STAY OUT OF JAIL:
THE TOP CODING ERRORS

PRESENTED BY: CHARLES BLAIR, D. D. S.

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DISCLAIMER

1. Coding as presented has been researched. Statements made do not necessarily apply to all plans as there is great variation. There is no guarantee that a given plan will reimburse along the guidelines presented.
2. Always code "what you do."
3. Follow the current CDT code set exactly to the best of your ability.

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ADA CLAIMS FORM LANGUAGE

"I hereby certify that the procedures as indicated by date are in progress (for procedure that require multiple visits) or have been completed"

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DISCOUNTED FEE FOR PRE-PAYMENT

TREATMENT PLAN	$1,000
5% CASH DISCOUNT	$ 950

What goes on the form? $1,000 or $950?

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DISCLOSING CO-PAY FORGIVENESS

- All states prohibit co-pay forgiveness without third-party notification.
- Virtually all PPO's prohibit co-pay forgiveness!
- If you "forgive" the co-pay in an ***isolated* situation**, the remarks section should read:
  - "The patient is not participating in the cost of treatment."

Note: Always disclose fee forgiveness to third-party.

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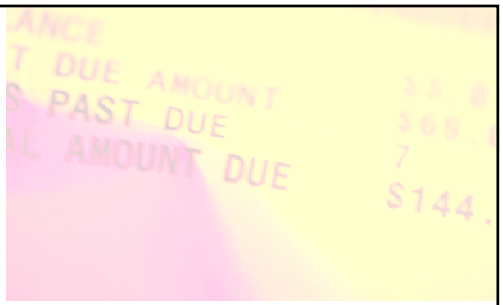

FEES

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CAN YOU LEGALLY. . .

- Charge different fees for different people?
- Charge different fees for different plans?
- Charge different fee for same procedure code?
- Charge different fees for non-insurance patient versus Insurance patients?

FEES SUBMITTED ON CLAIM FORM

SUBMIT FULL UNRESTRICTED FEE. WHY?

- For calculation of coordination of benefits for proper patient reimbursement.
- For purposes of UCR setting by insurance companies claims filed, not fees registered.
- Determine write-offs for each plan.
- So you don't miss PPO increase in fee reimbursement.

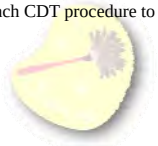
MANAGED CARE ASSESSMENT

- Fees
- Quality of Patient
- Administrative Hassle
- Managed Care Penetration
  - Percentage of Current Practice
  - Percentage of New Patients

CLEANING UP YOUR CODING

LOWER ERRORS!

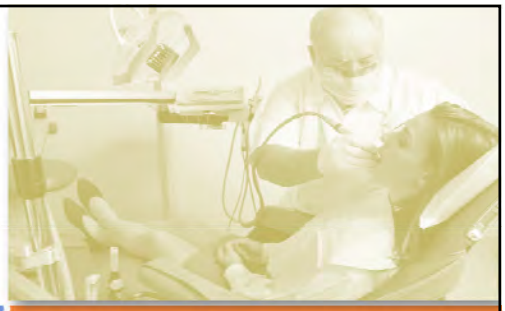
- Delete/inactivate the deleted codes under CDT-2011/2012.
- Enter *only* the new codes under CDT-2011/2012 that specifically apply to your practice. For the typical GP practice, only five to ten of the new codes may apply.
- Delete inactive codes.
- Print a report showing fees and counts for each CDT procedure to determine miscoding.



CLEANING UP YOUR CODING

LOWER ERRORS!

- Make sure that the numerical code sequence for range starting D0120 and ending D9999 is used only for valid CDT codes. Move in-office codes such as broken appointment, deliver crown, etc. to code numbers below code D0120. For instance, code these in-office codes using range numbers D0000 – D0119.



ORAL EVALUATIONS (EXAMS)

Comprehensive Oral Evaluations

- D0145-Under age 3 includes counseling.
- D0150-Age 3 and up – probing and charting "where indicated"
- D0180- Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.

Common Evaluation (Exam) Limitations

- "2 /Year Rule" or "1/Six Months" *(Of Any Kind)*
- D0140 Problem-Focused Exam Issues
  - "Not paid with definitive procedure" Rule
  - Always a "Stand Alone" Code
  - Subject to 2/year rule
  - Can be used infrequently at recall with extra time.

Evaluation-Type Codes

Periodic (Recall)	D0120
Limited/Problem-Focused Emergency	D0140
Under Age 3 Evaluation	D0145
Comprehensive (N.P./Established)	D0150
Comprehensive Perio Evaluation N. P. with Perio) Established Patient	D0180
Detailed & Extensive (Follows D0150/D0180)	D0160
Re-Evaluation (Limited) (Follows D0140/D0150/D0180)	D0170

Consultation (D9310)*

- Referral from dentist/physician.
- For dentist opinion - may or may not do work.
- Generally use (D0140) or (D0150) for second opinion, as applicable, at patient's request.

*** May or may not be reimbursed**

Case Presentation (D9450) - Detailed Visit

- Used as a "visit" code to present treatment plan at a later date (after evaluation).
- Is not generally billed/reimbursed.
- Office Visit Observation (D9430)
  - Not generally used for billing code.

Palliative (D9110)

- One of the least-reported codes.
- Palliative is a minor procedure (not a definitive procedure) at an emergency visit with pain/discomfort reported by the patient.
- Typically allowed up to 2 to 3 times a year.
- Not a "take-back" code, and generally not subject to a deductible.
- Cannot report any other treatment on same visit date with most plans. X-rays are OK.
- Always use narrative
- Variable fee, depending on procedure and the time spent.

Minor Procedures (Palliative – D9110) at Emergency Visit

- Smooth sharp corner of tooth
- Adjust occlusion for pain relief
- Remove decay, IRM placed
- Desensitize tooth
- Open tooth (partial debridement) or lance abscess for pain relief
- Partial heavy calculus debridement (only with patient complaint of discomfort)
- Apthous ulcer relief

Pulp Vitality Test (D0460)

- May "count" as evaluation (D0140) and the UCR fee is lower.
- May not be reimbursed in addition to problem-focused evaluation (D0140) on same service date.
- Generally don't use this code unless "stand alone."
- However, the pulp vitality test is considered a "stand alone" code.

X-Ray Protocols

Develop x-ray protocols:

- Doctor orders and reads x-rays!
- New Patient X-Rays (Full Series or Pan/4BWX)
- Recall X-Rays (2BWX or 4 BWX)
- Growth & Development (Age 6-10) – Start Pan

Common X-Ray Limitations

- Full Series or Pan – Every 3 or 5 years
- Maximum x-ray reimbursement – full series UCR
- Bitewings – once per year/twice for children?
- Maximum bitewing reimbursement – four bitewings limitation at recall visit
- Vertical bitewings – 7-8 films (D0277) may pay 80% of full series fee but may count under full series limitation rules. May downgrade to 4BWX in some cases.

Intraoral Periapicals (D0220/D0230)

- Generally one or two periapicals are reimbursed at problem-focused (emergency) exam (D0140) or Palliative (D9110) appointment.
- Use (D0230) for each additional periapical.
- Periapicals taken at the emergency visit do not generally affect the "once-a-year" bitewing rule.
- Multiple bitewings taken at an emergency visit will often affect the "once a year" bitewing rule. One bitewing may, or may not, "trigger" rule.

Panoramic Film (D0330)

- Payable every 3 or 5 years, just like full series (D0210). Either one or other.
- If a pan and bitewings (D0272/D0274) are taken on the same service date, then many carriers convert to the lower full series UCR payment amount. Sometimes Pan is paid only; a pan pays best by itself on a given service date.
- Consider pan or 4BWX at an emergency visit to "get it out of the way".

CONE BEAM CT (I-CAT)

- D0360 Scan/Data Capture
- D0362 2D Reconstruction
- D0363 3D Reconstruction

PROPHYLAXIS

- Definition
  - Prophylaxis is preventative
  - Scaling and polishing of tooth structures
  - Gingivitis is inflammation of Gingiva
  - Includes removal of irritational factors (gingivitis)
  - No mention of Perio-free status in descriptor

CHILD PROPHYLAXIS

- Child prophy (D1120)
  - primary or transitional dentition
- 2 Bitewings (D0272) generally until second molars are erupted.

*** Bitewings not generally age-dependent**

ADULT PROPHYLAXIS*

- Adult Prophy (D1110)
  - Transitional or permanent dentition
- 3 Bitewings (D0273)
- 4 Bitewings (D0274)

***14 years of age and up is the most common limitation, sometimes 16 years. Occasionally D1110 is paid for 12-13 year olds.**
***Also second molars erupted can be criteria.**
***ADA code does not specify age, but insurance generally does.**

ADULT PROPHY (D1110)

- Extended Prophy
- Adult Prophy *(routine)*
- Teenage Prophy
- Brief Prophy *(partial)*
- D8999 Utilization

FLUORIDE

Fluoride Application Limitations

- Payable once or twice per year. Fluoride cannot be in prophy paste.
- Fluoride D1203/D1204 are long-time codes and for low-risk caries patients. Any fluoride okay. Includes fluoride varnish.
- Match fluoride (D1203/D1204) with prophy status (child/adult).

***Generally payable twice a year but trend is once per year. Often payable up to 16-18 years of age.**

Fluoride Varnish (D1206)

- Same code for adults or children
- Only can use fluoride varnish
- Moderate to high caries risk patients only:
  - History of caries wears braces, susceptible to root caries, and extensive crown and bridge.
- D1206 may be a higher fee.

Operative Restorations

Restorative Definitions

- Don't charge for liners, bases and etching.
- Operative restorations are in occlusion and have adjacent contact, if applicable.
- Posterior Amalgam/Composite Restoration*: Always in Dentin!

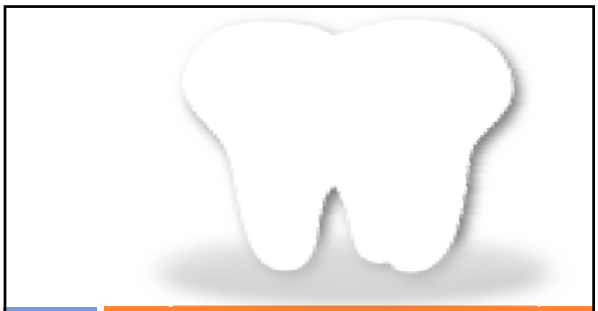
***Includes all bases, liners, and etching.**

New Code (Effective 1/1/11)

- Preventative Resin Restoration (PRR) D1352
  - Preparation in enamel by DDS.
  - Includes any sealant in radiating grooves.
- Sealants (D1351): Caries and Restoration *only* in enamel – pits and fissures.

Definition
Incisal "Edge" or Incisal "Angle"?

Incisal Edge	Incisal Angle
1 Surface D2330	4 Surface D2335 (MIFL/DIFL)
2 Surface D2331	
3 Surface D2332	



INLAYS/ONLAYS

INLAYS/ONLAYS

- Inlays are generally reimbursed as amalgams/composites.
- Onlays can be reimbursed with excellent documentation (photos, x-rays, need for crown, etc.).
- To be considered an onlay the cusp(s) must be "capped" or "shoed." An onlay always involves the facial and/or lingual surfaces.
- MOD is, not an onlay.
- MOF, MOL, MODFL-all okay.

ONLAY/CROWN (SIX) CRITERIA

1. Missing Cusps
2. Undermined Cusps
3. Fractured Cusps
4. Fracture
5. Decay
6. Endodontic Tooth

INLAY/ONLAY MATERIALS

Three types of inlay/onlay materials:

- Gold
- Ceramic/Porcelain
- Resin-based (lab - Cristobel®, Artglass®, Bellglass®)

Resin-based (lab) materials:

- Sometimes excluded as a material
- May reimburse 40-50% less than gold/ceramic material

CROWN AND BRIDGEWORK

- Use correct metal
- Price accordingly
- Match correctly the pontic material to the retainer type of material

CROWN BUILDUP TYPES

Single Crown Codes:

- Core Buildup (D2950) - typically for vital - sometimes Endo
- Indirect Cast or Milled Post (D2952) – Endo teeth
- Prefab Post & Core (D2954) – Endo teeth

Bridge Buildup Codes:

- D6970, D6972, D6973

Core Buildup (D2950/D6973)

- Must be for "retention" of crown and "strength" of tooth.
- Cannot report for "box form", "undercuts", or "ideal prep."
- "A core buildup is required for the retention of the crown and strength of the tooth."
- "65% of the tooth was missing."
- "The tooth was endodontically treated on mm/dd/yy". Enclosed is completed endo x-ray.

Prefab Post/Cast Buildups

- For Endodontically treated teeth (only).
- Routinely approved.
- Watch Cast or Milled Buildup miscoding!

Extra Lab Procedures w/ Partial

- Bill code (D2971) plus crown
- About $150 fee

Primary Tooth Endo Procedures

Use these codes for primary teeth:

- Pulpotomy (D3220) – Vital Tooth
- Pulpal Therapy – Anterior (D3230) Necrotic*
- Pulpal Therapy – Posterior (D3240) Necrotic*

***Higher Fee Paid**

Pulpal Debridement (D3221)

- "Open tooth" and "get out of pain" code for referral to Endodontist.
- Can be a "take-back" code if RCT treatment follows later in the same billing office.
- Some carriers re-map (D3221) to the Palliative (D9110) code for payment.
- Palliative (D9110) is an alternative at the emergency visit.

PERIODONTICS

CROWN LENGTHENING (D4249)

- Hard tissue (remove bone) procedure.
- Lay flap mesial and distal to tooth.
- Bone is not diseased (no Perio issues).
- No Endo Apex problems
- Six week wait or more for crown prep/impression.

PERIO SPLINTING* (MOBILE TEETH)

- (D4320) Provisional Splinting - Intracoronal
- (D4321) Provisional Splinting - Extracoronal

***Do Not report individual Composite Restorations - fraudulent!**

QUAD SCALING & ROOT PLANING (SRP)*

- 4-5 mm pocket depth , BOP, evidence of bone loss
- (D4341) 4 teeth or more (quadrant)
- (D4342) 1-3 teeth (list teeth on form)

***D4910 follows Scaling and Root Planing or osseous surgery procedure.**

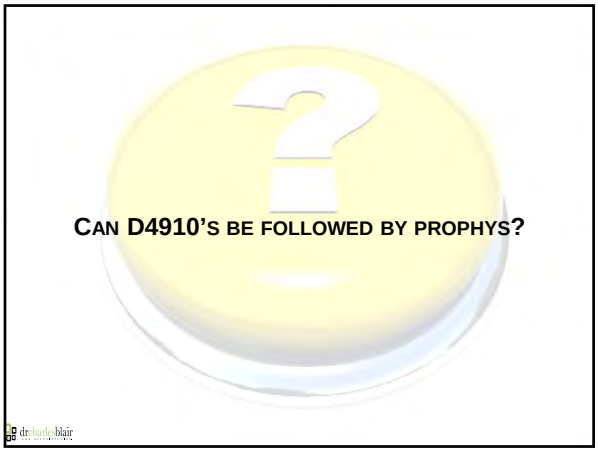
PERIO ONGOING MAINTENANCE (D4910)*

- Show history of SRP/surgery, plus attach full mouth charting with initial D4910 form. Turn switch "on".
- Always Follow SRP or Perio Osseous surgery.
- Don't alternate D4910 with prophy (D1110).
- (D4910) treatment is "indefinite" and "ongoing".
- Many carries require two quads of SRP to qualify for D4910 visits.
- Does not include Periodic Evaluation (D0120) or Comprehensive Perio Evaluation (D0180). D0180 requires full mouth chart and probing to report.

***Sometimes D0180 evaluation is reported, but generally reimbursed as D0120.**

D4910 NARRATIVE

"If periodontal maintenance D4910 is not reimbursable, please pay the alternative benefit of Prophylaxis, D1110. "Periodontal maintenance, D4910 is inclusive of Prophylaxis, D1110."



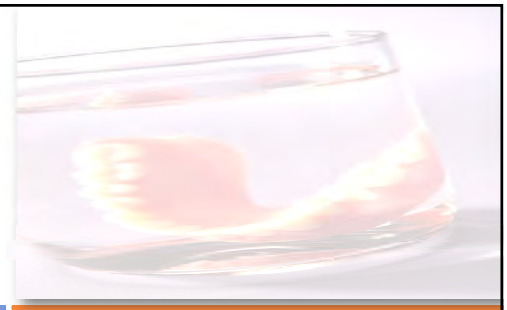
CAN D4910'S BE FOLLOWED BY PROPHYS?

GROSS DEBRIDEMENT TO ENABLE ORAL EVALUATION AND DIAGNOSIS (D4355)

- "A Gross Debridement was necessary for a subsequent evaluation."
- "Patient has not seen dentist in three - five years."
- Do not charge out Comprehensive Evaluation on same service date! Charge at 2nd visit.
- With limited debridement, consider using Palliative (D9110) if the patient reports they have discomfort at an emergency visit.

CONTROLLED RELEASE VEHICLE (D4381); PER TOOTH

- Includes Arestin®, PerioChip®, Atridox®
- Generally not payable at initial SRP appointment.
- May be payable at six week re-evaluation or (D4910) visit - getting better.
- Documentation: 5-6-7mm depth pocket; BOP; probing and charting
- D4381 is coded per tooth. Fee varies with number of sites placed.
- Arestin® may be payable by pharmacy benefit plan of medical insurance.



REMOVABLE PROSTHETICS

IMMEDIATE DENTURE (D5131/5140)

- Higher fee to cover "healing' follow-up period.
- Wait six months (after extraction[s]) for hard acrylic reline, rebase, or new denture.
- If followed by a completely new denture, ask for alternative benefit of reline.

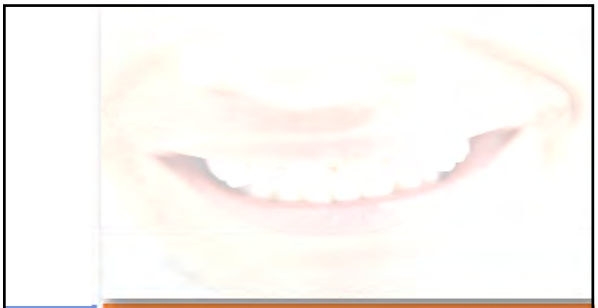
LAB/CHAIRSIDE RELINE

- A chairside reline sets at chairside.*
- A lab reline is processed in the office or by an outside lab.

***This is not tissue conditioning. Tissue conditioning is preliminary to a definitive impression for a prosthesis.**

Partials – Four Types

1. Resin Partial (D5211/D5212); Indefinite life
2. Cast Partial (D5213/D5214); Indefinite life
3. Flexible Partial (D5225/D5226); Indefinite life
4. Interim Partial (D5820/D5821); 1-12 month life, duration (waiting on Perio, bridge, implant, etc.) not filed with insurance.



Implants

Implant Insurance Coverage

- Must have Implant rider for coverage of Implant procedures.
- Generally only a Crown will be paid as an alternative benefit for the Implant, Abutment, and Implant Crown with a conventional plan.

Surgical Implant Placement
(Endosteal Implant)

- D6010 Full Size Implant-$1,500 - $2,000
- D6010 Mini Implant-one-half fee

Radiograph/Surgical Implant Index, By Report

- D6190 Implant Index
- D5982 Surgical Stent-Not an Implant Index-Error
- D5988 Surgical Splint-Not an Implant Index-Error

Common GP Coding Errors

1. Get mixed up between Abutment-supported and Implant-supported crown
2. Report an implant crown as a natural tooth crown

Implant Charge Out Possibilities

- Hardware Placement
  - Prefabricated Abutment (6056)
  - Custom Abutment (6057)

Furnish Prefabricated Abutment to GP*

- D6199 unspecified implant by procedure, by report.

***Oral Surgeon cannot report a Prefabricated Abutment (D6056).**

Implant-Type Crown Codes

1. Abutment-Supported Examples:
   - D6058 Porcelain/Ceramic
   - D6059 PFM Hi-Noble
   - D6062 Gold Hi-Noble
2. Implant-Supported Examples:
   - D6065 Porcelain/Ceramic
   - D6066 PFM (Any Metal)
   - D6067 Gold (Any Metal)

Implant Bridgework Coding Match

- Match Pontic and retainer coding
- Match material type (ceramic, PFM, gold)
- Implant Pontic is the same as natural tooth Pontic

Implant Provisional Crown Placement

- D6199 unspecified implant procedure, by report (place provisional crown on Abutment/Implant).

Dental Implant Supported Connecting Bar

- D6055 Implant Connecting Bar
- Typically a removable Implant Overdenture fits over the Bar.

Overdenture-Complete

- D5860 Natural tooth Overdenture
- D6053 Implant/Abutment supported Implant Overdenture

Overdenture Locator Codes

- Mini-Implant Overdenture
  - D5862 Mini-Implant Cap embedded in overdenture.
- Full-Size Implant Overdenture
  - D6056 plus D5862 locator.

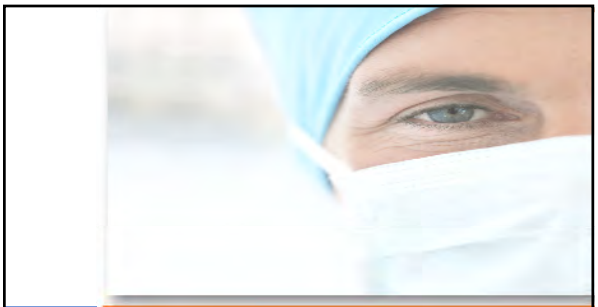
Bridgework

Bridgework Coding Match

- Match pontic and crown retainer
- Match material type
- Pontic code is the same for a natural tooth and implant bridge.

Maryland Bridge

- Metal Wings *(D6545)*
- Ceramic Wings *(D6548)*
- Plus Appropriate Pontic
- Charge ½ to ¾ Crown Fee for each "Wing"



Oral Surgery

Coronal Remnant: Deciduous Tooth (D7111) Pricing

- A remnant is the Crown (no root) of a primary tooth.
- Routine Recall Visit - *No Charge*
- Emergency Visit Basis - *$65.00*

(Consider as office visit fee for operatory setup, filing, insurance, etc.)

Erupted Tooth Extraction (D7140)

Erupted Tooth (D7140):

- Single, multiple, permanent and primary teeth extraction

Erupted Root (D7140):

- Code also applies to exposed roots (not requiring surgical access)

Surgical Extraction (D7210)*

Requires removal of bone and/or section of tooth.

- "Suture" does not count.
- Pays about 60% - 90% more than (D7140) due to time and difficulty.
- Document in clinical notes

*** Effective 1/1/11, a flap is optional.**

Surgical Extraction of Residual Tooth Roots (D7250)

- Cutting procedure to remove bone/residual roots.
- "Residual" generally means roots left by someone else.
- Use of this code may trigger denial of bridgework or implant coverage due to "missing tooth" clause.
- Common code associated with denture fabrication (removing roots) or use by oral surgeon to remove roots left by previous dentist.

Grafts for Implants

- D7950 Graft of Edentulous Area of Mandible or Maxilla- Autogenous or Non-Autogenous, by report. (Includes obtaining Autograft and/or Allograft material. Membrane Extra.
- D7951 Sinus Augmentation with Bone or Bone Substitutes. (Includes obtaining graft material but excludes membrane, if used).
- D7953 Bone Replacement Graft for extraction or implant removal (01/01/11) site. Does not include membrane, if used. Does not include harvesting bone.
- D7295 Harvest of Autogenous Bone may be used 01/01/11.

Frenum Excision Codes

- Frenulectomy (D7960)
  - Release of bucal, labial, or lingual frenum "clip and snip".
  - Lower fee.
- Frenuloplasty (D7963)
  - Excision of frenum plus repositioning of Aberrant muscle and z-plasty or local flap closure.
  - More complicated and a higher fee.

Other Surgery Codes

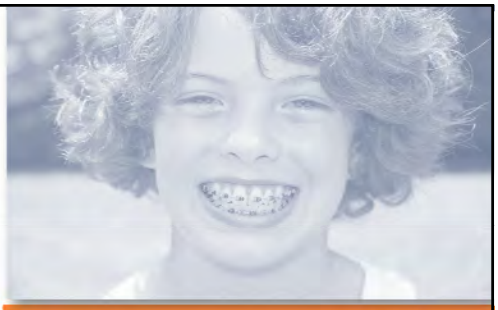
- Tooth stabilization after injury *(D7270)*
- Soft-Tissue Biopsy* *(D7286)*
- OralCDx® Biopsy* *(D7288)*
- Excision of Pericoronal Gingiva *(D7971)*

***For biopsy, wait on pathology report before filing a dental claim.**

Occlusal Orthotic Device (TMJ) - (D7880)

- Patient exhibiting "signs and symptoms of TMJ."
- Treatment is splint, occlusal adjustment, multiple visits
- Not bruxism which is an occlusal guard *(D9940)*
- Generally not paid under dental insurance, except TMJ rider.
- File medical for payment.*

***Infrequently there is medical reimbursement.**



Orthodontics

Typical Ortho Case Types

- Interceptive Case - Child
  - fixed, removable (D8060)
- Limited Case - Adult
  - fixed, removable, Invisalign® (D8040)
- Comprehensive Case - Adult
  - fixed, removable, Invisalign® (D8090)

Habit Appliance*

- Removable Appliance Therapy *(D8210)*
- Fixed Appliance Therapy *(D8220)*

*** Harmful habits such as thumb-sucking and tongue thrusting.**

Orthodontics? Yes ☐ No

- Extractions
- Transseptal Fiberotomy
- Frenectomy
- Unerupted Tooth Exposure
- Placement of Device (Button)

Section Bridge (D9120)

- Section bridge and polish remaining retainer.
- Charge extraction plus D9120.

Occlusal Guard (D9940)

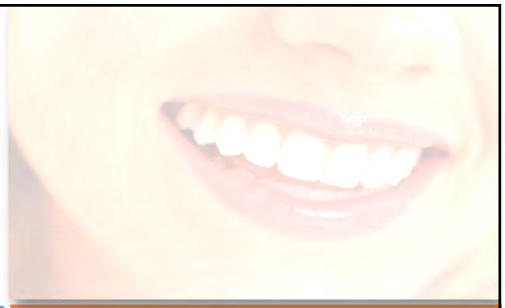
- Not TMJ (D7880) or Athletic Mouth Guard (D9941)
- For Bruxism and Perio Stabilization Only
- Three Types of Occlusal Guards:
  1. D9940A – Soft (suck-down)
  2. D9940B – Hard (lab fee - $100)
  3. D9940C – NTI

Fee: $350 - $650 +Typically 2 or 3 Total Visits

Occlusal Guard (D9940) *(Continued)*

- Documentation: Always use a narrative.
- Mention Bruxism/Clenching.
- Mention patient has undergone periodontal therapy, if appropriate.
- Six month rule-For Perio coverage, the Occlusal Guard maybe required for delivery within six months of SRP or Osseous Surgery.

Note: D4341/D4342 or Osseous Surgery is required for Perio statement.



Tooth Whitening (D9972)

Report as Upper and Lower Arch *Separately*

practice Booster
Coding Advisor

NOTES