



SOUTH CAROLINA DENTAL ASSOCIATION

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President's Message

By Dr. Carol Baker, SCDA President



One of the greatest privileges of serving as President of the South Carolina Dental Association (SCDA) is witnessing the remarkable milestones that shape our profession. Over the past couple of months, I have had the honor of attending two of the most meaningful events in a young dentist's educational journey: the MUSC College of Dental Medicine's Hooding Ceremony for the Class of 2026 and the White Coat Ceremony for the Class of 2028. These ceremonies represent both the culmination of years of hard work and the beginning of a lifetime of service.

Watching the graduates receive their hoods and seeing the third-year students don their white coats remind me that dentistry is much more than a profession. It is a calling built on compassion, trust, and a commitment to improving the lives of others.

As I looked across those stages, I couldn't help but feel optimistic about the future of dentistry. These young professionals bring fresh perspectives, innovative ideas, and a spirit that challenges us to think differently. Their comfort with digital dentistry, artificial intelligence, and evolving treatment techniques continues to push our profession forward. I also realize experience remains one of dentistry's greatest teachers. As seasoned dentists, we have spent years developing clinical judgment, refining patient communication, navigating complex cases, and building trusted relationships within our communities. We understand that successful dentistry is not only about technical excellence but also about listening, leading, mentoring, and serving with integrity. The beauty of our profession is that these strengths do not need to be in competition. They can be complementary. The newest members of our profession have much to teach us about innovation and adaptation. Likewise, experienced dentists have invaluable wisdom to share through mentorship, encouragement, and leadership. When we intentionally build relationships across generations, everyone benefits. Young dentists gain confidence and perspective. Experienced dentists stay energized and inspired. Most importantly, by combining forces, our patients receive the best care possible.

This spirit of collaboration also extends beyond the operatory. It is the foundation of organized dentistry. The SCDA provides a place where every generation can learn from one another, advocate together, and strengthen the future of our profession. Whether you have practiced for three decades or three months, your voice, your experiences, and your ideas matter. Together, we are stronger advocates for our patients, our practices, and the future of dentistry in South Carolina.

We should be reminded that while each generation enters dentistry from a different starting point, we all share the same purpose: to serve our patients with excellence and leave the profession stronger than when we found it. The future of dentistry is bright, not because of one generation or another, but because of what we can accomplish when we learn from one another, support each other, and move forward together as one profession.

If you hold a current South Carolina Dental License and are available to provide fill-in or locum tenens work, please contact.

Sue Copeland at copelands@scda.org or 803-750-2277

Executive Director's Notes

By Phil Latham, SCDA Executive Director

New ADA CDT Codes for 2027: What Dental Practices Need to Know

The American Dental Association (ADA) has approved significant updates to the **Current Dental Terminology (CDT) Code for 2027**, introducing **67 total changes** that will take effect on **January 1, 2027**. These include **28 new procedure codes, 33 code revisions, and six editorial updates**, reflecting the evolving landscape of modern dentistry and improving the accuracy of clinical documentation and insurance reporting.

For dentists, hygienists, billing teams, and practice managers, understanding these changes early is essential for maintaining compliance, minimizing claim denials, and ensuring appropriate reimbursement.

Highlights of the 2027 CDT Updates

1. Expanded Implant Procedure Codes

One of the most notable additions is the introduction of new codes supporting implant-related procedures. These include:

- Removal of a screw-retained indirect restoration from an implant body to facilitate treatment.
- Placement of a healing cap following implant placement, second-stage surgery, or restoration removal.

2. Major Expansion of Orofacial Pain Management Codes

The 2027 CDT Code significantly expands coverage for orofacial pain management with several new procedure codes, including:

- Occipital nerve block injections
- Peripheral nerve block injections
- Sphenopalatine ganglion injections
- Trigger-point muscle injections

These additions recognize the growing role of dentists in diagnosing and managing temporomandibular disorders (TMD), neuropathic pain, and other chronic orofacial pain conditions. Previously, many of these procedures lacked dedicated CDT reporting options.

3. Important Revision to Composite Crown Coding

The descriptor for D2390 (Resin-Based Composite Crown) has been revised to expand its clinical applicability.

Previously limited to anterior teeth, the updated descriptor allows reporting for both anterior and posterior teeth when clinically appropriate. This change better reflects current restorative techniques and materials used in modern dental practice.

4. Orthodontic Terminology Modernized

Several orthodontic descriptors have been updated to improve clarity and align with current clinical terminology.

Key revisions include:

- Replacing the term "auxiliary" with "adjunctive" in orthodontic appliance therapy.
- Clarifying that adjunctive orthodontic therapy may be performed independently or alongside comprehensive orthodontic treatment.
- Renaming the subcategory formerly known as "Minor Treatment to Control Harmful Habits" to "Adjunctive Orthodontic Therapy."

These updates help standardize documentation and reduce confusion among providers and payers.

Preparing Your Practice for CDT 2027

Before the new code set becomes effective, dental practices should:

- Update practice management and billing software.
- Train front office, billing, and clinical staff on the new and revised codes.
- Review documentation protocols for implant and orofacial pain procedures.
- Coordinate with clearinghouses and insurance partners to verify readiness for the 2027 code implementation.
- Update internal coding manuals, fee schedules, and compliance resources.

The ADA is offering a CDT 2027 and Coding Companion Kit to help prepare dental practices to use the new and revised codes. The kit includes the CDT 2027:

- Current Dental Terminology book and e-book with full code descriptors.
- The CDT 2027 Coding Companion: Training Guide for Dental Professionals book.
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Dentist's Criticism of Prior Work Leads to Malpractice Claim

By Marc Leffler, DDS, Esq., MedPro Group, an SCDA Endorsed Company

Sometimes criticizing a patient's prior dental work can expose dentists to malpractice risk. Understand where the line lies between appropriate patient education and "jousting," and how communication choices, documentation, and professionalism can influence legal outcomes.

Key Concepts

- How criticizing prior work can increase malpractice risk
- Keep communication objective and professional
- The importance of strong documentation during a claim

Background facts

Dr. Y was a general, restorative dentist who recently moved into a suburban community—with great public schools—to both live and work. The area's dentists were, generally speaking, busy but not bursting at the seams, so Dr. Y realized that it would not be easy for him to establish his practice with so much competition. His approach would be to sign on to as many dental insurance panels as he could, hoping to use that platform as a foundation upon which to build a patient base. It took a couple of years, but his practice grew.

It was not that Dr. Y would "manufacture" dentistry to perform upon new patients where that need did not exist, but he was what other dentists in the neighborhood described behind the scenes as "hyper-critical" in his evaluations of the dentistry that had been done by prior dentists. R had been a long-term resident of the area, having never had dental insurance until her recent job change. She had completed implant-supported bridgework on both arches some 6-8 months ago, which had cost her a significant amount of money, and she was in the midst of a very slow process of getting used to functioning with the prostheses. With her new employer now providing her with dental insurance—a plan which Dr. Y, but not her prior dentist, Dr. K, accepted—she presented to Dr. Y as a new patient.

At the initial visit, Dr. Y took a full mouth series of radiographs and did a thorough clinical examination. When R mentioned that she "just didn't feel comfortable" with the new dentistry in her mouth, Dr. Y told her that he knew why: the abutments and pontics were overbuilt, with inadequate embrasure spaces; some of the margins were open, although slightly; and the overall dental anatomy did not allow for self-cleansing, making it "a set-up for periodontal disease." Dr. Y suggested that all of the prosthetics be removed and replaced. Even with R's dental insurance contributing a fair amount to the cost of the proposed treatment, she would still have to pay a large amount of money out of pocket and endure a months-long process. R was very upset, to say the least, focusing that displeasure on Dr. K; she had always known that a replacement of Dr. K's work would likely be required down the road, but she did not expect that so soon after it was inserted.

Dr. Y removed the existing bridges, replaced the implant abutments, re-prepared the natural teeth, impressioned and temporized the mouth, and ultimately inserted new upper and lower cases. R was no happier with the new work, but Dr. Y told her that there was only so much he could do with the underlying foundation that Dr. K had "inadequately established," so R would simply have to adjust. She never fully did.

Legal action

With R continually complaining to family members and friends about how unhappy she was, not only dentally, but also because of the money she had paid both Dr. K and Dr. Y, while exhausting her annual dental insurance benefits so early in the calendar year, she was encouraged to seek out an attorney who might have some solutions for her. R's newly retained attorney obtained the dental records of Drs. K and Y, as well as a narrative from Dr. Y, in which he was quite critical of Dr. K's work product, which was directly responsible for the need to exchange it and for the inability to create a more ideal replacement (due to the underlying damage it/he had caused).

When Dr. K reported the contact from R's attorney to his malpractice carrier, he was provided with defense counsel, who was able to obtain the records and report from Dr. Y. Dr. K was in literal disbelief at what he saw in writing, but he knew that it would be a difficult task, from a dental standpoint, to demonstrate the quality of his work, with it having been removed and replaced. At the same time, he felt bad for R,

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his patient of many years, whom he believed had been sold an inaccurate story, for the sake of Dr. Y's financial gain.

With Dr. K's counsel functioning as an intermediary at Dr. K's request, an offer was made to refund to R all that she had paid to Dr. K, in order to stave off the prospect of a lawsuit. R, through her attorney, accepted that offer, with the money changing hands once R executed a Release of Liability document.

Takeaways

As healthcare professionals, dentists are ethically obligated to advise patients regarding the conditions of their mouths, including the status of existing dental work. But without having ever stood in the shoes of a prior-treating dentist, and not knowing what challenges and limitations might have been placed upon them, or how the patient took care of themselves dentally after that treatment, blanket criticisms that do not take any of these potential factors into account are known in the malpractice world as "jousting" —not the medieval game involving horses and lances, but with similar effect. Part of professionalism is being able to candidly communicate with patients without denouncing the work of others, absent full knowledge of all contributing factors. Here, while Dr. Y acted appropriately by advising R of his findings—presuming that he did, in fact, find deficiencies and problems—he stepped into the jousting arena by doing so in a manner that made certain presumptions of blameworthy wrongdoing. It is a fine line to walk, and one to be figured out by all practitioners. Jousting, as compared with notifying, is a significant driver of dental malpractice claims; why that practice is as common as it is, perhaps more so than in other professions, is a speculative exercise for consideration elsewhere.

Dr. K's decision to try to resolve R's complaints by offering, and ultimately providing, a refund was a personal one, considering all of the issues involved with defending a protracted dental malpractice case, as compared with taking all of that off of his plate quickly. Refunds are far from uncommon in dental practice; when provided, dentists are wise to protect themselves legally by obtaining a Release of Liability (ROL), signed by the patient, in exchange for the returned money. In essence, a ROL in this context states that the patient is willing to accept a monetary benefit, while relinquishing the right to later sue the dentist regarding the course of conduct that led to that refund. As with all legal documents, ROLs are best prepared and overseen by attorneys, who can assure that the process is carried out in the most appropriate manner, so as to afford the best level of protection. We do note, however, that no ROL will prevent a patient from subsequently making a complaint to a state Dental Board, as the right to report to government entities cannot be given up through a civil process, such as a refund or a settlement. For better or worse, that is the way it is.

Dr. Y's preparation of a narrative for an attorney is an everyday occurrence. In many jurisdictions, attorneys for patient-plaintiffs are required to obtain some sort of statement, whether written or otherwise, from a dentist, in which that dentist states, in terms of varying specificity, that the treating dentist who is being considered as a potential defendant violated the standard of care, thereby leading to damage to the patient. Such statements are opinions, and opinions vary much of the time, but that is how the system works. To add to the difficulties in defending cases like this, particularly involving restorative dentistry, the work that is later claimed to have been deficient will, by definition, have been removed and replaced, so there can be no after-the-fact reviewing of the criticized work by the defendant and/or his/her defense expert. That serves as yet another reason that documentation (including post-placement radiographs, when appropriate) is so important, as it might well be the only "living" evidence of steps taken and rationales for doing so. Time-consuming as it is, documentation is not something to shortcut: that includes dentists writing their own chart entries, rather than having an assistant or other staff member do it for them.

Summary of takeaways:

- Criticizing prior work without full context can increase malpractice risk.
- Keep patient communication objective and avoid assigning blame.
- Thorough documentation is critical for defending care decisions.

Note that this case presentation includes circumstances from several different closed cases, in order to demonstrate certain legal and risk management principles, and that identifying facts and personal characteristics were modified to protect identities. The content within is not the original work of MedPro Group but has been published with consent of the author. Nothing contained in this article should be construed as legal, medical, or dental advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your personal or business attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ among companies. © MedPro Group Inc. All rights reserved. 07/2026

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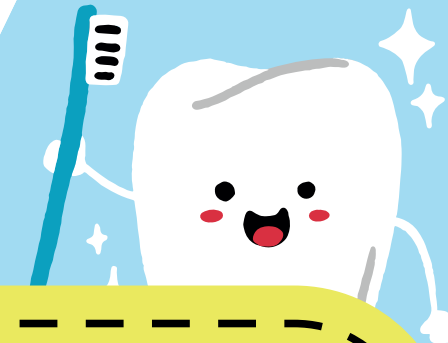
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Laurens SC- Turnkey dental practice below market value. Over 2,100 sq ft dental office with over 75 years of community trust. Located within walking distance of historic downtown Laurens, SC. This practice sits in the heart of charming southern community. Office offers two ready to use operatories, 4 rooms primed for expansion and a digital panoramic x-ray. Walk in hang your degree and start practicing. www.518harper.com.

Greater Greenville, SC Dental Practice for Sale- Upstate South Carolina dental practice within an hour of Greenville. Five operatories in a free-standing building with real estate available. 760 active patients, 10-15 new patients/month. \$925K collections and \$270K SDE. Four-day week with growth potential. Contact bailey@headwaterstransition.com. Reference #SC31126H

Premier medical office suites coming to **Halton Village**. For lease flexible suite sizes from 2,500-10,000 sf with elevator access and modern design. Conveniently located near Primsa, Bon Secour, Pelham Medical Center and Novant health. Q3 2026 delivery contact Glenn Young, Flagship Commercial Properties 864-384-4999

Turnkey dental office for lease in **Greer**. Former practice of Dr. Jack Davis. 2,140 sf with 5 exam rooms, reception area, break room, ample parking and excellent Wade Hampton frontage. Ready for immediate occupancy. Contact Glenn Young, Flagship Commercial Properties 864-384-4999.

Practice for Sale in **Mount Pleasant**- This elegant, efficiently designed four-operator practice is located in a high-traffic area. Supported by long-term staff, including two hygienists, the practice serves more than 1,400 active patients through a mix of self-pay, fee-for-service, and limited in-network participation. This turnkey office offers immense growth potential by expanding services. barry@adssouth.com.

Eastern SC: Established general practice. Collecting \$2.2M a year. Stand alone building with 7 ops. Room to grow. Real estate available. Highly profitable doing only bread and butter dentistry. Contact Ben Stewart at benjamin@bridgewaytransitions.com or 614-402-2936.

Murrells Inlet, SC dental practice for sale. Turnkey Coastal practice with 4 equipped operatories, CBCT, trio scanner and a 5th operator plumbed for expansion. Affordable lease at \$3,662/month. Ideal for a first time owner or growing dentist. Asking price \$495,000 Brad Simpson 910-465-1990, brad@encompass-ihc.com.