

Book sampler:

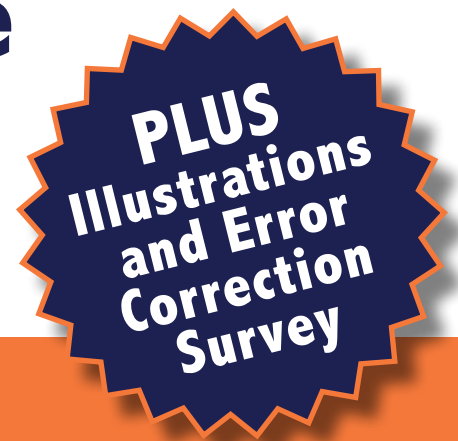
These are sample pages of the book containing front and back cover, table of contents, explanation of legends, sample full mouth debridement (D4355) code, and index

Charles Blair, D.D.S.

CODING WITH CONFIDENCE:

THE “GO TO” DENTAL INSURANCE GUIDE

**Dramatically Cut Coding Errors
and Boost Legitimate
Reimbursement**



CDT-2009/2010 EDITION

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EXPLANATION OF LEGENDS

Throughout the CDT-2009/2010 Code section of this manual, you will find Coding Correction Warning, Watch, and Match legends depicting many common mistakes, as well as specific Comments/Limitations, Tips/Narratives, and Clinical Flow Chart legends. In addition, Revision, New Procedure, Deleted Code, Previously Deleted Code and the Author's Comments comprise the other legends. Each legend's description and purpose is as follows:

LEGENDS	DESCRIPTIONS
CDT-2009/2010	This legend represents the official CDT-2009/2010 code, nomenclature, and descriptor. The official code is always enclosed in a solid "bar", and "box" if applicable. Current Dental Terminology (CDT) © 2008 American Dental Association. All rights reserved.
	This legend signifies a serious misuse of reporting the code, which could be considered fraudulent (if intentional) or at the minimum, misleading. If discovered, the result could be loss of license, fine, or worse; at the least, repayment or restitution by the practice would be required. The legend's description may offer correct, alternative coding and in some cases offer another legitimate approach for better reimbursement.
	This legend signifies a misuse of reporting the code. The economic result of the misuse may be positive or negative for the practice. In most cases, the correct or alternate code is listed for reference.
	This legend identifies a code which is a "match" for an associated or complimentary code. For instance, this legend would illustrate the proper code match for the pontic and retainer of a bridge.
COMMENTS/ LIMITATIONS	This legend offers commentary and information about the code. It also spells out common limitations and exclusions.
TIP/ NARRATIVE	This legend signifies a legitimate approach that may result in improved benefit coverage. In addition, suggestions regarding narratives and documentation may also be offered.
CLINICAL FLOW CHART	This legend illustrates a scenario in which the code is used in a proper clinical sequence associated with other procedures.
REVISION	This legend identifies a revision in nomenclature and/or the descriptor of a CDT 2009/2010 code. Be sure to read the entire description of the code.
NEW PROCEDURE	This legend identifies a new procedure code introduced under CDT-2009/2010.
DELETED CODE	This legend identifies a procedure code that was deleted. There were none under CDT-2009/2010.
PREVIOUSLY DELETED CODE	This legend identifies a procedure code that was previously deleted in a prior year.
	This legend identifies a photograph of an appliance or restoration.
AUTHOR'S COMMENTS	This legend identifies the author's general comments at the beginning of a code section.

4. If tooth #4 and #5 need SRP one year after tooth #2 and #3 have been previously reimbursed under D4342, a 24-36 month limitation may apply. If reimbursement is initially denied when reporting D4342 for #4 and #5, appeal. Maybe it will work. Always put the tooth number on the claim form when submitting D4342, even when not required. Submit a copy of the original D4342 claim with the subsequent D4342 claim.
5. When a patient requires scaling and root planing on two teeth in the same quadrant, and also requires a concurrent prophylaxis on the same service date, if both D4342 and D1110 are submitted, reimbursement for the prophylaxis is usually denied. However, if you appeal, reiterating the time involved, D1110 may possibly be reimbursed.
6. If both scaling and root planing (D4342) and a prophylaxis (D1110) are necessary, consider the sequence of a prophylaxis first (at the doctor's discretion), with scaling and root planing at a second visit. If D4342 is performed first, often there is a 90-day contract limitation that would affect reimbursement for a subsequent prophylaxis (D1110) or ongoing periodontal maintenance (D4910).
7. Scaling and root planing is *active* therapy. It is not prophylactic (like a prophy) or supportive (like D4910, which is ongoing and therapeutic in nature). Scaling and root planing can be definitive (final treatment) in some cases, or pre-surgical (prior to osseous surgery) in others.
8. For irrigation, see D4999 and D9630.

D4355

FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS

CDT-2009/2010

The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.



1. Full mouth debridement (D4355) is only to be used where the comprehensive oral evaluation (D0150), or comprehensive periodontal evaluation (D0180) cannot be performed due to excessive and bulky calculus, heavy plaque, and debris buildup. A general practice would always use D0150 for the new patient comprehensive oral evaluation, as the D0150 evaluation is broader and more encompassing than D0180.
2. The comprehensive oral evaluation (D0150/D0180) generally follows the full mouth debridement on a later date (typically allow 14 days healing). In the case of a general practice, D0150 would follow. In the periodontal office, D0180 would follow. D4355 is only reimbursed about 25-33% of the time, even if sequenced perfectly. Thus, it is rejected 67% - 75% of the time, with perfect coding.
3. D4355 is not a definitive treatment. It is preliminary in nature. A prophylaxis (D1110), referral to a periodontist, or scaling and root planing (D4341/D4342), always follows this *preliminary* procedure.
4. Do not *erroneously* report D4355 as a "first visit prophy".
5. If the patient can be adequately diagnosed with bone loss, bleeding on probing, and 4mm-5mm or greater pockets at the comprehensive oral evaluation, then consider proceeding directly to SRP, D4341/D4342, which is *inclusive* of any gross debridement to enable comprehensive evaluation and diagnosis.
6. It is erroneous to report D4355 following periodontal maintenance D4910, unless the patient has been absent from the practice so long that the evaluation upon return cannot be performed due to excessive calculus and debris. D4910 always follows osseous surgery (D4260/D4261) and generally follows periodontal scaling/root planing (D4341/D4342). See D4342 for a possible exception where prophylaxis follows SRP in very limited circumstances.
7. Full mouth debridement is a full mouth, four quadrant procedure – not one or two quadrants.

COMMENTS/ LIMITATIONS

1. The sole purpose of full mouth debridement (D4355) is for preliminary debridement of excessive and bulky calculus to allow a proper periodontal and caries evaluation, which otherwise could not be performed due to plaque and calculus. This *preliminary* debridement is generally performed prior to the *comprehensive* oral evaluation (D0150) or *comprehensive periodontal* evaluation (D0180). D0150 or D0180 is not

generally completed or charged out on the same service date, but on a subsequent date. However, *preliminary* evaluation data may be gathered and recorded at the first visit. D4355 is not typically reimbursed by payors on the same service date as a comprehensive oral evaluation (D0150), but there are exceptions. However, nothing in the descriptor of D4355 prevents a comprehensive oral evaluation (D0150) on the same service date.

2. Proper diagnosis and sequencing of D4355 is very important for reimbursement. Improper sequence results in either denial or “remapping” to a different code, usually D1110. For instance, some payors will convert the full mouth debridement (D4355) to a prophylaxis (D1110); then when another D1110 is later submitted, the payor refuses to reimburse, stating a prophylaxis within the typical “one per six-month” limitation period has previously been reimbursed. Furthermore, if the comprehensive oral evaluation (D0150) or comprehensive periodontal evaluation (D0180) is performed prior to full mouth debridement, most payors will convert D4355 to a simple prophylaxis (D1110) for reimbursement, if available.
3. If D4355 is reimbursed, it may be classified preventive, basic, or major, but most often classified as preventive. Plan limitations are highly variable.
4. Assuming a comprehensive oral evaluation (D0150/D0180) cannot be performed due to swelling, calculus, debris, and bleeding, then a full mouth debridement and full series or panoramic diagnostic films (optional) are performed at visit #1 and the comprehensive oral evaluation is completed, and charged out, including a thorough periodontal evaluation at visit #2. Generally, following full mouth debridement, fourteen days may be allowed for healing prior to the subsequent comprehensive oral evaluation (D0150/D0180) service date; a healing period is often a requirement for payors. Generally, diagnostic films can be taken at the first visit in conjunction with the full mouth debridement without hindering the reimbursement of both.
5. Plan limitations regarding frequency of full mouth debridement are highly variable. Limitations vary from “once per lifetime” to every 3-5 years.
6. Some payors will reimburse full mouth debridement only when reported as D4999. Others may reimburse on the basis of, or “remapping” to palliative (D9110). See TIPS below and also refer to palliative (D9110) for further details.
7. Full mouth debridement to enable comprehensive evaluation and diagnosis (D4355) often requires meeting any associated deductible.

**TIP/
NARRATIVE**

1. A narrative should be used when reporting D4355, for example: “Patient has not seen dentist in three years. A full mouth debridement is necessary for a subsequent comprehensive oral evaluation”. Write a narrative describing excessive and bulky calculus, debris, bleeding, swelling, etc., indicating specifically how this was preventing an evaluation. Include photographs.
2. Some offices inform insured patients that they have not kept up their preventive visits, and two prophylaxis visits are required to bring their dental health up-to-date. Since they have procrastinated 2-3 years for a recall visit, insurance reimbursement for D1110 is limited to “one per six months” or “two per year”, hence the “overdue” patient is penalized. Thus, the patient must pay out-of-pocket for one of the required prophylaxis. Place the burden on the patient for his/her procrastination and loss of insurance benefits.
3. Under CDT-2009/2010, there is no *alternate* classification code for a *second* prophylaxis or a “difficult” prophylaxis. For the “difficult” prophylaxis requiring additional time, report D1110 at a higher fee.

Note: The full mouth debridement code (D4355) should not be *routinely* used on new patients. The typical general dentist’s office would only use this code a few times a year, as appropriate.

4. Proper Sequence for best reimbursement:

Visit #1

Full mouth debridement
(D4355)

PLUS


Intraoral - complete series
(D0210) (optional at first visit)

OR

Panographic film (D0330)
(optional at first visit)

Note: At first visit, preliminary oral evaluation data may be gathered but not reported since the comprehensive oral evaluation (D0150) is not complete.

**Waiting Period
Between Visits**



14 day wait
suggested for healing

Visit #2

Comprehensive oral evaluation
(D0150) or comprehensive
oral periodontal evaluation
(D0180).

Note: Since the comprehensive oral evaluation (D0150) is “broader” or more encompassing, the general practitioner would report D0150 for the periodontal patient. On the other hand, the periodontist would report D0180 for the new comprehensive patient.

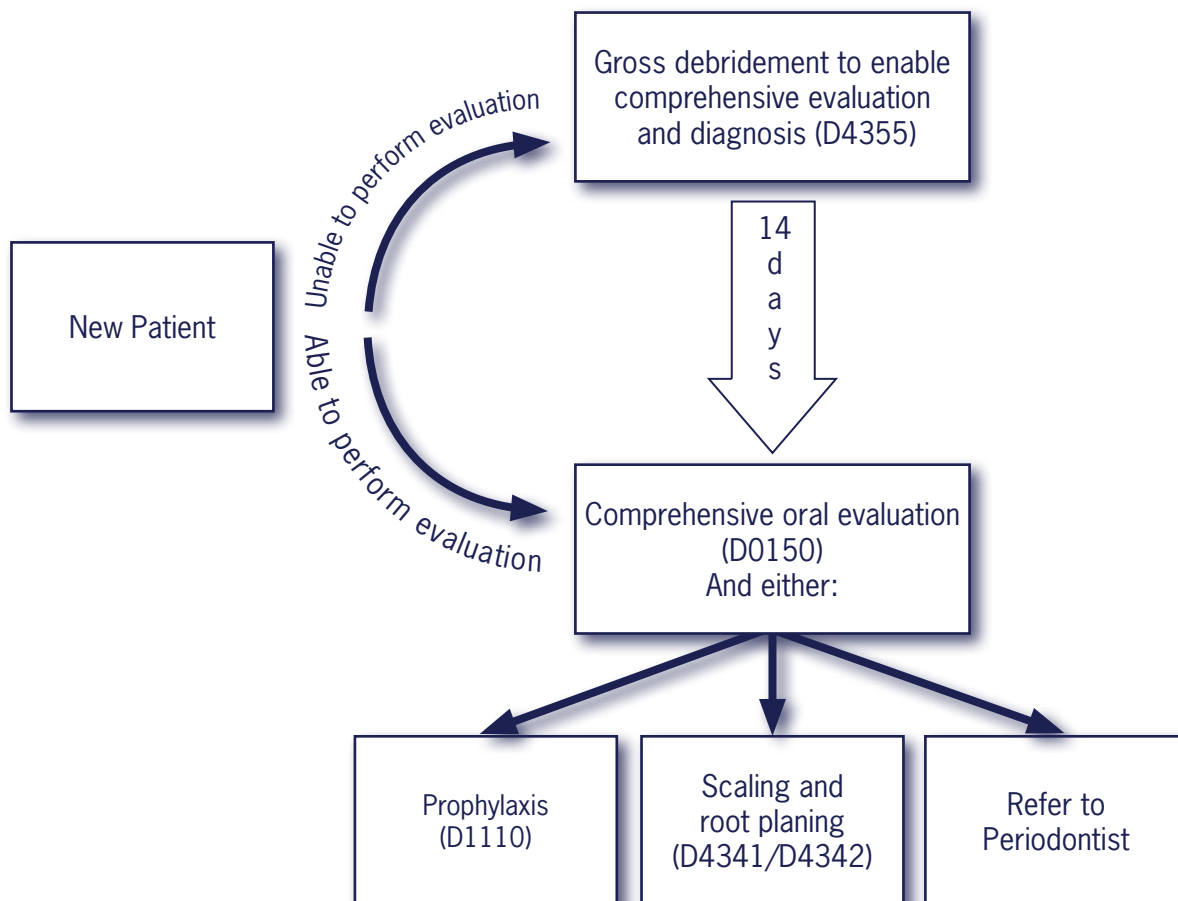
At Visit #2 there are three possible scenarios upon the completion of the comprehensive oral evaluation:

1. A prophylaxis (D1110) is performed.
2. If periodontal problems exist, generally no prophylaxis is performed; fully document and proceed to root planing and scaling (D4341/D4342) for applicable quadrants.
3. Referral to a periodontist.

Note: A panographic film on visit #1 and bitewings at visit #2 (different date) may result in a higher reimbursement than taken on the same service date. See D0330.

5. Palliative (D9110) may possibly be reimbursed for *partial* mouth debridement under an acute and spontaneous discomfort scenario. If reimbursed, it generally reimburses at a lower UCR fee than D4355, if payable. See D9110 for comments.

General Practice Scenario



D4381

Note:

1. If *unable* to perform a comprehensive oral evaluation (D0150) due to *excessive* buildup of calculus and debris, proceed to a gross debridement to enable comprehensive oral evaluation (D4355).
2. Necessary diagnostic films may be taken on either/both gross debridement (D4355) or comprehensive oral evaluation (D0150) service dates. For instance, a panoramic film (D0330) on the gross debridement (D4355) service date and four bitewings (D0274) on the *subsequent* comprehensive oral evaluation (D0150) date may avoid “remapping” or downcoding to a complete series (D0120).
3. Comprehensive oral evaluation (D0150) should follow gross debridement (D4355) on a *subsequent* service date, with a suggested interval of 14 days or more for healing. Reimbursement for D4355 is only available about 25% – 30% of the time, so inform the patient of patient responsibility for out-of-pocket. See also palliative D9110 as a possible alternative.

D4381 LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT CDT-2009/2010

FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.



Some practices erroneously report an occlusal orthotic device (D7880) as an occlusal guard (D9940). D7880 reports a device to alleviate pain/clicking jaw associated with TMJ and involves multiple visits, while D9940 reports an occlusal guard to alleviate bruxing/clenching.

**COMMENTS/
LIMITATIONS**

Both the occlusal orthotic device (D7880) and occlusal guard (D9940) are discussed below, for comparison:

1. An occlusal splint is considered an “occlusal orthotic device”. D7880 is not typically a covered dental benefit but there are exceptions; possibly reimbursed through medical insurance.
2. D7880 reports a TMJ treatment device (involves TMJ symptoms, orthotic splint, complete occlusal adjustments, multiple visits, etc.). The vast majority of general dental plans generally exclude all TMJ-related diagnostic and treatment services.
3. Typically, the global fee for TMJ (including multiple visits, and all occlusal adjustments) is submitted under D7880.
4. Some payors may require preauthorization prior to treatment.
5. If the patient’s dental insurance policy includes a separate TMJ rider, then D7880 may be reimbursed. The TMJ rider may cover a complete occlusal adjustment and removable hard acrylic splint. Interestingly, the TMJ rider may also include coverage for an occlusal guard (D9940). If D7880 is a covered benefit through the TMJ rider, reimbursement may have a lifetime maximum and/or be subject to a deductible. Call the payor for any specific coverage. Reimbursement is highly variable.

Note: Report occlusal guard (D9940) for bruxism and clenching of teeth, *not for TMJ*. The occlusal guard/periodontal guard, if reimbursed, is generally covered under dental, not medical insurance. Always report the exact procedures performed and the exact treatment provided with an accurate, specific narrative. There are three broad types of occlusal guards (D9940) for bruxism:

1. Suck-down, generally fabricated in the dental office,
2. Lab-made hard acrylic with or without soft liner, and
3. The NTI, an anterior appliance, worn only at night.

Occlusal guards take routinely two, maybe three, visits for fabrication, delivery and any post-delivery adjustment. See D9940 for further details regarding bruxism appliances, proper reporting of D9940, and a recommended narrative.

**TIP/
NARRATIVE**

Include in the occlusal orthodontic device (7880) narrative the signs and symptoms, prognosis, estimated treatment interval, and type of appliance and materials used.



1. This is an example of a device/appliance/splint to treat temporomandibular joint dysfunction (NTI-tss).
2. The appliance for TMJ or bruxism can be similar. The occlusal/orthotic device treatment would involve a series of occlusal adjustments.

Courtesy Keller Dental Lab

D7899

UNSPECIFIED TMD THERAPY, BY REPORT

CDT-2009/2010

Used for procedure that is not adequately described by a code. Describe procedure.

**COMMENTS/
LIMITATIONS**

A TMJ appliance adjustment would be reported as D7899, by report.

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Dr. Charles Blair, a former successful practicing dentist now provides consulting services to the dental profession on a full-time basis with Dr. Charles Blair & Associates, Inc., in Mt. Holly, North Carolina. A graduate of Erskine College, he earned his Doctorate at the University of North Carolina at Chapel Hill. Dr. Blair holds degrees in Accounting, Business Administration, Mathematics and Dental Surgery. An author, he has previously written or co-authored three books, numerous articles, and is a contributing editor for *DENTAL ECONOMICS* magazine.

In this publication, Dr. Blair continues the use and application of **Predictive Error Correction**SM technology – a simple and easy-to-follow system. Dr. Blair developed **Predictive Error Correction**SM technology as the end result of the clinical protocol, code reporting, clinical procedure count and fee analysis of thousands of dental practices across the country. His analysis also included personal interviews with thousands of doctors and front office staff, providing him the insight to develop this book. It is designed to predict typical coding errors and to discover misuse and other common coding mistakes made by the mainstream dental practice.

Dr. Blair is a nationally-recognized speaker for national, state and local dental groups, study clubs and other organizations. He offers leading edge presentations in the business/finance arena of dentistry, and has also assisted over 3,000 practices across the country increase their profitability through his highly-regarded **Revenue Enhancement Program and Profits Plus+ Workshops**. For more information on his services and speaking availability call 866-858-7596.

This book may be purchased in quantity as a gift to referring doctors and for wholesale purposes. For more information contact us at 866-858-7596.



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