

## A PIECE OF MY MIND

**Bruce H. Campbell, MD**

Department of Otolaryngology and Communication Sciences, Medical College of Wisconsin, Milwaukee.

## Determination

*A tooth is much more to be prized than a diamond.*  
Miguel de Cervantes, *Don Quixote*

**Adam possessed the look** of a performance athlete who was slipping comfortably into middle age. He always greeted me with a hearty double-fisted handshake. "I'm not giving up on this, Doc. It's just wrong. You'll back me, right?"

"Of course," I responded, although we both knew he was facing an uphill battle.

He remained very active—running outdoors or swimming most days—although the effects of the long-ago radiation therapy to his skull base for nasopharyngeal cancer had ruined his balance and had forced him from the tennis courts.

He was grateful, though, to be a 16-year cancer survivor. To look at him, people could not tell that he had undergone a rigorous course of treatment in his early 30s. He had no external scars or marks. He was bright, energetic, clean cut, and sharply dressed. Casual acquaintances would have seen a successful, handsome man who appeared in every way happy and healthy.

Until he smiled.

He shifted in the examination chair. "I was dumbfounded at the insurance company's response. When I had problems with my ear after the radiation, they covered the costs of the evaluation and treatment. When I had trouble swallowing, same thing. But with my teeth ... that's been an entirely different story."

Adam's teeth were deteriorating, and his scrupulous regimen of brushing, flossing, and fluoride was no longer keeping up with the decay. Flecks of enamel dislodged unexpectedly. Dental cleanings every three months were ineffective in holding the cavities in check. The dryness caused by the long-ago cancer treatment continued to inflict damage.

Adam's dentist had submitted a proposal for ongoing care and extensive restorations, but the insurance company had balked, sending his file to an outside reviewer, a dentist, for an opinion. That dentist reviewed the radiation reports, the photographs, the x-ray films, and the plan. "He said he didn't think my dental problems were a result of the cancer treatment! Maybe he's never seen what radiation can do to the mouth. In any case, based on his review, the company has denied everything. They *did* offer to cover extracting all of my teeth, but they *won't* pay for the extra care my teeth require now, and they certainly aren't going to pay to get them restored! I'm going to appeal. I can't go on like this."

Prior to his treatment, Adam had never had dental problems, and now every tooth was ravaged. We reviewed a copy of the dentist's written report. "Doc, in your waiting room, I have talked to cancer patients whose teeth have fallen out after radiation. I don't want that to

happen. I wouldn't be able to work with my clients anymore! These are my teeth! Why does my insurance company not consider my teeth to be part of my body?"

The answer sits at a major crossroad of US health insurance. When Medicare was enacted in 1965, the program specifically excluded several things that many elderly persons eventually need, including hearing aids, eyeglasses, and routine dental care.<sup>1</sup> The Medicare statutes did make exceptions for any needed pre-radiation therapy extractions as well as for dental services needed while hospitalized. But routine care was specifically excluded.

Pretreatment dental optimization and posttreatment dental care after radiation prevents tooth loss and decreases the risk of osteoradionecrosis, a potentially devastating bony infection of the jaw. In 2000, the Institute of Medicine's Committee on Medicare Coverage Extension found that routine dental care for these postradiation patients would save Medicare money in the long run by preventing complications and avoiding "the functional and quality of life problems associated with tooth loss."<sup>2</sup> The recommendations were never implemented.

Private insurers followed Medicare's lead. Although Adam's coverage included medical expenses to manage other treatment complications, it specifically denied dental reimbursement except in cases of trauma and a few very tightly defined conditions. He learned that replacement can be expensive without insurance. For example, basic dentures cost upward of \$1600, and each implant adds at least \$2400.<sup>3</sup> Many patients have no choice but to reluctantly go without.

This was not the first time that issues at the interface of the teeth and the body had vexed my patients. Many years ago, a realtor with excellent health insurance but no dental coverage refused to undergo general anesthesia for removal of a benign salivary tumor because all of his incisors were loose. "I'm not letting anyone stick one of those breathing tubes in my mouth," he told me. "I spend all day talking to people! If I lose my front teeth, I'll lose sales." Another patient whose oral cancer had arisen from the gingiva overlying her mandible had *all* of her cancer treatment initially denied because a reviewer thought that her surgery and radiation therapy constituted "treatment of the teeth and gums." Another patient with facial contractures following extensive surgery and radiation required intravenous conscious sedation for any dental cleaning procedures. He struggled to convince his insurer to cover the extra services.

After a year of appeals, Adam's file was sent to the same reviewer. The request for coverage was denied again, this time with the comment, "It is difficult to say that the dental condition of all teeth is a result of the radiation treatment." Adam, with dogged persistence, worked his way up the chain, figuring out

**Corresponding Author:** Bruce H. Campbell, MD (bcampbell@mcw.edu).

who made the determinations. He pursued additional appeals. He enlisted his caregivers to write letters and make calls.

Eventually, his file landed on the desk of someone familiar with the adverse effects of cancer treatment. The new reviewer agreed that the radiation had caused the dental deterioration and therefore that the restoration of his teeth should be covered as a medical—not a dental—expense. Three years after the first phone calls and after a year of dental care, Adam finally had implants, restorations, and crowns on all of his teeth.

Dentistry and medicine diverged as professions more than a century before the 1960s-era decision that legislatively separated the teeth from the rest of the body. For Adam, the rift had practical and personal implications. Only by sheer force of will had he convinced his insurance company to cross that chasm.

"What a waste!" he tells me now. "Persistence wore out resistance. It took dozens of letters, phone calls, and evaluations before they finally agreed to help me. Didn't that consume their time and resources too?" He shakes his head. "I work for a life insurance company! I *know* the insurance industry and still had a difficult time getting this sorted out."

"Well, you won," I say. "Between the rules and the reviewers, other patients would have given up."

He nods. He understands that his remaining dental structures can still fall apart and that his dental saga is far from over. "I still worry about my teeth all the time. No matter what they say, my teeth *are* attached to the rest of me." He pauses. "But, y'know, for the time being, I'm doing fine."

He grabs my hand in both of his, relaxes, and smiles.

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1. Center for Medicare Advocacy. *The Medicare Dental Exclusion: Is It Being Used to Deny Vulnerable Beneficiaries Needed Care?* <http://www.medicareadvocacy.org/the-medicare-dental-exclusion-is-it-being-used-to-deny-vulnerable-beneficiaries-needed-care/>. Published May 2015. Accessed September 16, 2016.

2. Medically necessary dental services. In: Field MJ, Lawrence RL, Zwaniziger L, eds. *Extending Medicare Coverage for Preventive and Other Services*. Institute of Medicine, Division of Health

Care Services, Committee on Medicare Coverage Extensions. Washington, DC: National Academy Press; 2000. <http://www.ncbi.nlm.nih.gov/books/NBK225261/>. Accessed September 16, 2016.

3. Conservative, affordable, implant-supported overdentures. *Dent Economics*. <http://www.dentaleconomics.com/articles/print/volume-105/issue-1/science-tech/conservative-affordable-implant-supported-overdentures.html>. Published January 28, 2015. Accessed September 16, 2016.