

Dental Billing and Coding

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What makes me an expert?





Topics

- Background Information on CDT
- Maintaining Accurate and Effective CDT- 2007/2008 Coding
- Optimizing Your Medicaid and Insurance Billing Practices

What makes this presentation different from other Coding CDE?

- It is focused on an FQHC perspective.
- It is concerned principally with Medicaid billing practices.
- It will highlight effective and ethical billing practices.
- It has the patients' welfare as well as the bottom line in mind.

CDT Background

- 1986; CDT(1) was developed by the ADA
- 1995; CDT 2
- 1999; CDT-3
- 2003; CDT-4
- 2005; CDT-5 (CDT 2005)
- 2007; CDT 2007/2008

HIPAA Compliance

- On August 17, 2000 the *Code* was named as a HIPAA standard code set. Any claim submitted on a HIPAA standard electronic dental claim must use dental procedure code from the version of the *Code* in effect on the date of service.
- The *Code* is also used on dental claims submitted on paper, and the ADA maintains a paper claim form whose data content reflects the HIPAA standard electronic dental claim.





Why is the code being revised more frequently?

- Dentistry is changing exponentially.
- New codes are added.
- Old or outdated codes are dropped.
- Code is responsive to providers' concerns
- Code is responsive to insurers concerns.
- ADA can sell more books and licenses for use.

CDT 2005

- 39 New Codes
- 47 Revised Codes
- 3 Deleted Codes

Changes for CDT 2007/2008

- 23 New Codes
- 33 Revised Codes
- 3 Deleted Codes

Highlights for 2007

- Diagnostic
 - D0145 added
 - D0273 added
 - D0360-D0363 added
 - D0486 added
- Preventive
 - D1201 deleted
 - D1205 deleted
 - D1206 added
 - D1555 added





More Changes?

- Who can suggest a change?
 - Members of the profession
 - Third party payors
 - Other interested parties
- Requests can be submitted at any time
- Have to wait for 2009!

Quiz: Question 1

- An prior patient who has not been in for four years presents to the office for a recall examination and cleaning. You decide to take a 4 BWX and 6 PAX for diagnosis. The patient has excessive amounts of calculus present and you remove it with an ultrasonic scaler. You schedule the patient to return for quadrant scaling under local anesthesia.
- How do you bill today's visit?

Quiz: Question 2

- The patient returns for quadrant scaling. The hygienist performs a full mouth perio charting, and scales and root planes one quadrant using OraClix. She gives the patient detailed brushing and flossing instructions, and schedules the patient to return for a follow-up visit.
- How do you bill today's visit?

Quiz: Question 3

- The same patient returns for another visit with the hygienist. She has an hour to spend with the patient because the next patient has cancelled. She performs quadrant scaling on the remaining three quadrants using OraClix and schedules the patient for follow-up with the dentist.
- How do you bill today's visit?

Quiz: Question 4

- This patient is 76 years old. She has a problem with xerostomia and several areas of cervical abrasion. The buccal surfaces of 20, 21, 28, & 29 are affected. You elect to restore these teeth with a modified glass ionomer, using a minimally invasive preparation. You do not intend to place a different type of restoration at a later date.
- How do you bill today's visit?

Quiz: Question 5

- Juri's sixteen year old patient presents with incipient carious lesions on all his permanent molar teeth. Today, you plan to restore the two maxillary quadrants. On excavation, #2 and #15 preparations extend into dentin, the others are limited to enamel preparations.
- How do you bill today's visit?

Quiz: Question 1

- An prior patient who has not been in for four years presents to the office for a recall examination and cleaning. You decide to take a 4 BWX and 6 PAX for diagnosis. The patient has excessive amounts of calculus present and you remove it with an ultrasonic scaler. You schedule the patient to return for quadrant scaling under local anesthesia.
- How do you bill today's visit?

Quiz: Answer Q1

- D0274
- D0230 x 6 or
- D0220 x 1 and D0230 x 5
- D4355
- Do not bill for an exam

Quiz: Question 2

- The patient returns for quadrant scaling. The hygienist performs a full mouth perio charting, and scales and root planes one quadrant using OraClix. She gives the patient detailed brushing and flossing instructions, and schedules the patient to return for a follow-up visit.
- How do you bill today's visit?

Quiz: Answer Q1

- D0180
- D1330
- D4341

Quiz: Question 3

- The same patient returns for another visit with the hygienist. She has an hour to spend with the patient because the next patient has cancelled. She performs quadrant scaling on the remaining three quadrants using OraClix and schedules the patient for follow-up with the dentist.
- How do you bill today's visit?

Quiz: Answer Q3

- D4341 x 3
- Most carriers will only cover a max of two quadrants of D4341
- Be sure to include a narrative that this was an “extended visit”

Quiz: Question 4

- This patient is 76 years old. She has a problem with xerostomia and several areas of cervical abrasion. The buccal surfaces of 20, 21, 28, & 29 are affected. You elect to restore these teeth with a modified glass ionomer, using a minimally invasive preparation. You do not intend to place a different type of restoration at a later date.
- How do you bill today's visit?

Quiz: Answer Q4

- D2330 x 4 or
- D2391 x 4
- Many carriers still will not cover composites on posterior teeth

Quiz: Question 5

- Juri's sixteen year old patient presents with incipient carious lesions on all his permanent molar teeth. Today, you plan to restore the two maxillary quadrants. On excavation, #2 and #15 preparations extend into dentin, the others are limited to enamel preparations.
- How do you bill today's visit?

Quiz: Answer Q5

- D2392 for #15 and #2
- D1351 for 3,4,5,12,13,14
- Despite multiple requests, no codes have been added for PRRs or Comp/Seals
- Only restorations extending into dentin can be considered as fillings.
- Document that prep extended to dentin.
- Enamel only restorations are SEALANTS!

Diagnostic Codes

- ~~D0110~~
- D0120
- D0130
- D0140
- D0145
- D0150
- D0160
- D0170
- D0180

Restorative Codes

- Amalgams
 - D2140-D2161
- Composites
 - D2330-2335
 - D2391-D2396
- Separate codes for restorations on deciduous teeth are no longer included.
- Good news...most carriers now pay for the higher code

Coding Glass Ionomer Restorations

- Is it temporary?
 - Can use D2940
- Is it “*permanent*”
 - Use comp resin codes D2330-D2394
- Resin-Based Composite Restorations-Direct: “Glass Ionomers, when used as restorations, should be reported with these codes.”

Other Changes/Reminders

- Endodontics
- Periodontics
- Prosthetics
- Implants
- Oral Surgery
- Adjunctive Services

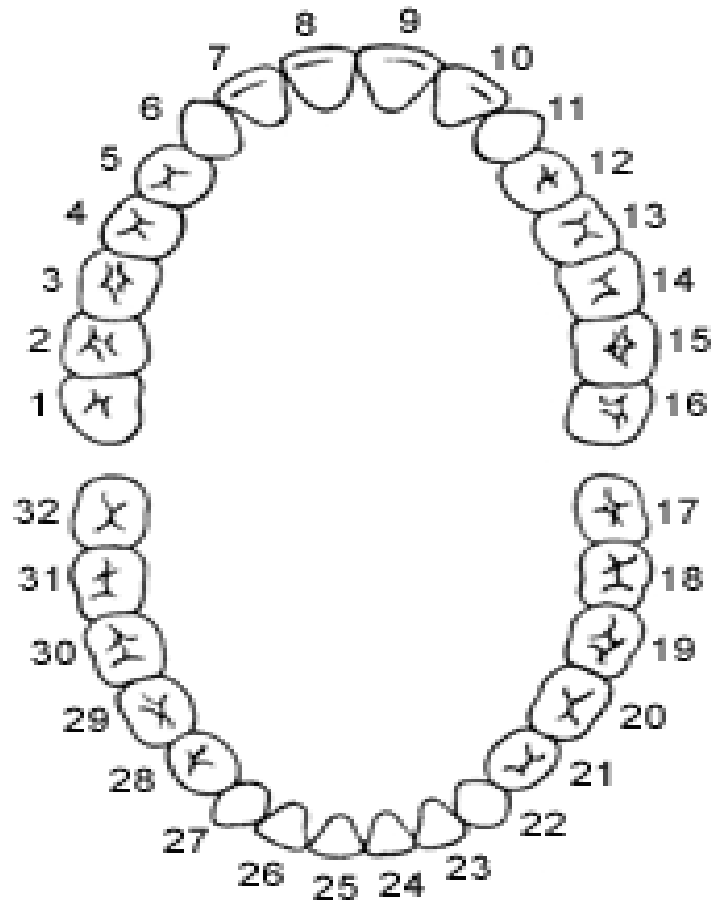
How do you bill for an emergency?

- What kind of exam?
- What type of diagnostic tests are performed?
- Are definitive procedures performed?
- D9110 no longer can cover everything!

Common Emergency Codes

- D0140
- X-rays
- D9110 (can't bill with other procedures)
- D2940 (temporary restoration)
- D3221 (pulpal debridement)
- D4342 (perio scaling 1-3 teeth)
- Any other definitive treatment

Universal Tooth Numbering



Supernumerary Teeth

- Permanent Teeth
 - Add 50 to closest tooth area
- Deciduous Teeth
 - Add S to closest tooth area

Best to include a narrative if possible

Useful Websites and Information

- Insurance Solutions Newsletter
<http://www.dental-ins-solutions.com/>
- Relative Value Studies, Inc.
<http://rvsdata.com/>
- American Dental Association
<http://ada.org/>
goto/dentalcode
goto/npi



