

Hawkeye Family Dental

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As Seen on TV

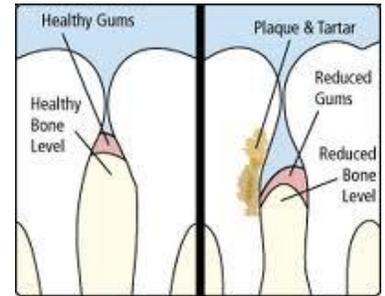
Do you suffer from a loose denture? Do you have trouble keeping your denture in place? Denture adhesive commercials make wearing a denture look glamorous. The truth is, dentures provide a new challenge when eating, drinking, speaking and even smiling. If you are a denture wearer, you already know this and are probably wondering what can be done about it. The first step is to make sure that your denture fits properly. Over time bone and tissue levels shrink, changing the way the denture fits. Only when a denture has the proper extension and coverage should adhesive be used to help get a more secure feel. If denture adhesive is used when the denture does not fit properly it can mask the inadequacies of the denture, which can result in more tissue or bone damage. If you do use an adhesive, it is important to use it in moderation. Commercials will often show adhesive filling the inside of the denture. This is not only wasteful, but may be damaging to the gum tissue. When using adhesive place 2-3 pea sized dots of adhesive in the denture. As always with dentures remember to take them out at night to allow the gum tissue to heal, and to keep the denture and soft tissue clean. If you have dentures and are looking for a long-term option for a more secure fit, ask us about dental implants.



Ask Kari

I was told that I have periodontal disease, what does that mean?

Periodontal disease is inflammation of the gum tissue and bone that support and keep the teeth in place. Periodontal disease has varying levels of severity. Early periodontal disease is called “gingivitis.” At this stage the gum tissue is typically red and swollen and sometimes will bleed when brushing. The treatment for gingivitis is a professional cleaning and really good home care. Without proper treatment, gingivitis can progress to the next stage, which is “slight periodontitis.” At this stage, not only is the gum tissue affected, the bone levels are affected as well. The bacteria present in the untreated gum tissue causes the inflammation to spread to the bone. Once the bacteria reach the bone they can eat away at the bone and alter the support for the tooth. Proper treatment, which is a professional deep cleaning (called scaling and root planing), is essential at this point to help maintain the remaining support for the tooth and limit progression of the disease into the next stages. As the disease progresses to the next stages, which are “moderate periodontitis” and “advanced periodontitis,” the bone levels become increasingly affected and, often times, teeth become so loose they need to be removed. The gum tissue is still red and swollen and will most likely be tender to the touch and bleed with brushing. Treatment at these stages can be a combination of a professional deep cleaning (scaling and root planing), antibiotic use, gum surgery, and removal of compromised teeth. Diagnosing periodontal disease in its early stages and preventing progression allows for the best long-term outcome. At your regular recall appointments we are monitoring the health of your teeth, gums, and supporting bone through x-rays and clinical examination (probing and visual checking). We know that detecting and treating the disease early are important in stopping the progression. Please let us know if you have questions about periodontal disease, we can talk about it more at your next visit.



\$\$ Money Matters \$\$

More Keys To Understanding Your Insurance

Downgrade: If your insurance downgrades a service, it usually means that it's covered at a lesser amount than the fee submitted for coverage. Often, based on your claim history and/or plan allowances, the downgraded service is “replaced” with an equivalent service at a lower fee. Probably the most commonly downgraded services are tooth colored fillings on back teeth, also known as “posterior composites”. They are downgraded and covered at the rate of amalgam (or silver colored) fillings. You are responsible for the difference between the fee for the submitted service and the amount paid for the covered service, as well as any co-insurance and deductibles owed.

Allowed Amount: The allowed amount is the highest dollar amount that your insurance will consider for coverage for a service submitted on a claim. Many insurance plans are based on a fee schedule and this fee schedule outlines all of the services covered under the plan and the maximum amount allowed for coverage on each service. If your dentist is “in-network” with your insurance company then the dentist is usually responsible for writing off the difference between the submitted fee and the allowed amount (this is also known as “network or provider savings”).
Continued on the back...

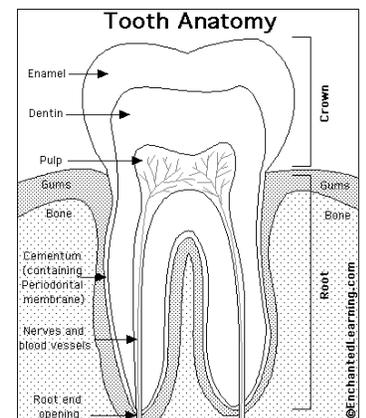


We are thankful to have you as part of our dental family.

As we prepare for one year to end and another year to start, we look at the things we are thankful for. We are so grateful to have such wonderful patients. We look forward to another great year together. If there is something we can do to make your visits with us more enjoyable, please don't hesitate to ask. We work hard to provide the best dental care in a friendly environment. Thank you for your support. --from all of us at Hawkeye Family Dental

Filled In

Humans typically have 2 sets of teeth in their lifetime. The first set is called primary teeth (also known as baby teeth) followed by the second set which is called permanent teeth. Children should have 20 primary teeth by age 3. Primary teeth are slowly replaced with permanent teeth starting around age 6. The average adult forms 32 teeth. Primary teeth and permanent teeth are similar in anatomy. The basic structure of the tooth can be divided into two parts, the crown and the root. The crown is the visible part of the tooth that functions in chewing, esthetics and speech. The root is encased in bone and gum tissue and provides support and stability to the crown. In both the crown and the root there are three layers. The innermost part of the tooth is called the pulp chamber. This area of the tooth contains nerves, which provide hot and cold stimulation, and blood vessels, which provide nourishment to the tooth. This layer is protected by a layer of dentin. Dentin acts as an insulator for the pulp chamber but also has microscopic tubes that conduct hot and cold sensation from the surface to the nerves below. Dentin is soft when compared to the outermost layer of the tooth, which is called enamel or cementum. Enamel is present on the crown of the tooth and cementum is present on the root. Enamel is the strongest part of the tooth and is a great insulator. Cementum covers the root surface and has unique properties that allow it to attach to the soft tissue and bone that support the tooth. Cementum is not as strong as enamel and if it is exposed due to bone loss or gum recession, it can be worn away with hard brushing and acid exposure (example: acid reflux, pop, etc.). Refer to the diagram to the right to get a full view of what the anatomy of a tooth looks like.



Money Matters continued..... If your dentist is not contracted with your insurance company, also called “out-of-network”, the difference between the submitted and allowed amounts is your responsibility, as well as any co-insurance and deductibles owed.

Remark Codes: If a service is not covered as expected or is not covered at all, insurance companies will usually use a remark or explanation code to describe the reason for the difference in coverage. The code is usually noted on the same line as the service that is affected and is used to reference the actual explanation, usually listed somewhere below the claim details. Remark codes are often used to note a downgrade in coverage, a denial of coverage due to a frequency or age limit and a partial or total denial of coverage due to reaching the maximum plan benefit amount for the year. They are also used to explain a temporary denial when more information/documentation is needed before coverage can be considered for a service.