

**STAY OUT OF JAIL:
AVOID CODING ERRORS**

**PRESENTED BY:
CHARLES BLAIR, DDS**

FEBRUARY 12, 2019




drcharlesblair
AND ASSOCIATES, INC.

P. O. Box 986
85 Catawba Street
Belmont, North Carolina 28012-0986
866.858.7596 (Phone) * 855.825.3960 (Fax)
info@practicebooster.com * www.practicebooster.com

DISCLAIMER


This presentation is for informational and training purposes only. The information contained in this presentation is not to be considered legal advice. Presenter is not a licensed attorney. For legal advice, consult a healthcare attorney.



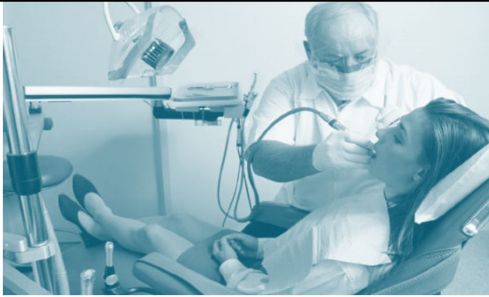
1

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.



2




ORAL EVALUATIONS (EXAMS)



3

COMPREHENSIVE ORAL EVALUATIONS

- “2 /Year Rule” or “1/Six Months” (*OF ANY KIND*)
- D0145-Under age 3 includes counseling.
- D0150-Age 3 and up – probing and charting “where indicated” oral cancer evaluation “where indicated”
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.




4

CHECK-UP EVALUATIONS

- D0120-Periodic Evaluation – probing and charting “where indicated” oral cancer evaluation “where indicated”.
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.*


*Insurance companies commonly downgrade D0180 to D0120.



5

D0140 PROBLEM-FOCUSED EXAM ISSUES

- Always a “Stand Alone” Code
- Subject to 2/year or 1 per six months rule
- “Not paid with definitive procedure” limitation
- Can be used infrequently at recall with extra time.



6

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.

drcharlesblair

7

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)
- ❑ Aphthous ulcer relief

drcharlesblair

8

COMMON X-RAY LIMITATIONS

- ❑ DDS must order all x-rays – No protocol
- ❑ Full Series or Pan – Every 3 or 5 years
- ❑ Maximum x-ray reimbursement – full series UCR. Maximum bitewing reimbursement – four bitewings limitation at recall visit
- ❑ Bitewings – once per year/twice for children. Narratives for periapicals with BWX.
- ❑ 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.

drcharlesblair

9

NEW SCALING CODE D4346

- ❑ Generalized moderate or severe gingival inflammation.
- ❑ Oral evaluation is performed prior to service.
- ❑ No bone loss prior to service.
- ❑ Document with intraoral camera.
- ❑ Followed by prophylaxis at an interval set by doctor (2-6 weeks).

drcharlesblair

10



FLUORIDE

drcharlesblair

11

FLUORIDE APPLICATION LIMITATIONS

- ❖ Payable once or twice per year. Fluoride cannot be in prophylaxis paste. Payable up to 16-17-18 years.
- ❖ D1206-Fluoride Varnish (Children or Adults)
- ❖ D1208-Fluoride Application (Children or Adults)
 - ❖ Excludes Fluoride Varnish.

*Caries risk is no longer considered for D1206.
D1203/D1204 is Deleted.

drcharlesblair


12

CARIES RISK ASSESSMENT AND DOCUMENTATION*


- Three caries risk levels:
 1. D0601 Low Caries Risk
 2. D0602 Moderate Caries Risk
 3. D0603 High Caries Risk

*Report with adult fluoride, six month interval bitewings, and periapicals taken with BWX.


*Not generally reimbursable and reported with “zero” fee.



13




ONLAY/CROWNS



14

ONLAY/CROWN CRITERIA


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



15

CORE BUILDUP (D2950)


- 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.”
- “65% of the tooth was missing.”
- “The tooth was endodontically treated on mm/dd/yy”. Enclosed is completed endo radiograph.




16

EXTRA LAB PROCEDURES W/ PARTIAL

- Bill code (D2971) plus crown procedure.
- Lab charges extra \$50 - \$70 to make a new crown under an existing partial denture.
- About \$150 fee for the D2971 procedure.



17



PERIODONTICS



18

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.

drcharlesblair

19

PERIO ONGOING MAINTENANCE (D4910)*

- Show history of SRP/surgery, plus attach full mouth charting with initial D4910 form. Turn switch “on”.
- Always follows SRP or Perio Osseous surgery.
- Don’t alternate D4910 with prophylaxis (D1110).
- (D4910) treatment is “indefinite” and “ongoing”.
- Many carriers require at least 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.

drcharlesblair

20

SIX WEEK RE-EVALUATION

- ❖ D0171-If DDS checks the patient. Evaluation subject to frequency limitations.
- ❖ D0180-If DDS checks the patient. Evaluation is subject to frequency limitations. D0180 has higher UCR than D0171.
- ❖ D1110-paid generally, but beware of certain plans
- ❖ D4381-Arestin-Possibly paid
- ❖ D4910-Generally not paid six weeks after SRP-Requires three months wait.
- ❖ D4999-Probing and Charting, not paid and there is not a separate code for this service.

drcharlesblair

21



IMPLANTS

drcharlesblair

22

IMPLANT CHARGE OUT POSSIBILITIES

- Abutment Placement for Abutment-Supported Crown*
 - Interim Abutment (D6051)
- OR**
- Prefabricated Abutment (D6056)
- OR**
- Custom Abutment (D6057)

*Provider must *place* the abutment to report it.

drcharlesblair

23

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)

drcharlesblair

24

OVERDENTURE LOCATOR CODES

- Mini-Implant Type Overdenture – D6110/D6111
 - D5862 Mini-Implant Cap embedded in overdenture.*
- Full-Size Type Implant Overdenture – D6110/D6111
 - D6052 semi-precision attachment abutment with keeper assembly*

*D5862 and D6052 are an attachment or “locator”.

drcharlesblair

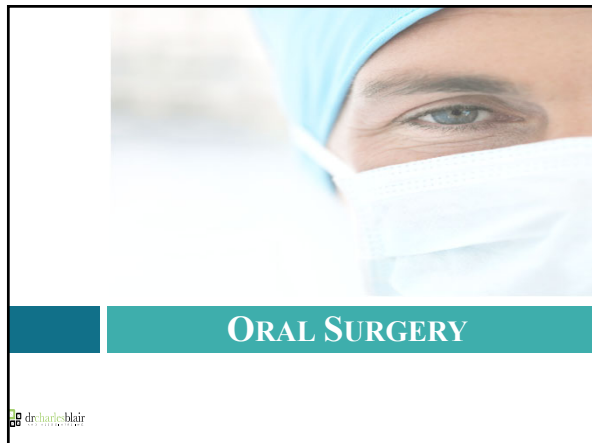
25

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.
- D6104 bone graft at the time of implant placement.
- D7951 “Window” Sinus Augmentation with Bone or Bone Substitutes. (Includes obtaining graft material but excludes membrane, if used).
- D7952 “Vertical punch” sinus augmentation
- 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.

drcharlesblair

26



drcharlesblair

27

ROUTINE EXTRACTION

Coronal Remnant: Deciduous Tooth (D7111):

- A remnant is the Crown (no root) of a primary tooth.

Erupted Tooth (D7140):

- Single, multiple, permanent and primary teeth extraction – considered routine

Erupted Root (D7140):

- Code also applies to erupted root removal (not requiring surgical access)

drcharlesblair

28

EXTRACTION (D7210)*

Requires removal of bone and/or section of tooth.

- “Suture” does not count.
- A flap is optional
- Pays about 60% - 90% more than (D7140) due to time and difficulty.
- Document in clinical notes
- Intraoral camera images to document

drcharlesblair

29

SECTION A FAILED BRIDGE (D9120)

- Section bridge and polish remaining retainer (D9120).
- Charge extraction D7140 plus D9120 for sectioning.

drcharlesblair

30

OCCLUSAL GUARD

- Not TMJ (D7880) – bill to medical
- For Bruxism, Perio Stabilization, and other occlusal factors
- Three Types of Occlusal Guards:
 1. D9944 – Hard appliance, full arch
 2. D9945 – Soft appliance, full arch
 3. D9946 – Hard appliance, partial arch
- D9943 – Occlusal guard adjustment

drcharlesblair

31

OCCLUSAL GUARD (CONTINUED)

- Documentation: Always use a narrative. “Diagnosis = Bruxism”
 - Mention Bruxism/Clenching.
 - Mention patient has undergone periodontal therapy, if appropriate.
 - Six month rule-For Perio coverage, the Occlusal Guard may be reimbursed when delivery within six months of SRP or Osseous Surgery.
- Narrative: “Type III perio osseous surgery on 1/1/XX.”

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

drcharlesblair

32

TOOTH WHITENING

- Report as upper and lower arch *separately*, at ½ the total fee.
- D9972 In-office only, includes take home trays.
- D9975 Take home trays and strips only.

drcharlesblair

33

2019 CDT CODES

drcharlesblair

34

15 NEW PROCEDURE CODES

drcharlesblair

35

NEW PROCEDURE CODES SUMMARY


- D0412- Blood glucose level test - in- office using a glucose meter
- D1516- Space maintainer – fixed - bilateral, maxillary
- D1517 - Space maintainer – fixed - bilateral, mandibular
- D1526- Space maintainer – removable – bilateral, maxillary
- D1527 - Space maintainer – removable – bilateral, mandibular
- D5282 - Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary
- D5283 - Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular

drcharlesblair

36

NEW PROCEDURE CODES SUMMARY


- D5876 – Add metal substructure to acrylic full denture (per arch)
- D9130 – Temporomandibular joint dysfunction – non-invasive physical therapies
- D9613 – infiltration of sustained release therapeutic drug – single or multiple sites
- D9944 – Occlusal guard – hard appliance, full arch
- D9945 – Occlusal guard – soft appliance, full arch
- D9946 – Occlusal guard – hard appliance, partial arch



37

NEW PROCEDURE CODES SUMMARY


- D9961 – Duplicate/ copy patient’s records
- D9990 – Certified translation or sign- language services – per visit



38

END OF CE PRESENTATION


Are there any questions?



39

PARTICIPANTS

You are welcome to stay on the line to find out how you may order PracticeBooster, as well as other publications.



40



**Colgate
Coding Guide**

FOR COLGATE PRODUCTS BASED ON
RISK ASSESSMENT AND DIAGNOSIS


DEVELOPED WITH DR. CHARLES BLAIR, DDS

 **drcharlesblair**
AND ASSOCIATES, INC.

 **Colgate**

VERSION 1.0

41




ORDER TODAY!

Website: www.practicebooster.com

Phone: 866.858.7596

Email: info@practicebooster.com



42

CODING WITH CONFIDENCE:
THE "GO TO" DENTAL CODING GUIDE (CDT 2019 EDITION)

Charles Blair, D.D.S.

CODING WITH CONFIDENCE:
THE "GO TO" DENTAL CODING GUIDE

Dramatically Cut Coding Errors and Boost Legitimate Reimbursement

CDT-2019 EDITION

Coding with Confidence is dentistry's premier CDT coding guide. Using exclusive reader-friendly graphics, this manual arms dental teams with the ability to prevent the most common and costly coding errors. Comprehensive content includes expert comments, code limitations, and key narrative guidance needed to successfully file dental claims to gain maximum and timely reimbursement. This manual is a must-have for every dental practice!

ORDER TODAY!

Website: www.practicebooster.com
Phone: 866.858.7596
Email: info@practicebooster.com

drcharlesblair

43

ADMINISTRATION WITH CONFIDENCE:
THE "GO TO" GUIDE FOR INSURANCE ADMINISTRATION (2019 EDITION)

Charles Blair, D.D.S.

ADMINISTRATION WITH CONFIDENCE:
THE "GO TO" GUIDE FOR INSURANCE ADMINISTRATION

Streamline Insurance Administration and Reduce Denials and Delays

2019 EDITION

Administration with Confidence provides dental practice team members with need-to-know information to successfully navigate the difficult ins and outs of dental insurance administration. Proper insurance administration is key for maintaining a profitable practice and this easy-to-follow Guide offers solutions for both the common and complex problems facing practices today. Featured chapters including Coordination of Benefits, Working with PPOs, the Affordable Care Act (ACA), and much more!

ORDER TODAY!

Website: www.practicebooster.com
Phone: 866.858.7596
Email: info@practicebooster.com

drcharlesblair

44

BUNDLE PACKAGE
(2019 EDITION)

Coding with Confidence

Administration with Confidence

ORDER TODAY!

Website: www.practicebooster.com
Phone: 866.858.7596
Email: info@practicebooster.com

drcharlesblair

45

MEDICAL DENTAL CROSS CODING WITH CONFIDENCE
(2019 EDITION)

Charles Blair, D.D.S.

MEDICAL DENTAL CROSS CODING WITH CONFIDENCE

2019 EDITION

Introducing our newest resource, **Medical Dental Cross Coding with Confidence**, enabling dental teams to conquer the complexities of medical claim submission. This revolutionary cross coding manual assists dental teams in selecting the appropriate CPT and ICD-10-CM codes to report the dental procedures performed in their practices, and teaches them how to properly report the codes on medical claim forms. This valuable resource is designed to assist both the beginner and the experienced medical dental cross coder. Learn from easy to follow clinical scenarios, as well as step-by-step instructions on completing the CMS 1500 (02-12) Medical Claim Form.

ORDER TODAY!

Website: www.practicebooster.com
Phone: 866.858.7596
Email: info@practicebooster.com

drcharlesblair

46

