

Bulletin

Volume 45, Issue 1 January 2016

Inside this issue:	
Oral Pathology Quiz #9	4
State Board Did You Know?	6
Master Calendar	6
How to Respond to Online Reviews	8
Executive Director's Notes	10
Member Benefits Group	12
Oral Pathology Quiz Answer/Discussion	14
New Procedure Code	16

Effective January 1,

CDT Coding Changes

for Sedation Codes

Classifieds

17

18

2016

Published by the **South Carolina Dental Association**

Design: Maie Brunson

www.scda.org

Toll Free in SC: (800) 327-2598

ADA American Dental Association®

> America's leading advocate for oral health

Uncommon Effort, Common Goal By Dr. Chris Griffin, SCDA President

Standing here before you, I am sincerely humbled and appreciative of the opportunity to serve you, the members of this great organization. The rich history, high principles and the many successes that represent the South Carolina Dental Association are a collective effort of the multitude of active members and great leaders. This undoubtedly sets the bar high for expectations of newer generations to follow. It is within this traditional spirit or attitude that I have selected as my theme this year: Uncommon Effort, Common Goal.



Dr. Chris Griffin

In case you were wondering, the South Carolina Dental Association does not sponsor a professional cycling team. However, there are many parallels which may be compared with the structure and function of the professional cycling team and the SCDA.

Many in the audience will readily recognize the significance of cycling's Yellow Jersey as it relates to the Tour De France. It represents the overall leader. It is here that my explanation begins. Although all participants are highly skilled riders, the leader is put forth ahead of the team based on his desire, talents and unyielding will to succeed. However, it is not accomplished alone. No single rider can achieve what the collective efforts of the team can produce.

Often early in the race, individual riders will sprint ahead of the peloton and seemingly out-paced and out-perform the entire field. This lead is impressive and appears to be a sure win for the new leader. One only has to ride with a group to know this is short lived, has little strategic value in the final miles of the race and will likely end with the breakaway rider experiencing significant fatigue. Ultimately and desperately, he (or she) watches as the peloton or individual teams pass and he is relegated to irrelevance. Only unified teamwork, patience and adherence to a comprehensive strategy will produce the desired result: Position #1 on the Podium.

The seasoned team functions as a unit. Training and preparation is paramount to race day. Members take time at the front to provide respite for other team members and especially the leader. All other members fall behind the front and maintain maximum aerodynamics which reduces wind resistance significantly and subsequently eases fatigue. This allows for rest and recovery. Some riders are designated to ride ahead with the breakaway riders to push them to exhaustion. This sacrifice is beneficial and allows the team unit with its leader an advantage in the final miles. Ultimately great distances and greater speeds can be accomplished as a unit until the final push of the leader to grasp the win.

Our organization is very similar. There are many players behind the scenes doing the necessary "grunt" work to accomplish where a single member would otherwise fail. Frequently success is associated with a leader but it is no way representative of the whole picture. Success is totally dependent on preparation, patience and a unified team with a specific goal in mind. Unification of One Voice and One Action does not mean, opposing opinions are not offered, debated and ratified. We are here today doing the necessary work of the SCDA. We also do the work within our districts, in our committees, telephone conferences and Board of Governors meeting routinely. If any member is dissatisfied with the "way things are", step up, become more proactive and make your opinion action. Participation is the lifeblood of any Continued on Page 2

organization. Without participation we are relegated to the sidelines or ultimately become part of the menu as we slowly fade into irrelevance.

The Profession of Dentistry 2015 is very different from that of 10, 20, 30 or even 40 years ago. There is a rapidly changing landscape from sole practitioner to group practices, and the firmly anchored Corporate Dentistry, or Dental Service Associations, is evolving as potentially a preferred model of delivery. The lines between specialties are sometimes blurred and there seems to be new specialties vying for recognition yearly. Times are a changing and we must adapt to represent all dentists and the interest of those we serve in the delivery of optimal oral health, our patients.

However, changing models of delivery and turf wars are far from the only relevant issues that are currently front and center.

- New legislation concerning sedation and infection control protocols is sure to impact everyone in this room. How many regulations are enough and how much is necessary to achieve patient safety without being overburdening and oppressive to the daily operation of our businesses?
- The current value of a dental education is fast approaching \$300,000.00. I am personally aware of educational related debts ranging from \$150K to \$450K. How is this going to impact our workforce models? Or the ability to practice in areas where limited incomes exist with high unemployment and rely heavily on government supported programs which provide paltry reimbursement? Will this debt eventually create ethical issues previously not seen or at least limited in the past? And how can we educate students to resist the urge to take out more loans, promote a more frugal lifestyle, and be more patient in an overbearingly materialistic world?
- Is anyone not familiar with the term Mid-Level Provider? Yes, it is promoted as the "cheaper" way of doing business and getting the same results. Everyone in here can attest that minimal necessary dental educational requirements, diagnostic skills and clinical expertise can't be condensed from 8 years down to about 4 years. Dental equipment, supplies and associated insurance as well as other fees will certainly not be offered to these new "Providers" cheaper. So if it is theoretically "cheaper" because of the shortcut in training then it certainly must be theoretically not at the same "clinical level". This theory is flawed from its inception. I am not sure but last I check, there was plenty of "time on the books" to address the "Access to Care" issue pertaining to dentistry. Personal responsibility and properly funded government program would go a long way to solving this myth propagated so often at the expense of the dentist. If monies spent on tobacco, alcohol, tattoos, movie channels, and cell phones, as well as ownership of healthier lifestyle choices, were directed to the "Access to Care" mantra, oral diseases would be dealt a huge blow. But I will depart from fantasy land and come back to reality. Reality is the promotion of a Mid-Level Provider being the answer to "Access to Care" will come around again. We must be ready to present the facts to oppose the theories others will provide as "truths".
- Although my list could go on for quite some time, I will address the other 500 lb. gorilla in the room: Medicaid. Dental providers in South Carolina have risen to the cause and continue to fight the good fight. At one time, South Carolina was a model for participation and outcomes. But current reimbursement levels coupled with expanding coverage rolls are unsustainable and the outlook for increased funding is dismal. Be assured that SCDA expends a tremendous amount of manpower and resources pursuing a solution to all issues and roadblocks provided courtesy of the Medicaid system. It is an uphill battle. However, I feel that something short of a catastrophic event such as the recent flood will be necessary to find the appropriate funds to address the problem. Good news is the roads are finally being addressed. Maybe we are next in line?

On a more positive note, the South Carolina Dental Association is thriving.

- Daily operations and directives of the Membership and Executive Board are expedited fastidiously by a motivated, friendly and highly effective staff. Please take some time to thank Phil, Deanna, Mark, Maie, Sue and our most recent addition Tressa. You make our lives so much easier than they could be!
- Our membership exceeds 2000 and we have a market share of over 80% of the dentists in SC.
 Speaking with other state organizations, this is phenomenal. Thanks you staff and Maie! We all hope you make it back to Chicago year after year for the Constituent Membership Award ceremonies.
- Our lobbyist efforts are highly successful. Our network among our members, Senators and Representatives is strong and they often seek our advice immediately on all matters dental or medical.
- Financially we have been blessed with strong investments and an even stronger for profit arm of SCDA's Member Benefits Group. Take some time during this year to talk with Mr. Mark Brown. SCDA offers many benefits. Few members take full advantage of the many offerings. Members experience significant savings and SCDA benefits when its members participate.

• SCDA maintains a strong and influential presence with the College of Dental Medicine at the Medical University of South Carolina. Our goals are the same: Educating strong, highly competent future dentists, future members and effective community leaders.

The terrain ahead for organized dentistry is challenging and the assaults will be sustained from all sides. These are not impossible tasks. They require collective efforts and new ways of viewing old problems. Albert Einstein defined Insanity as doing the same thing over and over again and expecting different results. As we look forward to the New Year, I encourage you to examine your role. How will Dentistry look next year? Next 5 years? Next 10 years?

- What will your practice look like?
- Can you adapt to the inevitable changes?
- And most importantly, what is your role in shaping your future and the Profession of Dentistry?

2016 Membership Dues

By now you should have received your 2016 Membership Dues statement. If you have not received your invoice, please contact Maie Brunson at brunsonm@scda.org. You can pay your dues online by visiting the SCDA website! If you have \$0 mandatory balance there is no need to mail us back your invoice unless you are paying voluntary items.

Make sure you get your payments in by February 12, 2016 to avoid the \$100 late fee!



We are pleased to announce...

Serge Gauthier, D.D.S. has joined the practice of

Bobby G. Gore, D.D.S.

Goose Creek, South Carolina

Earl B. Hartzog, D.M.D. has joined the practice of

David R. Hutto, D.M.D.
Orangeburg, South Carolina

We are pleased to have represented all parties in these transitions.



1-800-232-3826

Practice sales in excess of \$2,000,000,000

www.AFTCO.net

Oral Pathology Quiz #9

By Angela C. Chi, Marshall Lynn Wallace₂, Brad W. Neville₁

1Division of Oral Pathology, College of Dental Medicine, Medical University of South Carolina 2Private Practice, Sumter, South Carolina

A 64 year-old white male presented for evaluation of a lower lip lesion, which had been present for over a year. The lesion appeared as an ill-defined, red and white plaque with associated ulceration (Figure 1). The patient had a history of working outdoors for many years without sunscreen or protective clothing. He reported no tobacco or alcohol use. An incisional biopsy showed surface ulceration and hyperkeratotic stratified squamous epithelium (Figure 2A). Within the epithelium, there was cytologic atypia; this atypia extended into the mid spinous cell layer and was characterized by nuclear enlargement, cellular crowding, prominent nucleoli, and occasional dyskeratosis (Figure 2B). Within the underlying connective tissue, there were scattered acute and chronic inflammatory cells. Basophilic degeneration of collagen compatible with solar elastosis also was noted.

Figure 1. Intraoral photograph showing an ill-defined red and white lesion with associated ulceration on the lower lip vermilion.



Figure 2A. Photomicrograph showing a portion of tissue surfaced by hyperparakeratotic stratified squamous epithelium (top left). Surface ulceration also is evident (top right). There is a brisk inflammatory cell infiltrate, and the basophilic appearance of the connective tissue (bottom left) is compatible with solar elastosis. (hematoxylin and eosin stain, original magnification 200x)

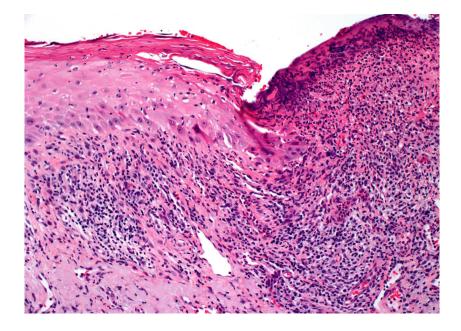
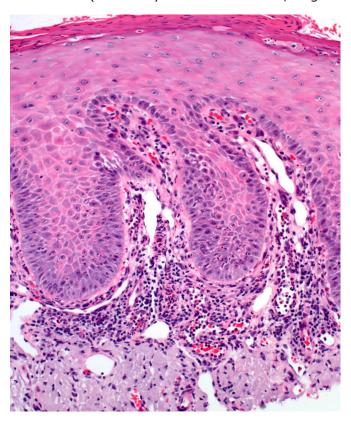


Figure 2B. High-power photomicrograph showing cytologic atypia extending into the mid spinous cell layer of the epithelium. There is also hyperparakeratosis on the epithelial surface. Within the connective tissue, there are scattered acute and chronic inflammatory cells, and solar elastosis (bottom of field) also is evident. (hematoxylin and eosin stain, original magnification 400x)



What is the best diagnosis?

- A. Traumatic ulcer
- **B. Actinic cheilosis**
- C. Basal cell carcinoma
- D. Squamous cell carcinoma
- E. Melanoma

Answer on Page 14





Call 800-845-1116 and ask us how to get started today!

AvaDent Digital Dentures - Changing Dentures Forever!

THE AVADENT ADVANTAGE

- Dentures in as little as two appointments
- Computer designed and milled for a precision fit
- Enhanced esthetics for a natural feel and look
- Bacteria resistant
- Permanent digital record for duplication



Keep Your Records Up-to Date!

These days people change information often: new phone number, email address as well as mailing addresses. Make sure your information is correct by logging into www.scda.org to verify your information!

Are You Retiring? Please Notify the SCDA

Call the SCDA office and ask for a retired affidavit so that you can continue to receive all the member benefits you've come to enjoy and expect, but at a quarter of the cost! You can also request a free copy of "Closing a Dental Practice" or click here to go to the SCDA's website to download a copy. Contact Maie Brunson at 800-327-2598 or by emailing her at brunsonm@scda.org

1 out of every 10 dentists will suffer from alcohol or drug abuse at some time in their lives.

If you or someone you know needs help, contact the Recovering Professional Program available 24 hours a day, 365 days a year 877-349-2094

Keep Your Records Up-to Date!

These days people change information often: new phone number, email address as well as mailing addresses. Make sure your information is correct by logging into www.scda.org to verify your information!

State Board Did You Know

Reprinted with permission from the SC State Board of Dentistry

What duties can a dental assistant legally perform?

39-12 Approved Procedures of Dental Assistants

The Board has approved performance of the following procedures by dental assistants in South Carolina. No formal academic dental training is required for dental assistants. These procedures must be performed under the direct supervision of a dentist present on the premises and licensed in South Carolina. Please check the Board's website www.llr.state.sc.us/pol/dentistry and look for the Spring 2014 newsletter under the menu item

Publications for a chart to assist you.

- 1. Assist in basic supportive chair side procedures.
- 2. Chart existing restorations, clinically missing teeth, and appliances within the oral cavity.
- 3. Apply topical drugs as prescribed by the dentist.
- 4. Place and remove rubber dam.
- 5. Place and remove matrix.
- 6. Place and remove orthodontic ligatures.
- 7. Take and record vital signs (blood pressure, pulse, respiration, etc.).
- 8. Expose radiographs upon completion of a Board approved radiation safety course.
- 9. Place and remove periodontal packs.
- 10. Remove sutures.

39-13. Approved Procedures of Expanded Duty Dental Assistants.

An Expanded Duty Dental Assistant is a dental assistant who is a graduate of an American Dental Association accredited dental assisting program, or one who has completed two (2) years of continuous full-time employment as a chair side dental assistant. In addition to the procedures listed for dental assistants, Expanded Duty Dental Assistants may perform the following procedures under the direct supervision of a dentist present on the premises and licensed in South Carolina. Please check the Board's website www.llr.state.sc.us/pol/dentistry and look for the Spring 2014 newsletter under the menu item **Publications** for a chart to assist you.

- 1. Take impressions for study models.
- 2. Place and remove socket dressing.
- 3. Place gingival retraction cord.
- 4. Place temporary restorations.
- 5. Cement temporary crowns or bridges.
- 6. Remove excess cement from restoration and/or appliances.
- 7. Polish restorations and supra-gingival tooth structure.
- 8. Application of pit and fissure sealant.
- 9. Monitor nitrous oxide anesthesia upon completion of a Board approved course and certification by the Board.

January Calendar			
January 15	DenPac Board Meeting	SCDA Office	9:00 AM
January 15	Radiation Safety Exam	Midlands Tech	
January 29	2016 Risk Management Seminar	MUSC	
February 5	MBG Board Meeting	SCDA Office	9:00 AM



A FULL SERVICE LABORATORY WITH PLENTY TO CHOOSE FROM.

restoring implants since 1986

YOUR LABORATORY RESOURCE for implants and more. Call Drake for all of your case consultation needs today!



800.476.2771 . 8510 Crown Crescent Ct . Charlotte, NC 28227 . www.drakelab.com



Take a Deep Breath! How to Respond to Online Reviews

By Officite an SCDA Endorsed Company

Your online reviews sculpt your reputation. They dictate how new potential patients will see your practice, and that means sites like Yelp and HealthGrades are like a double-edged sword. On one hand, good reviews can be an evergreen source of free marketing for your practice. On the other, negative reviews can hurt – both personally and financially. Even so, they don't have to be crippling. In fact, if you become proficient at utilizing some of these response strategies, you can even turn a negative review into a positive reflection of your practice.

Examples of Review Response Techniques

1. Own it.

Patients don't want to hear excuses. Even if they're being unreasonable, they want to hear that you're taking responsibility for what they perceive as an offense. Take responsibility, explain the situation calmly, and then outline how the same thing won't happen in the future.

Something like this: I'm sorry to hear about your long wait with us last Thursday. The holiday season is a busy time here at [practice name], and that day was particularly hectic, and filled with especially delicate procedures. We do our best to treat our patients' time with the respect it deserves without compromising our standards of care. We will look at ways to improve our operations during the busiest of times. In the meantime, if we can help in any way, please reach out to us at [practice phone number].

2. Flip the Script.

This one takes some real finesse, but it's a powerful strategy that has the potential turn a bad review upside-down. First, you acknowledge the grievance. Then, you respond by drawing attention to the positive things about your practice. It also doesn't hurt to tug at their heartstrings a little by referencing your commitment to the community. Just be sure that you still apologize as specifically as possible. Without that critical ingredient, this strategy can come off as conniving and heedlessly self-promotional.

Here's an example: I am truly sorry you had a poor experience during your visit last Thursday. It is our goal to help all of our patients feel welcome, cared for, and satisfied. We've been providing [name of town] residents with quality care for 15 years, and intend to continue improving our standards for many more. If we did not meet your expectations during your visit, please reach out to me at [practice number], and we'll do everything we can to make it right.

3. If they say something nice, say thank you!

After all, online reviews aren't all doom and gloom. Good reviews happen, and you can think of each one as a trophy. Every positive review signifies a patient who took time out of their day to tell everyone how much they love you, their dentist. They are essentially doing your marketing for you – so thank them! It makes them happy and allows the entire site to see that you care about your patients on a personal level. If at all possible, include specifics about the conversations you had with them (of a non-treatment nature).

Something like this: We're so happy to hear about your visit last Thursday! It was great to hear from you and the family again. Let us know how that fishing trip works out. Looking forward to seeing you again in June. In the meantime, if you need anything, give us a call! [phone number]

In the end, the most important thing to take away from this is that online reviews deserve your attention. Keep calm, respond courteously, and if you're given a compliment, say thank you. If you handle them correctly, then even the negative reviews can shed a positive light on your practice.

If you want a solution that can help you manage your reviews more effectively, Officite is ready to help. The SCDA and nearly more 30 state and national dental associations trust Officite to provide their practices with modern, effective Web Presence Solutions built for one purpose: to attract new patients and help their business grow. For more information, visit www.officite.com/dental, or call 866-731-8834.





TekCollect

Learn more at www.tekcollect.com



Executive Director's Notes



Code of Ethics spurs public's decision in choosing dentists, survey says

ADA member dentists are unique in that they have something that other dentists don't: a Code of Ethics.

Patients like that, according to the results of a new study commissioned by the Association's Council on Ethics, Bylaws and Judicial Affairs

Nearly 70 percent of patients are more likely to choose an ADA member dentist knowing that those dentists follow a Code of Ethics, the study showed.

The survey also showed that nearly 75 percent of patients said that simply knowing that a dentist was a member of the ADA would influence whom they selected as a dentist.

The ADA has long believed that the ADA's "Principles of Ethics and Code of Professional Conduct" elevated dentists' reputation in the community, but didn't have proof, said Pennsylvania dentist Dr. Linda K. Himmelberger, chair of CEBJA. "We were hoping to find it was a differentiator for the public," Dr. Himmelberger said. "That is what the survey pointed out."

The May survey was conducted among a Census-balanced, nationally representative sample of 1,000 people, with a 3 percent margin of error. Respondents were asked to read a description of the ADA Code before responding to a final question.

The survey tested whether public knowledge of the ADA Code and its fundamental purpose of putting the interests of patients first would resonate with the public and might result in channeling patients to ADA member dentists. Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association.

"CEBJA wanted to know if the ADA Code would help us with ADA's membership goals," said Oklahoma dentist Dr. Doug Auld, vice chairman of CEBJA.

The findings included:

- Sixty-seven percent of respondents knew if their dentists were members of the ADA.
- Two in five consumers believed that ADA dentists hold themselves to a higher standard than other dentists. After learning about the Code, the number increased to 53 percent.
- Patients aged 35-64 were more likely to be influenced by the Code when choosing a dentist, while people in the 18-24 age range were considerably less influenced by the Code.
- If people believe they are already going to an ADA dentist, the Code will likely influence them to look even more strongly for another ADA member the next time they are in need of a dentist.

Some of the findings pleasantly surprised Dr. Himmelberger and Dr. Auld.

"What impressed me was that 69 percent of patients, knowing that we had a Code, were more likely to go to a member dentist," Dr. Auld. "I didn't think it would be that high. I was surprised."

"The public does feel very strongly about their dentists being members of the ADA," Dr. Himmelberger said. "Seventy-five percent is a big number."

Dr. Himmelberger said that member dentists should promote the findings and share them. "There are ways they can work the Code and the fact that they are ADA members into their daily interactions with their patients to increase the patient's awareness of the Code and how it guides the way their dentist treats them," she said.

She recommended that dentists should print out the ADA Code and have copies of it in the waiting room. Dr. Auld said that members should also have the ADA Code posted conspicuously in the office.

They also recommended that members should either post the Code on their websites or post an existing video about the Code, available at ADA.org/en/about-the-ada/principles-of-ethics-code-of-professional-conduct, on their sites. Printed copies of the Code are available upon request by contacting the coordinator of CEBJA, Earl Sewell, at 1-312-440-2499 or sewelle@ada.org. The Code can be viewed at ADA.org.

Ethical Moment is prepared by individual members of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs (CEBJA) in cooperation with The Journal of the American Dental Association. Its purpose is to promote awareness of the ADA Principles of Ethics and Code of Professional Conduct. Readers are invited to submit questions to CEBJA at 211 E. Chicago Ave., Chicago, Ill. 60611, e-mail "ethics@ada.org". The views expressed are those of the author and do not necessarily reflect the opinions of the American Dental Association Council on Ethics, Bylaws and Judicial Affairs or official policy of the ADA.

Reinvest } The Patterson Advantage® program helps you build the practice of your dreams.



How are you going to reinvest in your practice to build its worth? As a Patterson Advantage® member, you're earning Advantage Dollars on your everyday merchandise purchases, technical service fees and Patterson financing. Put those real dollars to work for your practice - with a new handpiece for now or upgraded equipment and technology for your future.

PATTERSONADVANTAGE*

YOUR PARTNER IN PRACTICE GROWTH

Greenville Branch

105-G Ben Hamby Drive Greenville, SC 29615 864-676-0333

Columbia Branch

400 Arbor Lake Dr., Suite A100 Columbia, SC 29223 803-754-8754

Charleston Branch

2300 Clements Ferry Rd., Suite 103 Charleston, SC 29492 843-849-5260

P100785e (2/10)

MedjetAssist's Newest Upgrade Option – Horizon – Includes Security & Crisis Response By Mark Brown



Mr. Mark Brown

The season for giving is amongst us once again, and we hope that you and your family enjoy this holiday season. As we approach the end of the year, you may be thinking about making some annual contributions or gifts to charities. If you plan to continue making a gift to such an organization you should review your options. Did you



know that you could be using the same contribution as a payment towards a life insurance policy? By using a life insurance policy for gift planning, you can leverage your current contribution to pay out a much larger donation.

Universities such as Coastal Carolina University and the Medical University of South Carolina may let you use these policies to set up scholarships and naming opportunities. Plus if you have already bequeathed a part of your estate, it may make sense to cover that portion with an insurance plan. By doing this, you can use the tax write off while you are still alive and give more money to your heirs or to the charity. Who doesn't love making their dollars stretch a little further?

For an example, a 60 year-old in good health making a \$1,500 annual donation can purchase a \$100,000 permanent Life Insurance policy. If you make current contributions that are considered a charitable gift, your premium payments may have the same tax benefits. However, you would need to make sure your life insurance plan was properly set up for this. In order to see if you could qualify for such a policy or to see if your organization would accept a Life Insurance policy as a charitable gift, please contact one of the Insurance Specialists at Withers Crest. You can reach them at 843-732-3304 or by visiting http:// witherscrest.com/quote.php.

To Unsubscribe from the hard copy Bulletin please email Sue Copeland at copelands@scda.org or call us at 803-750-2277.

New EPA Amalgam Regulation June 1, 2016

By Enrolling in DRNA's Deposit Program You Can Save Your **Practice Substantial \$\$\$\$**

Install any time you choose and payment not due till equipment is shipped plus receive an 80% discount right away on AGD Pace approved 8 CE course

DRNA is the number one choice of Dental Offices nationwide for their dental care waste management needs.

Endorsed vendor of the SCDA

Call 800 360 1001 ext. 17

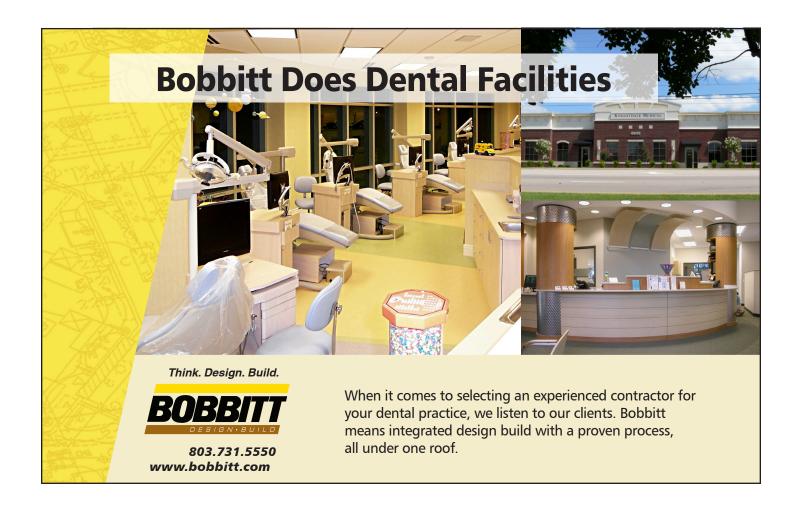


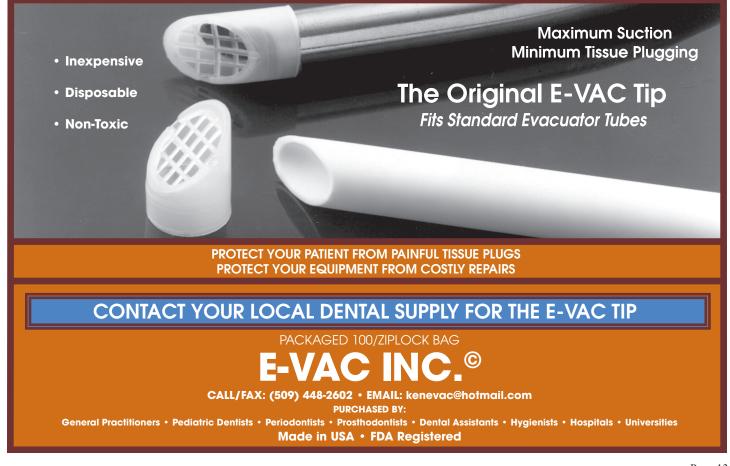
DRNA has partnered with South Carolina's Dental Association. Call now to find out all the Special Discounts provided to SCDS's members.



DRNA is the Leader in Dental Waste Management







Oral Pathology Quiz Answer/Discussion

ANSWER: B. Actinic cheilosis

DISCUSSION: Actinic cheilosis (also known as actinic cheilitis or solar cheilosis) represents a premalignant lesion of the lower lip vermilion secondary to chronic ultraviolet light exposure. It is a precursor to squamous cell carcinoma. Similar lesions arising elsewhere on the skin are termed actinic keratoses. Major risk factors for actinic cheilosis include increased age, male gender, outdoor occupational or leisure activity, proximity to the equator, and light-complexioned skin that burns easily with minimal to no tanning. In addition, certain genetic disorders (e.g., xeroderma pigmentosum, albinism) are associated with an increased risk for developing actinic cheilosis and skin cancer. Cofactors that may increase the risk of progression to squamous cell carcinoma include tobacco use, alcoholism, and immunosuppression. Some studies suggest that it may take two or more decades of chronic sun exposure before actinic cheilosis undergoes malignant transformation; however, the likelihood of malignant transformation for actinic cheilosis is 2.5 times greater that that for actinic keratosis.

Actinic cheilosis most often arises in individuals > 45 years of age. There is a marked male predilection, which may be due to less frequent use of lip protective agents among men compared to women. The lesion initially may appear on the lower lip vermilion as ill-defined, smooth, blotchy pallor with fissures and dryness. The transition between the vermilion and adjacent skin often becomes blurred. As the lesion progresses, it may develop into a rough, scaly, white plaque with associated erythema. Persistent ulceration, nodularity, and bleeding are worrisome signs that may indicate either actinic cheilosis with high-grade dysplasia or transformation into squamous cell carcinoma.

Histopathologic examination shows varying degrees of epithelial dysplasia. The surface epithelium is usually hyperkeratotic and may be atrophic (thinned) or acanthotic (thickened). The connective tissue exhibits a basophilic change known as *solar elastosis* (ultraviolet light-induced degeneration of collagen and elastic fibers). There may be inflammation as well.

Patients should be encouraged to decrease sun exposure; during outdoor activities, they should wear protective clothing (including a wide-brimmed hat) and apply sunscreen. Indications for biopsy include

persistent leukoplakia, atrophy, ulceration, bleeding, induration, thickening, or nodularity. For lesions with high-grade dysplasia, vermilionectomy may be performed. Conventional surgery allows for tissue preservation and histopathologic examination to rule out invasive squamous cell carcinoma. Topical agents (e.g., 5-fluorouracil, imiquimod) or laser ablation (with a CO2 or erbium: YAG laser) may be considered for actinic cheiloses with mild to moderate dysplasia. Topical agents also may be used as a surgical adjunct. Additional alternative modes of treatment include electrosurgery, cryotherapy, and photodynamic therapy. After treatment, long-term follow-up is advisable. A history of actinic cheilosis is associated with a more than 2-fold increase in the risk for squamous cell carcinoma of the lip.

REFERENCES: Cavalcante AS, Anbinder AL, Carvalho YR. Actinic cheilitis: clinical and histological features. J Oral Maxillofac Surg. 66(3):498-503, 2008.

Jadotte YT, Schwartz RA. Solar cheilosis: an ominous precursor: part I. Diagnostic insights. J Am Acad Dermatol. 66(2):173-184, 2012.

Jadotte YT, Schwartz RA. Solar cheilosis: an ominous precursor part II. Therapeutic perspectives. J Am Acad Dermatol. 66(2):187-198, 2012.

Neville BW, Damm DD, Allen CM, Chi AC: Actinic cheilosis (actinic cheilitis; solar cheilosis). In Oral and Maxillofacial Pathology, ed 4. St. Louis: Elsevier, 2016, pp 370-372.







Nationwide Coverage



CALL: 866.898.1867 | EMAIL: INFO@PARAGON.US.COM





Pre-Transition Consulting

FOR EVERY Practice Appraisals





& Sales

Practice Protection Plan



Associate Placement

OF YOUR

PRACTICE

Trust your practice with the firm that has an impeccable reputation for service, experience and results.

Call today for a free initial consultation.



Amanda Christy
Regional Representative
a.christy@NPTdental.com
704-395-9286, x230

WWW.NPTDENTAL.COM INFO@NPTDENTAL.COM 877-365-6786

New Procedure Code Effective January 1, 2016

By Tycie Sellers, CDA and Anthony Banks with Denta Quest

The procedure code D2929 listed below will be added by SCDHHS effective for dates of service on or after January 1, 2016. This procedure code will be available for members enrolled in the Under Age 21or IDRD Wavier dental program. The addition of procedure code **D2929** will not replace any crown codes currently listed in the Office Reference Manual (ORM). The SCDHHS reimbursement rate for **D2929** will be \$126.46

Code	Brief Description	Age Limitation	Teeth Covered	Benefit Limitations
	Description	Lillitation	Covered	Six of (D2020, D2020, D2022
D2929	Prefabricated porcelain/ceramic crown- primary tooth	0-20	Teeth C-H, M-R	Six of (D2929, D2930, D2932, D2934) per 1 Day(s) Per patient in office. One of (D2929, D2930, D2932, D2934) per 36 Month(s) Per patient per tooth. Maximum of six allowed per 1 day per patient in office. Pre-treatment radiographs must be maintained in patient record.

For a full listing of codes and benefit limitations, see our updated ORM on line at www.dentaquestgov.com.

Please verify the eligibility of each member prior to rendering services to ensure the member has coverage. An Interactive Voice Response (IVR) system is available 24 hours a day and allows providers to obtain quick, up-to-date information about member eligibility, claim status and more. DentaQuest has a dedicated Customer Service line for Healthy Connections. Representatives can be reached at 888.307.6553 Monday through Friday between 8am and 6pm.

We value our relationship with you and appreciate your continued commitment to serving Healthy Connections members.



THE CONSEQUENCE:

Your revenue and practice value decrease significantly.

Don't Wait.

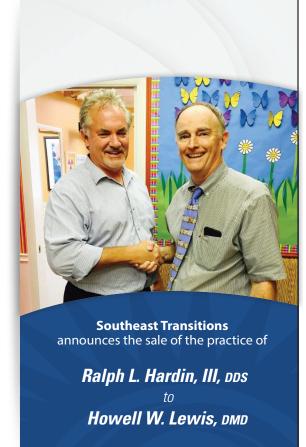
Contact us for a complimentary, confidential consultation.



Robin D. Turner, DDS
Vice President



 $\begin{tabular}{ll} \textbf{www.SoutheastTransitions.com} \\ 678-482-7305 \end{tabular}$



CDT Coding Changes for Sedation Codes

By Denta Quest

The American Dental Association (ADA) has released its new Code on Dental Procedures and Nomenclature for 2016 (CDT 2016). In the new release, some new sedation codes have been added, while other existing sedation codes have been deleted.

Effective for dates of service on or after January 1, 2016, the following procedure codes, listed in the table below, will no longer be accepted by the South Carolina Department of Health and Human Services (SCDHHS).

DELETED CDT CODE	BENEFIT DESCRIPTION	REIMBURSEMENT
D9220	Deep Sedation /General Anesthesia- 30 minutes	\$180.48
D9241	Intravenous Moderate (conscious) sedation/analgesia-first 30 minute increment	\$128.29

The procedure code listed below will be added by SCDHHS effective for dates of service on or after January 1, 2016. The new codes replace the two deleted sedation codes above; are subject to prepayment review; and will be reimbursed at the rate and frequency limitations listed within the table below.

NEW CDT CODE	BENEFIT DESCRIPTION	REIMBURSEMENT
D9223	Deep Sedation /General Anesthesia- 15 minute increment	\$90.24- Limit 2 per date of service
D9243	Intravenous Moderate (conscious) sedation/analgesia-15 minute increment	\$64.15- Limit 2 per date of service

If you have any questions or concerns regarding this bulletin, please contact the DentaQuest Provider Service Center at 888-307-6553. Thank you for your continued support of the South Carolina Medicaid program.



Follow us on Facebook! We have posted pictures form our conventions and DAD projects. You can save the pictures, tag yourself and share them with other friends on Facebook. Join our group today www.facebook.com/scdental. You can also follow us on twitter @SCDentalAssoc!

Send us your story ideas! Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members. If you have a suggestion, email Maie Brunson at brunsonm@scda.org or call 800-327-2598. Please be specific We'll let you know if and when your idea will come to fruition. Thanks for your help!

Classified Ads

Dental Related Services

Palmetto Dental Personnel Inc. is owned and operated by a dental professional with 20+ yrs experience and has exclusively provided professional staff for Columbia and the surrounding areas for 20 yrs. PDP has dental hygienists, assistants and front office personnel available for temporary and permanent positions. Contact Gail Brannen 1-800-438-7470, fax 866-234-8085, email gbrannen@palmettodentalpersonnel.com or www.palmettodentalpersonnel.com.

Kodak & Carestream Intraoral X-ray Sensor Repair. We specialize in repairing Kodak & Carestream RVG 5100 & 6100 dental x-ray sensors. Repair & save thousands over replacement cost. www.RepairSensor.com/919-924-8559

We buy used dental equipment. Contact 919-661-9254 or hrcdental.com www. hrcdental.com

Gendex & Dexis Intraoral X-Ray Sensor Repair. Specialize in repairing Gendex & Dexis dental x-ray sensors. Repair & save \$1,000's over replacement cost. We purchase old/broken sensors <u>www.RepairSensor.com/</u>919-924-8559

Locum Tenens/Positions Wanted

Dentist available for locum tenens. Available daily, weekly or monthly. General Dentistry. 20 years+ private practice, 8 yrs contract dentistry. Private practice, city and county dental clinics. Dr. Garland L. Slagle 843-837-4126.

General dentist seeking PT employment in the Charleston, West Ashley and Mt. Plesant area. Filling in while on vacation, maternity leave, illness/disability or just need an associate. GPR trained with 30+ years experience. Fred Danziger 843-377-8311 or email fziger@homesc.com.

Since 1975, **Dental Power has been placing dentists seeking work!** We have clients in SC with fill-in/locum tenens needs, short-term assignments (mobile dentistry and school based programs), long-term contract work and associate position openings. You can learn more and view specific opportunities at www.DentalPower.com or contact 800-710-9720

Positions Available - Dentists

Family Dental, LLC desires **motivated**, **quality oriented dentists** for its offices in Columbia, Rockhill and Greenville. We focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced staff. Our dentists earn on average \$230,000/yr, supported with health/malpractice insurance, 3 week's vacation, and visa/PR sponsorship. Call 312-274-4530 or mmassaud@kosservices.com.

Our Lady of Mercy's Wellness House Dental Program on Johns Island needs **volunteer SC licensed dentists** to provide er & basic dental. M-Th and also Tue evenings. Contact John P Howard DMD or Ms. Jakki Jefferson at 843-559-4493.

Looking (PT or FT) associate (general, pediatric or endodontist) for fast growing multiple practices (not corporate) in Columbia and Irmo area. Email Resume to childrensdentalgroupsc@gmail.com or fax 803-781-5142.

Large group dental practice looking for **associate dentist** to join our expanding team in Columbia, SC. Competitive and excellent pay for qualified candidate. Experience preferred. State of the art facility. Candidates must have great work ethic, excellent skils and good chair-side manner. Interested candidates email CV to bromanoea@yahoo.com

Volunteer at the Helping Hands Dental Clinic (Georgetown). Licensed SC dentist, to provide extractions. Thur Evenings 5:00 pm. Contact Tracy Jones at 843-527-3424 or acct.hhands@gmail.com.

Busy Greenville general dental office looking for experienced/retired periodontist or oral surgeon to work Friday's. Must not be actively working in Greenville otherwise. 1 year commitment minimum. For more information email dentist2015@greenvillesnews.com or call 864-986-0695.

Associate Dentist in Charleston, SC (Ladson) in a growing private practice (5-10 yrs experience). Seeking a gentle and caring Dentist who is thinking of their future and interested in a long term career. Excellent clinical skills and enjoy restorative, implant and cosmetic dentistry. 843-312-7847 or email Trish.Nicklas@yahoo.com

Myrtle Beach-Full time. Mature, restorative patient clintel. Minimum 3 year private practice experience. Proficient in molar endo. Opportunity for buy-in and or buy-out. Six operatories with room for expansion. Long term lease in place. Contact chadrlamar@yahoo.com for more information.

General or Pediatric Dentist with experience working with children. Fill full time position in Greenwood SC by January 2016. Email tolbertc81@yahoo.com

Associate Dentist FT/PT in Myrtle Beach. Fee for service, no PPO's or HMO's. Digital and paperless! Fully trained, highly experienced team. Income potential is excellent. E-mail CV and cover letter to lisa@marketcommondentistry.com

Privately owned, non-corporate, state-of-the-art, children's dental practice in the Columbia area seeking a highly motivated, compassionate **pediatric dentist**. Looking for a fun-filled, team motivated working environment? contactdentalinfo@gmail.com

Oral Surgeon or General Dentist to work some or all Friday's at our busy clinic removing third molars. Saturday is also an option. Email tolbertc81@yahoo.com

General Dentist, Hygienist and Assistant with experience needed for a fast pace new dental practice in Georgetown SC. Offeringpaid vacations, sick days and 401K. Please fax resume to 843-527-7553.

Full or part-time dentist needed for growing practice in Richland Northeast and Lexington. Call 803-736-9991 or email pgoose@gmail.com

Seeking associate dentist for a large Columbia, SC non corporate office. New graduates welcome. Please submit resume to canebaydental@qmail.com

Pediatric Dental Opportunity- An exceptional opportunity to join a growing Pediatric Dental & Orthodontic practice with multiple locations in the Charleston area. Join a TEAM in fun, well-respected, state of the art paperless practice with competitive salary and benefits. To learn more, please email isabel@coastalkidsdental.com or call 843-818-5437.

Private Practice in Charleston, seeking experienced part-time **General Dentist** for Thursdays and Fridays and a half day on Saturdays. Established practice offers comprehensive care in growing North Charleston area. Clinical autonomy, good production based compensation, and great team for excellent support. To be considered, please send CV to Dentist.Opps@comcast.net

Established Private Practice in Columbia, SC is seeking **Associate General Dentist**. New grads welcome. Looking for candidates with flexibility in scheduling. Practice offers comprehensive care, growing area great experienced supportive team. Clinical autonomy, good compensation and growth is in your hands as the lead provider. Send CV to Colleen@dentalmanagementadvisors. com.

Coastal SC, **PT or FT General Dentist** with 2-3 years experience to perform all aspects of general dentistry in an exceptional environment with advanced technology. Loyal staff of 15-20+ years. Benefits/retirement included. Email resume to hazteal@yahoo.com.

Seeking Associate General Dentist in Murrells Inlet. Our private practice needs an experienced, talented Associate Dentist. High quality, highly respected practice with great income potential. Great team in a professional environment, CE support allowance and flexible hours! New facility in Spring 2016! Contact Dr. Bradley Tiller 843-651-0314.

Need motivated **associate dentist** (PT or FT) for two clinics in Fort Mill/Rock Hill, SC. 10 mins from upscale S. Charlotte (rated top 10 growing cities); skills of general dentistry, digital, state of the art office; guaranteed base salary/benefits, earning potential of 200K+ with future partnership opportunity; Interview today, Mentorship for fresh grads and Visa/GC sponsorship available. contact@carolinasmiledentistry.com

Dentists/Hygienists/Assistants- New Horizon Family Dental Care is expanding and searching for qualified dental staff to join their team in Greenville, SC. Apply online at newhorizonfhs.org, go to our careers tab or call 864-729-8330 for Human Resources.

Practice opening Spring 2016 in **Lexington, SC.** Looking for ambitious associate, passionate about comprehensive dentistry, seeking a longterm opportunity. Endo & Oral Surgery skills preferred. Brand new state of the art facility. Dentrix technology, excellent compensation package. We are looking for the right candidate. Contact jennifer@mypuredental.com

General or Pediatric Dentists: Great opportunity for a full time dentist in our Savannah, GA office. Our high production office boasts competitive compensation, flexible schedule and benefits. Experience preferred but willing to train the right candidate. Please call Angela at 912-596-5395 for more information.

St. George, SC: Searching for **temporary dentist** to fill in for an associate from January 18- April 1, 2016. Full time position: every other Friday off. Compensation flexible. Please contact me with interest and we can discuss specifics drgarris@bellsouth.net.

Associate Dentist position available in Fort Mill in an established but growing practice (at (2 years experience). Seeking a compassionate Dentist with excellent clinical skills who enjoys restorative, crown & bridge, preventative and cosmetic dentistry. Please contact Bill at 803-548-4353 or email info@jasperdentistry.com.

We have 5 rural dental practices within commuting distance of Summerville and Columbia and are **looking for locum tenens** dentists that are interested in filling in for us on occasions when our associates are out of the office. Contact hartzoge@bellsouth.net.

Seeking a full time **Administrative Specialist** II for the AEGD program to implement, manage, and maintain the ongoing operation of scheduling, and quality assurance for patient care, under supervision of the Director of the AEGD clinic. Apply online at http://academicdepartments.musc.edu/hr/. Posting #051739

Seeking VOLUNTEER faculty for Advanced Education in General Denistry Program and Special Health Care Dental Clinic to provide clinical instruction for pre-doctoral students and AEGD Residents in general dentistry for adults and those with Special Health Care needs. Time Commitment minimum one day per month. Please visit: http://academicdepartments.musc.edu/hr/

Positions Available- Staff

Kool Smiles is looking for a **Dental Assistant** to join our team in Orangeburg. Working with us you will: Take x-rays, sterilize & disinfect equipment, clean chairs/rooms & assist with procedures. We expect you to be x-ray & CPR certified. Please apply at www.mykoolsmilesjobs.com.

Experienced Dental Assistant needed-looking for an experienced dental assistant who can engage patients and help with patient education. Must be extroverted, professional, dependable, flexible and provide excellent customer service. Minimum of 2 yrs chairside experience. Fax or email resume 803-255-0222 or customerservice@davisanddingle.com

Dental receptionist needed for specialty practice on Hilton Head Island. Full or part time, computer proficient. Fax resume to 843-342-9294 or call 843-816-5205 for more information.

Hygienist needed in busy Walterboro private practice. Four days a week, 401K, profit sharing, bonuses and two weeks vacation. Please send resume to walterborodentist@gmail.com

Our busy dental office is looking for a **FT Front Office co-manager** in Greenville to add to our wonderful staff. Ideal candidate will have previous experience as a dental assistant or hygienist, understand insurance filing procedures, and have excellent communication/interpersonal skills. Must demonstrate skills in a working interview. Excellent salary+benefit package provided. Email Resume Only: kthomas@julianthomasdmd.com

Multiple practices seeking **temporary hygienists** able to fill in as needed for vacations, sick days or maternity leave. All currently locations are located in Lexington/Columbia vicinity and a one hour radius. Contact sheralyn@mypuredental.com

Part-time certified dental assistant.Immediate position for a CDA with at least

Immediate position for a CDA with at least 3 years experience with professional skills and behavior to promote comprehensive, cost effective and meaningful care for consumers in a diverse environment. Contact tamarawstockton@qmail.com.

Licensed dental hygienist needed for family practice in Newberry, SC. Benefits are provided with salary. Office hours are Monday-Thursday 8-5. Please send resume to info.bakerdental@comcast.net

Full time Dental Assistant- are you a multi-tasker and team player? We have a modern office and enthusiatic team dedicated to quality care. Previous dental experience needed as weel as great attitude and strong work ethic. Irmo area. Please send cover letter and resume to: scdentalresumes2@gmail.com.

Practices/Office Space Available

Dental practice for sale in Columbia, SC - SC1037 Great practice in a prime location, collecting \$425k+ on 3 days a week. Huge upside potential! Please call 678-482-7305 or email info@southeasttransitions.com for details using listing ID SC1037.

Dental Office for Rent in Rock Hill. Built as a Dental Office this freestanding builing has 3 operatories plumbed for nitrous oxide, suction and compressed air. Located in the center of the medical community at 1342 Ebenezer Rd. Contact John Rinehart at jdrinehart@ccim.net or 803-517-0229 or contact Rinehart Property Management at 803-329-3285.

Columbia General Practice #8843-Gross collections-\$559K; sale price \$449K. 3 operatories; 1300 sqft. office space. For more information contact Dr. Jim Howard at 919-337-1162 or jim@adssouth.com

Southwest SC #8930 -Gross collections-\$936K; 3 operatories; 4 days. For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

SW Greenville Area #9016 - Gross Collections-\$640K; 5 operatories; 4 days For more information contact Dr. Earl Douglas at 770-664-1982 or earl@adssouth.com

Dental practice for sale in North Augusta, SC Excellent 7 operatory practice with real estate available. Collecting over \$550K. Seller retiring, but will stay on for a smooth transition. Please call 678-482-7305 or email info@southeasttransitions.com for details using listing agreement SC1041. www.southeasttransitions.com

Dental practice for sale in Coastal, SC Excellent location, FFS, high end practice with 5 operatories in an all, digital facility. Working only a part time schedule collecting an average of \$450,000. Real Estate is also available to purchase. This is an opportunity to practice the dentistry you've dreamed of in paradise. Call 678-482-7305 or info@southeasttransitions.com for details use ID # SC1047. www.southeasttransitions.com

Satellite dental office; 52 foot trailer. One operatory fully equipped white coastal chair. One operatory plumbed and ready. Lab, reception, business office, 1 full bathroom and HVAC included. Ready to move to your location. \$30,000 OBO call 803-648-3251 for more information.

Dental Practice for Sale in Coastal, SC-Multi doctor, 10 operatory, powerhouse practice. All updated with digital equipment. Amazing staff. Real estate available. Dr. to stay on for transition. Contact us at 678-482-7305 or info@southeasttransitions.com for more details. Listing ID SC-1048. www.southeasttransitions.com

Fully equipt dental **office for lease in Irmo/ Dutch Fork area**. 2 miles from new Palmetto
Baptist Parkridge Hospital. 1,800 sq ft.
negotiable terms. Contact 803-319-5170.

Satellite Dental Office for sale in Northeast Columbia, in a busy upscale area. It has 3 operatories with an esthetic & boutique style setting. Office is open only 2 days a week and ideal for new dentist to add additional days with great growth opportunity. Please email smilstudio@aol.com

Equipment For Sale

For Sale: Dental equipment chairs, units, lights, cabinetry, x-ray, vacuum, compressor, sterilizers and handpieces. Any and all things dental call 843-697-7567.

For sale: 1 CEREC Blue Cam acquisition unit with latest version of software (version 4.3). Unit is in very good condition. Only used in the mouth once. Also included, 1 CEREC 3 Compact milling unit with milling cabinet to reduce sound. Milling unit is in good working condition but does have some cosmetic defects. Many accessories included. Call 864-855-9585 or 864-654-3520 for more information. Asking \$15K.



It's clear what she's missing. What about your dental practice?

Is your practice adequately covered?

- Changes in employment
 - New hires
- People leaving the practice

All these can affect your coverage.

Contact Deanna Slomzenski today to make sure you have all the coverage you need and deserve!

ski@scda.org 800.327.2598 www.scda.org



