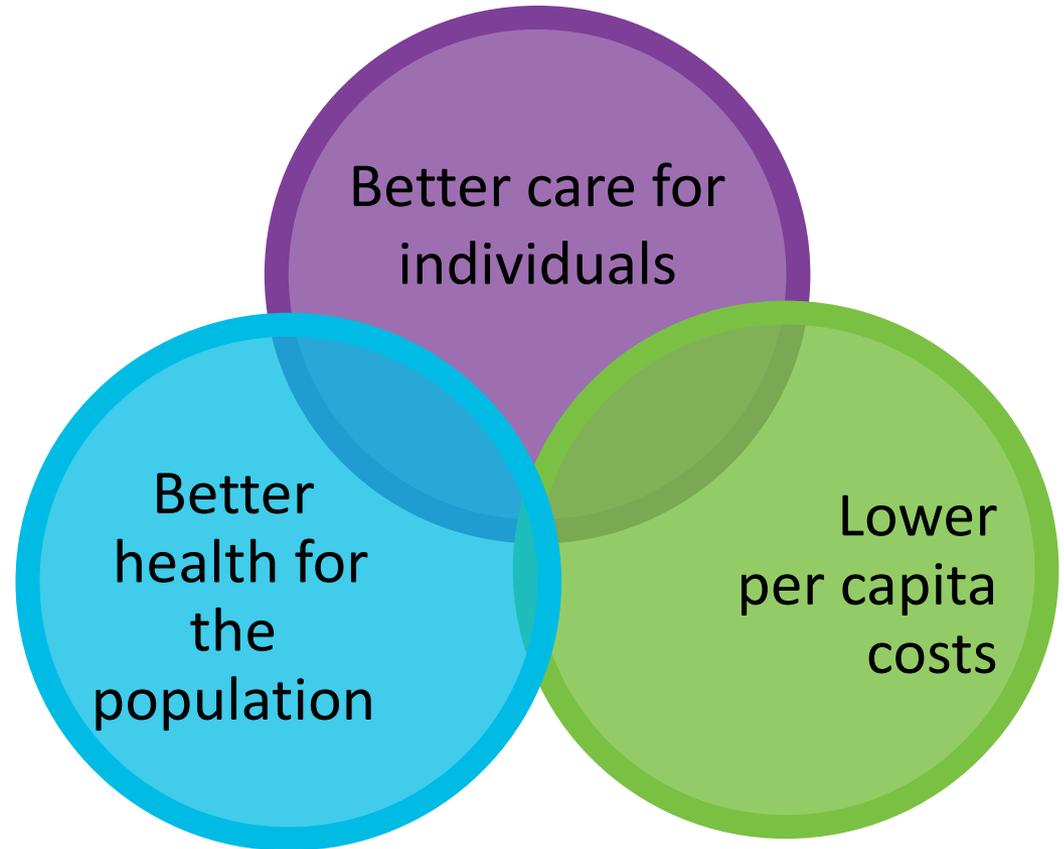
help us better understand your patient’s condition and treatment.

And it should **lead to better care and outcomes.**

“We’re all in this together.”

Accountable Care Philosophy

The fundamental goals are to meet the objectives of the Institute for Healthcare Improvement's (IHI's) Triple Aim, which are:



Goals of Care Management & Data Analysis

- **Care coordination — the management of care episodes and routine care of patients who transfer or are referred from one provider, department, and/or care venue to another**
- **Communication between referring and receiving providers, ensuring clear handoffs and understanding of referral reason**
- **Sharing patient health and treatment records**
- **Expand evidence-based care, clinical decision support and other practices designed to monitor, track and improve care quality**
- **Data transformation — making disparate data unified, understandable, and usable**
- **Data analytics — providing health management that is collaborative, actionable, real time, and predictive**
- **Patient engagement — providing communications that equip, empower, and enable**

Use of Diagnosis Codes in Optometry: Sample Wellness Report

We educate and require our participating Vision providers to submit medical condition diagnosis codes identified during a routine eye exam. The claims system captures primary, secondary and tertiary codes for diagnosis.

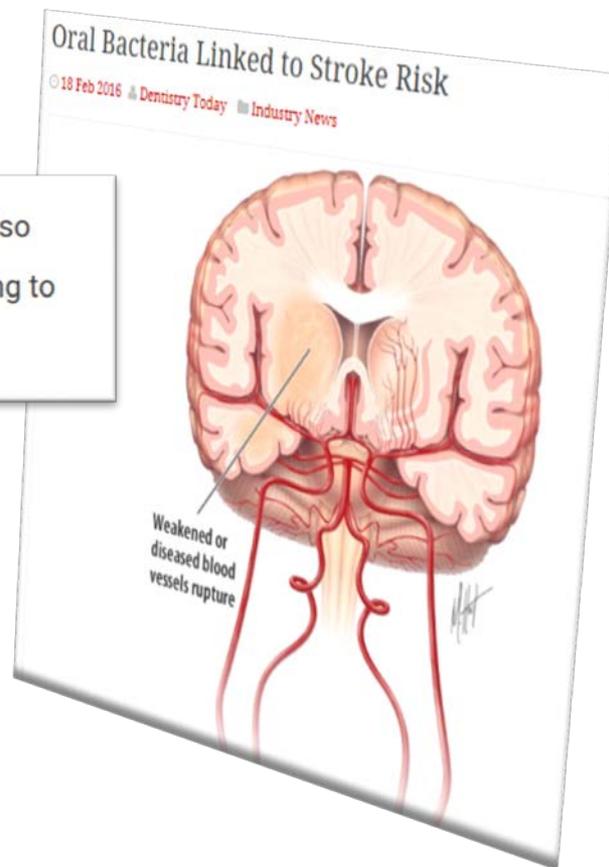
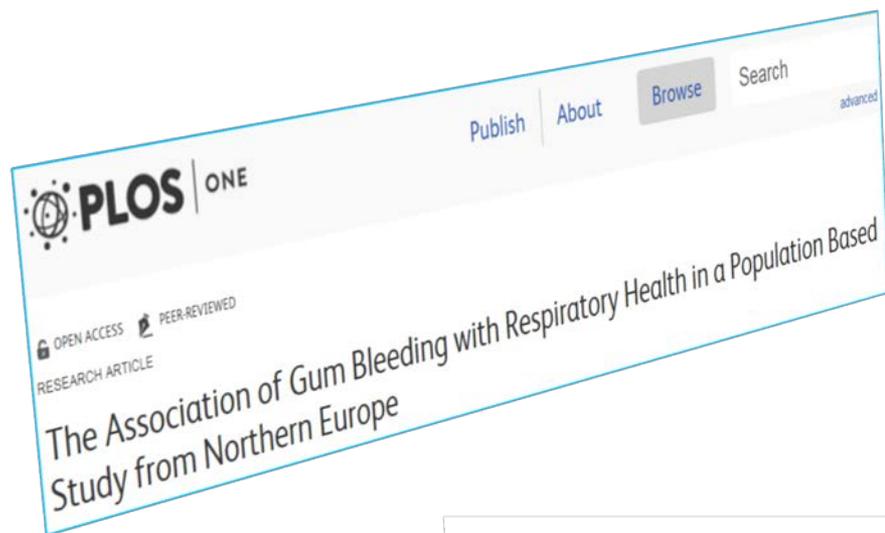
Age Breaks	Total Exam Claims Count	% of Total Exam Claims by Age Break	Unique High-Risk Member Count	High Risk Diagnosis Claim Count	High Risk Diagnosis Claims as a Percent of Total Exam Claims								
					Cataract	Diabetes	Diabetic Retinopathy	Glaucoma	Hyper Cholesterol	Hyper Tension	Macular Degeneration	Nuerological Pupils	
1 - 18	1,009	1.9%	55	56	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
19 - 26	2,190	4.1%	44	45	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
27 - 40	157	0.3%	13	18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
41 - 55	3,831	7.1%	604	788	0.2%	0.4%	0.0%	0.1%	0.1%	0.3%	0.0%	0.0%	0.0%
56 - 65	18,836	34.9%	4,516	6,188	3.3%	2.5%	0.1%	0.9%	1.0%	2.1%	0.2%	0.0%	0.0%
Over 65	28,024	51.9%	9,344	13,831	9.3%	4.3%	0.2%	2.1%	1.9%	3.8%	1.3%	0.0%	0.0%
Total Percentage		100.0%			12.9%	7.2%	0.4%	3.1%	3.1%	6.2%	1.6%	0.0%	0.0%
Total Counts	54,047		14,576	20,926	6,962	3,871	191	1,666	1,675	3,360	839	16	

*P < .001

Usefulness of Diagnostic Terminologies on Dental Claims

Oral Health – Overall Health Connections

BIRMINGHAM, England, Feb. 18 (UPI) – Chronic kidney disease patients who also have gum disease die at higher rates than those without gum disease, according to a new study conducted in England.



Heartwire from Medscape

Periodontitis Seen Related to Elevated Risk of First MI

Marlene Busko

January 20, 2016

Aetna-Columbia Study Results:

Retrospective Claim Analysis, Chronic Conditions

Episode Risk Group™ (ERG) scores for Diabetes, CAD & CVD participants

ERG™ is a modeling tool to predict current and future health utilization

ERG™ Risk Scores	Periodontal Services Risk Score	No Dental Services Risk Score	Reduction in Risk Score
Diabetes	3.39	4.79	 29.2%
Coronary Artery Disease (CAD)	4.68	6.49	 27.9%
Cerebrovascular Disease (CVD)	6.23	8.26	 24.6%

Aetna-Columbia Study Results:

Retrospective Claim Analysis, Pregnancy

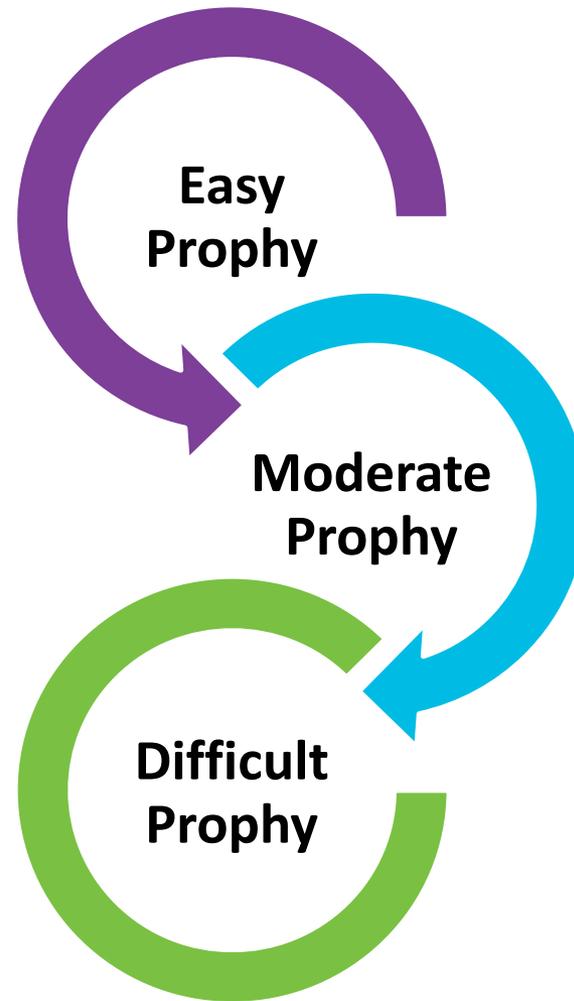
Treatment Group Variable	No.	Observed Probability of Low Birth Weight,*		Observed Probability of Preterm Delivery,*	
		No.	(%)	No.	(%)
Received periodontal treatment	1086	28	2.6	85	7.8
Received prophylactic treatment	8010	260	3.3	609	7.6
Received other dental treatment	2024	94	4.6	190	9.4
No dental treatment of any kind	12321	612	5.0	1241	10.1

*P < .001

Stratification of Severity

Procedurally all prophies are the same (CDT code)

The patient's degree of inflammation is the variable (Diagnosis code)



Medically Necessary Orthodontic Care (MNOC)

Typical Benefit Wording:

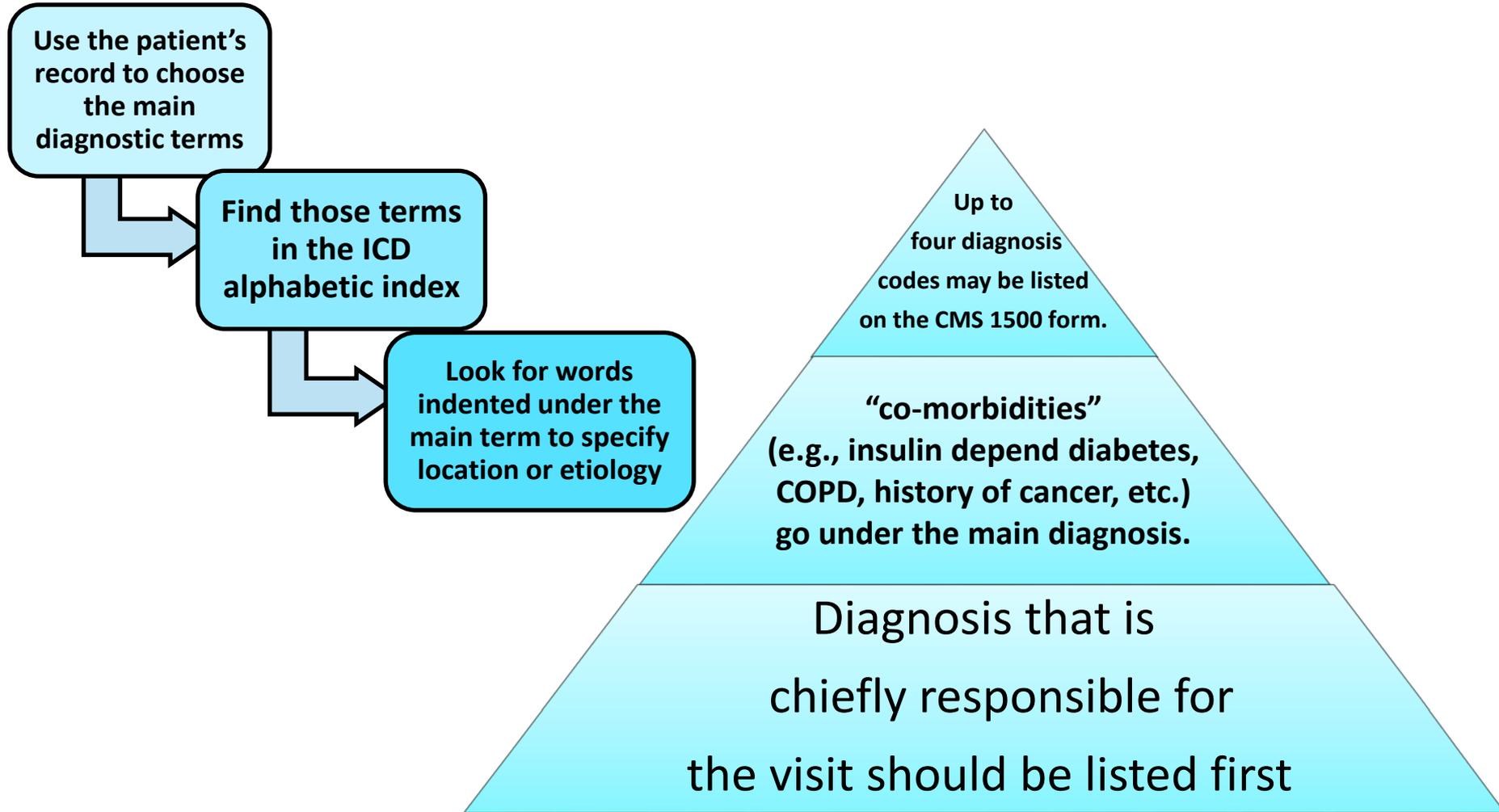
Comprehensive medically necessary orthodontic services are covered for members who have a severe handicapping malocclusion related to a medical condition such as:

- Cleft Palate or other congenital craniofacial or dentofacial malformations requiring reconstructive surgical correction in addition to orthodontic services
- Trauma involving the oral cavity and requiring surgical treatment in addition to orthodontic services
- Skeletal anomaly involving maxillary and/or mandibular structures
- Establishment of medical necessity requires documentation to support the severe handicapping malocclusion and medical condition status

December, 2014:

The American Association of Orthodontists (AAO) will support a bifurcated policy structure characterized as traditional orthodontic cases and medically necessary orthodontic cases, to include the use of diagnostic codes (SNODENT or ICD10) in lieu of diagnostic indices.

How Oral & Maxillofacial Surgeons Use Diagnostic Coding



Advantages of using Diagnostic Terminologies for Dentists, Patients & Payers

- Automated adjudication; fewer claim attachments needed
- Supports reimbursement by documenting patient complexity
- Enables storage of diagnostic data for epidemiological and public health applications
- Reduced cost of care and improved patient safety and outcomes
- Enhanced tracking of health care trends, quality and disease threats
- Ability to evaluate new procedures and technologies
- Facilitates communication among providers and payers
- Allows compliance with the state Medicaid programs that now *require* a diagnostic code for some (Arizona, Iowa, Maine, Michigan) or all (Nevada) dental procedures

Thank you

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