Billing and Coding Strategies that Work

Roy’s Disclaimer:
I am not an attorney
The comments and observations made in this presentation are not to be taken as legal advice
The material shared is based on my understanding of best practices
The information I share is my opinion and is based on my experience and subsequent research
I cannot promise that implementing the systems I recommend will ultimately prevent legal action

The Initial Phone Call
The, “Do you take my insurance” question....

What information?
Full Name
Alert about a picture ID
Referred by:
Address
Phone Number
  Home
  Cell phone
  Work

Email Address
Preferred Method of Contact
Reason for appointment
  If there is a specific complaint, go there....
  Develop a screening tool
Last dental visit date
Last dentist
Reason for leaving
Last radiographs
Send a release
Questions about premedication
Significant health issues
Allergies
  Type of reaction

Necessary Insurance Information:
Use technology to your benefit:
  Have an office cell phone
  Text or email a photo of the card(s):
Employer(s) name(s)
Employer(s) address(s)
Employer(s) phone number
SSN of the insured
DOB of the insured and the policy holder
How long employed
Insurance Company Name
Insurance Company Address
Policy Number/Group Number
Insurance Company Contact Number
The Appalachian Dental Group
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Insurance Plan Types
Conventional (Indemnity)
PPO's
HMO's
Direct Reimbursement
Discount Plans

Information Needed from the Plan:
Developing you benefits verification form, what to include?

Are you in Network or Out of network?
Benefits often vary greatly

Will out of network claims be paid?

Can the patient assign benefits to the practice?

Benefits Verification Form:
Date
Time
Who provided the information
Insured’s name
Insured’s SSN
Insured DOB
Group Number/Policy Number
Employer’s name
Patient’s name

Plan Maximum
Coverage Date
    January 1 – December 31
Other? Coverage for
Preventive
Fluoride limitations
Prophy limitations
Radiographic limitations
Sealants
Basic
    Perio maintained limitations

Major
    Missing tooth clause
    LEAT Benefits
    Limitation Periods
    Incurred liability date
Orthodontics

Age limits
Medical Necessity
How billed/paid
Waiting periods

Multiple coverage:
Coordination of Benefits
Non-Duplication of Benefits

Plan Type:
Self Funded
Conventional

There are helps to consider!
Verification by a third party
New Hurdles:
SRP within 2 years
Radiographic Images
Medical billed first
AHA Plans
Medical Necessity

Dealing with Alternative Benefits:

Billing for “Optional Services”
Check with the carrier
Discuss with the patient
Signed agreement from the patient
Use the correct corresponding code

D_999 code
Regular code

Attach a copy of the agreement with the claim

“Optional Services”
Limitations on All Benefits - Optional Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- a crown where a filling would restore the tooth;
- a precision denture/partial where a standard denture/partial could be used;
- an inlay/onlay instead of an amalgam restoration;
- a composite restoration instead of an amalgam restoration on posterior teeth.

If you receive Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

Where are you?
Dealing with the Missing Tooth Clause

Prophy/Perio Maintenance

Composite/Amalgam

Bitewings/FMS/Pan and 4 Bitewings

How about Those Crowns, Partial, Dentures on the Shelf?

Alternative to Miscellaneous Coding

Asking for an alternate benefit

Bill and code for what you do

Document, document, document

Emergency visits, palliative treatment, periodontal maintenance etc.

Emergency Billing

The exam
Detailed notes
Alternate billing methods

Understanding the Billing & Coding Process

Effective Coding Techniques

What’s new...What’s Cool?

Charles Blair-Coding products - www.drcharlesblair.com
Book – Coding with Confidence 2016
Administration with Confidence
Diagnostic Coding for Dental Claims Submission
Electronic version –Practice Booster

Supporting Documentation

Diagnostic films
Photos
Drawing a picture...it really does work
Cracked tooth supporting documentation
Charting and chart notes
Always Use the Code that Best Describes the Service

The Most Common Fraudulent Acts

Billing for services, procedures, and/or supplies that were never provided or performed.
The deliberate performance of medically unnecessary services for the purpose of financial gain.

Intentional misrepresenting any of the following, for purposes of obtaining a payment—or a greater payment—to which one is not entitled:

- The nature of services, procedures, and/or supplies provided or performed
- The dates on which services and/or treatments were rendered;
- The medical record of service, and/or treatment provided
- The condition treated or the diagnosis made;
- The charges for services, procedures, and/or supplies provided or performed;
- The identity of the provider or the recipient of services, procedures, and/or supplies.

Know the Codes!

How are codes added, modified, or deleted?

Opportunities to Shine

Services under reported:

D0180: Comprehensive Periodontal Evaluation – New or Established Patient

This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluation and recording of the patient’s dental and medical history and general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

Reattachment of a tooth fragment, Incisal edge or cusp

D2920

Resin Infiltration of Incipient Smooth Surface Lesions

D2990

Placement of an infiltrating resin restoration for strengthening, stabilizing and/or limiting the progression of the lesion

D4341/D4342 and D4910

Perio Scaling and Root Planing

Periodontal Maintenance

Do the math:

**Periodontal Medicament carrier with peripheral seal – laboratory processed**

D5994: A custom fabricated, laboratory processed carrier that covers the teeth and alveolar mucosa. Used as a vehicle to deliver prescribed medicaments for sustained contact with the gingiva, alveolar mucosa, and into the periodontal sulcus or pocket:

PerioProtect™

**Palliative: D9110**

Palliative (Emergency) Treatment of Dental Pain – Minor Procedure

This is typically reported on a “per visit” basis for emergency treatment of dental pain

Debridment: D4355

**Specialty Coding:**

Antimicrobial agents
 Cone beam diagnostic images
Child under age three exam
Oral cancer detection
Record Keeping
About record-keeping - be defensive and proactive

   If it is not in the clinical record
      It was not seen
      It was not said
      It was not heard
      It didn’t need to be done
      It wasn’t done
      It doesn’t exist...from the legal perspective

   The clinical record can be your narrative!
Obnoxious Detail

Predeterminations
Just say no...
(unless you have to...)

  Complete the Claim Form Properly

**Know your form**
Most current form – ADA 2012 version
fields
Mark the box!! Did you send supporting documentation?? X-rays and photos
Initial or Replacement?
HIPAA statement
Assignment of Benefits
I certify...in progress (for multiple visits)...

When to Attach X-rays and Photos:
When they support the DX and TX
When the insurance company requires it
Photos show crucial details
Send claims and attachments electronically – Fast Attach or your own dental software program through e-services

What changed with the ADA Claim form in 2012?

**What form to use?**
The conditions are building for the perfect storm:

**IT WON’T BE LONG!**

Why send medical claims?
How to get around the “first we need a denial from the other insurance company” stumbling blockWhen is it ok to use a dental form?
When must you use a medical claim form?
What cross codes over to medical?
Why send medical claims?
How to get around the “first we need a denial from the other insurance company” stumbling block
When is it ok to use a dental form?
When must you use a medical claim form?

**Making it easier, not harder:**
What dental services are potentially covered and should be billed to the patient's medical insurance plan?

**Dental Services that may be considered Medically Necessary:**

- **Wisdom tooth removal**
- **Anesthesia during Dental Surgery**
  If deemed medically necessary because of extenuating circumstances, not for convenience
- **Accidents**
  Damage to teeth and oral structures
- **Jaw Surgery:**
  Non Biting Accidents
  Damage sustained during chewing is typically not covered
- **Endodontics due to trauma**
  Pulpal exposure
- **Orthodontics**
  Closed reductions and fixation, accident related
  Developmental abnormalities
    - Cleft lip
    - Cleft Palate
  Inability to chew, failure to thrive
- **Oral and/or Head and Neck infection**
- **Infections that could lead to or are caused by systemic infection(s)**
- **Patient undergoing other primary medical treatment(s) that could have an effect on oral health**
- **Radiation treatments**
- **Damage to teeth primarily caused by a medical conditions**
  - Sleep Apnea
  - GERD
  - Xerostomia
  - Side effects of medication(s) prescribed during tooth formation
  - Sjoren’s Syndrome and dry mouth
  - Side effects of methadone use
  - Recreational drug use
- **Biopsies and Oral Cancer Treatments**

**How to support the medical claim for dental procedures?**

- A complete, accurate, concise progress note that clearly established medical necessity
- Letter from a physician that supports medical necessity (LMN)
- Prescription from the treating physician ordering the dental treatment/procedure
- Confirmation of the diagnosis of applicable medical history
  - Drug use
  - Bulimia
  - GERD

**Breaking it down:**

**Diagnostic (ICD-10) Codes for Dental Claims:**

College Students and/or Patients Over 18/21
Verify Student Status
List it on the claim form
Copy the student ID card...attach to claim
Request info from College
Involve the parent

College Student Status Information
It is difficult for a dental office to prove Student status.
Obtain a copy of the student’s ID card and attach it to your initial copy
If you receive a notice requesting the student’s full time status send to or contact the parent
Most universities have privacy rules preventing you, the dental practice from requesting the information. It would only be released to the student.
Send the form home the to the parent w/ the claim attached and attach a time limitation of 10-13 days...the claim will be deleted from your system unless the information is received by them

Insurance Company Strategies
Know How the Insurance Company Thinks
Insurance Rep’s lack of dental coding knowledge

Every day the insurance company holds on to your pt’s valuable claim, they make thousands of dollars in interest

-30 day deadline for insurance company to acknowledge or deny claim...it’s a smoke screen!

Insurance Company Strategies
How to Prevent Denials & Get Paid Faster
Anticipate that the insurance company will make mistakes processing your patient’s claim...be exact and complete
Send your claims Electronically
Involve your patients-Always
Send electronic claims-payment is usually received in 5-7 days
Call on all past due claims that are 30 days old
Have the patient call the insurance company to follow up
Don’t accept insurance assignment-have payment paid to patient and collect the entire sum

Insurance Company Strategies
How to Result a Claim for Appeal
When appealing claims, never send by snail mail...fax it!
When calling the ins company, ask for a supervisor. They can most times override the rule the insurance company may have not to accept fax’s
If they request another Dx film, say that they have your only one-Unless it is Digital
Get your fax noticed...mark it urgent, draw a dark line around the narrative, and put to the attention of a specific individual.

Insurance Company Strategies
STALL TACTICS-Are they Real??

Sometimes: Haven’t received the claim yet...ask them to put you on hold and check the pending or in processing file. This usually causes the claim to magically appear!
They will sometimes tell you they can only answer 2-3 claim questions at a time...this is usually because they are under huge time constraints t log XX number of calls per hour. Simply thank them for the info, ignore it & ask as many questions. BE NICE

More Delays
Some insurance companies place limits on the insurance reps to process 150+ claims per hour. If there are any claims left on their desk they are sometimes docked in pay or fired so they sometimes trash or shred unpaid claims

Profile of the typical insurance co customer service rep, supervisor, consultant/reviewer
  Simple, Mack truck, high ego. Put yourself in student/teacher mode pretend you’re new at this. They usually help you out.
  If need t leave a message for the consultant or reviewer to call back to talk to the Dr...create urgency by stating you will interrupt the Dr. for the phone call. Remember, the reviewer works for the ins company, not the dental practice.

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