

Clinical Treatment AnalyzerSM

DATA REQUIREMENTS QUESTIONNAIRE

Date:		Practice Name:	
Doctor:		Contact Person data submission:	
Work# ()		Fax# ()	
Home# ()	Cell#()	E-Mail:	
Address:			City:
State:	Zip:	CPA Name:	

1. BEFORE BEGINNING - Select a recent 6- or **12-month (preferred)** "snapshot" from your practice management software (Dentrix, Eaglesoft, PracticeWorks, etc.) for the following date range: **DATE** ___/___/___ **to** **DATE** ___/___/___ . (This DATE RANGE is to be used to answer all subsequent questions). The date range selected should be as stable as possible (same doctor/hygiene days throughout the range, if possible. Otherwise, prorate the days appropriately in Question #3 and #7).

2. CHECKLIST - Please check off each item upon completion:

___ **A. Type of Practice:** General Dentistry **OR** Prosthodontics

___ **B. Zip Code for your practice:** _____

___ **C. Provide us with your practice management Report (from Dentrix, Eaglesoft, etc.) printout:**
 (1) ADA-coded unrestricted (full) fee schedule printout
 (2) ADA-coded procedure count office report printout for the practice, itemized by ADA-coded procedure, not category, for the six or twelve-month period listed above.

___ **D. List the practice's total monthly production and collections for the same data range selected for the six or twelve month period below:**

Month	Production	Collections
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$

Month	Production	Collections
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
11	\$	\$
12	\$	\$

E. List the total production of the practice for each of the following years:
 2010 _____ 2011 _____ 2012 _____ (Y-T-D as of _____)

3. What are the number of Dentist days worked per week?

Definition:
 1 dentist day = one 8 hour clinical day
(36 clinical hours/week = 4.5 work days/week)

If the work schedule varies week-to-week during the month, then add the total hours worked over the month and divide by 8 hours to get days worked. Then divide the total days worked by the work weeks in the month. **Report as days and fraction of a day per week.**

It is assumed that the doctor(s) take about two vacation weeks plus a week of holidays, plus CE on some Fridays/weekends from time to time. If significantly more than this amount of time is taken off, please explain in the "comments" section later.

Example #1 – One doctor working 4 eight hour days plus 1 doctor working 3 eight hour days = 56 hours or 7 doctor work days)

Example #2--One doctor only works six months of the year. If he works 4 days per week when working, then 2 days per week would be reported, on average.

4. What is the overall doctor busyness (solidly booked) in terms of weeks (example: 2.5 weeks or .5 weeks). For group practices, *average* the busyness of all the doctors (overall score). If you use doctor "block scheduling" then ignore those intentionally made "holes" which don't reflect a lack of busyness.

5. What is the doctor's established **standard of care** for the following procedures:

This is measured in clinical hours treatment per week (converted to 8 hour days)

- _____ hours/week average, doctor #1
- _____ hours/week average, doctor #2
- _____ hours/week average, doctor #3
- _____ hours/week average, doctor #4
- _____ hours/week average, doctor #5
- _____ hours/week average, doctor #6

_____ **Total hours/week divided by 8 hours=**
 _____ **dentist work days/week on average during the data "window" period (report as fraction of day for accuracy).**

Note: List **specialist hours** only if the practice directly bills the patient and pays the specialist a salary/commission. Also, it is assumed that the procedure counts reports submitted **contain the production** of the specialist. If a specialist works in your office, be sure to answer Question #16.

_____ weeks doctor(s) average weeks **solidly** booked ahead

A. Average bitewing interval: _____ **months on average**

(For instance, almost everyone has bitewings every 12 months, on average—enter "12" months)

B. Full series/pan interval _____ **months on average**

(For instance, the interval for most patients is every 3 years, and for a few others every 5 years interval. On average, the interval is about 3.5 years—Enter "42" months.

C. Estimated percentage of new patients who should receive periodontal treatment (SRP/D4910) in your practice _____ %

6. Does the hygienist **routinely** have an assistant's help with the following tasks? If **yes**, the approximate hours per week need to be calculated and entered below in #7.

Do the assistants perform the following tasks **routinely** for the hygienist?

Sterilize instruments _____ Yes _____ No
 Turn the operatories _____ Yes _____ No
 Assist probing & charting _____ Yes _____ No

Who takes the Full Series/Pan/Bitewings:

Provider	Full Series	Pans	Bitewings
Hygienist(s)	_____ %	_____ %	_____ %
Assistants(s)	_____ %	_____ %	_____ %
Total	100 %	100 %	100 %

7. What are the average Hygiene days worked per week? (Include any assisted hygiene hours/days by **dedicated assistants** in the hygiene count – total the hours/days worked by all hygienists and **dedicated dental assistants**.)

This is measured in clinical hours treatment per week (converted to 8 hour days)

Definition:

1 hygienist day = one 8 hour clinical day

(36 clinical hours/week = 4.5 work days/week)

_____ hours/week average, RDH #1
 _____ hours/week average, RDH #2
 _____ hours/week average, RDH #3
 _____ hours/week average, RDH #4
 _____ hours/week average, RDH #5
 _____ hours/week average, RDH #6
 _____ hours/week average, RDH #7
 _____ hours/week average, RDH #8
 _____ hours/week average, RDH #9

If the work schedule varies week-to-week during the month, then add the total hours worked over the month and divide by 8 hours to get days worked. Then divide the total days worked by the work weeks in the month. **Report as days and fraction of a day per week.**

_____ hours/week average, **DA #1 (dedicated)**
 _____ hours/week average, **DA #2 (dedicated)**
 _____ hours/week average, **DA #2 (dedicated)**

It is assumed that the hygienist(s) take about two vacation weeks plus a week of holidays, plus CE on some Fridays/weekends from time to time. If significantly more than this amount of time is taken off, please explain in the "comments" section under question #17 later.

_____ **Total hours/week divided by 8 hours =**
 _____ **hygiene/assisted hygiene work days/week on average during the data "window" period (report as fraction of day for accuracy).**

8. Mark the descriptor to the right that best describes the overall busyness of the hygiene department:

Note: Open slots indicate too many hygiene "slots" for the number of patients needing hygiene appointments. **Broken appointments, on the other hand, indicate open time today due to no-shows.** This question does not relate to **broken appointment** issues.

Check **one** of the categories below:

_____ **open slots** - lack of patients to fill available slots.
 _____ **booked solid** - several weeks out— hygiene busyness is in equilibrium.
 _____ **overflowing** – difficult to get patient on to schedule, particularly SRP

9. Important Coding Questions:

A. Do you code all new patient evaluations (children* and adults) as D0150? If "Yes," proceed to: "B" below. _____ Yes _____ No

*Technically, use D0145 if child is under 3 years old
 Note: The definition of a new patient is one that is x-rayed and treatment planned by the dentist.

(1) If "No," do you code new patient children or adults as D0120 to hold down the new patient evaluation fee? If "Yes," do not use D0120 in the future, but use D0150 – the correct code – at a lesser fee. _____ Yes _____ No

If yes, you need to check the new patient count of your software which always includes emergency patients. Subtracting your estimated "emergency patient count", then enter here your best guess of annual new patients. Best guess _____annual New Patients.

(2) If "No," do you code any new perio patients as code D0180 (comprehensive perio evaluation)? If "Yes," do not use code D0180 for new patient (perio) evaluations in the general practice as D0150 is a more broad and in-depth evaluation) _____ Yes _____ No

If yes, list what percentage of D0180 patients are:

Category	Percent
New (perio) patients	____%
Recall (perio) patients	____%
	100%

(3) If "No," do you code any new patients as a second opinion Consultation D9310? If "yes", do not use code D9310 unless a dentist or physician has *specifically* referred that patient. If the second opinion is a self-referral of the patient, then use either D0150 (comprehensive evaluation) or D0140 (limited evaluation) for the evaluation of the self-referred new patient, depending on its purpose. _____ Yes _____ No

If yes, list what percentage of D9310 counts were New patients: _____%

B. Did the practice "alternate" the coding for Prophylaxis (D1110) and Periodontal Maintenance (D4910), during the time period submitted? Once a patient is D4910 and the "switch" is turned "on", then continue this code for the "life of the dentition". _____ Yes _____ No

C Do you "switch" from child fluoride (D1203) to adult fluoride (D1204) when you "switch" the child from child prophylaxis (D1120) to adult prophylaxis (D1110)? Always "switch" the child fluoride (D1203) to the adult fluoride (D1204) when the child prophy is switched to the adult prophy. Insurance usually reimburses adult fluoride (D1204) up to age 16,17, or 18 depending on contract limitations. _____ Yes _____ No

D. When you take a pan plus bitewings, do you code and report it as a full series D0210? If yes, do not code these two procedures together as D0210. Always "report what you do", so code each of these procedures *separately*. _____ Yes _____ No

E. At the recall visit intervals, do you routinely take bitewings **PLUS periapical x-rays?** _____ Yes _____ No

If yes, check how many of each:

Bitewings	Periapicals
____two	____one
____four	____two
	____three

10. Office hours available for patient care provided by doctor and/or hygienist

Please list office hours worked:

_____ Mon. _____ Thurs. _____ Sun.
 _____ Tues. _____ Fri.
 _____ Wed. _____ Sat.

11. List the fees charged for the following services:

A. List the fees charged for the following tooth whitening services (fee listed is for **both** upper and lower arch) and percentage of each service rendered (totaling 100%):

Tooth whitening Services

Take-home trays _____% \$ _____
 In-office power bleach _____% \$ _____
 100 %

B. List the fees charged for the following occlusal guard services and percentage of each type of occlusal guard rendered (totaling 100%):

Do you make occlusal (bruxism) guards:

If yes, fill in the blanks below:

Type	Percent Done	Fee	% impressions by RDH
Guard	_____ %	\$ _____	_____ %
Soft	_____ %	\$ _____	_____ %
Hard	_____ %	\$ _____	_____ %
NTI	_____ %	\$ _____	_____ %
	100 %		%

C. List the fees charged for the following **implant surgery** placement and percentage of each type of implant placed (totaling 100%), if applicable.

Do you surgically place implants? ____yes ____no

If yes, fill in the blanks below:

Implant type	Percent	Fee
Full size body	_____ %	\$ _____
Mini-implant	_____ %	\$ _____
Total	100 %	

D. If applicable, list the fees charged for nitrous oxide, and its use.

Do you have Nitrous Oxide available?

____yes____ no

If yes, please answer the following:

Do you charge for nitrous oxide ____yes ____no

If yes, what is the fee? \$ ____.

List the estimated number of times nitrous oxide is used per year:

_____workdays/year X ____ use/day = _____Annual count

12. Answer the following questions regarding managed care (discounted fees):

A. What is the managed care (PPO/discounted plans) percentage of the practice revenues?

Definition: Yes, Delta Dental is managed care. The percentage to be listed is the per cent of managed care REVENUES (not discounted fees but full fees charged) compared to the total revenues of the practice.

_____ % of total practice revenues that are managed care revenues for all plans.

B. If you participate, do you know what the total write-offs per year are for all plans?

_____ Yes _____ No

If yes, list the total write-offs: \$ _____

C. Have you ever negotiated your fees with a PPO?

_____ Yes _____ No

If yes, were you at least partly successful?

_____ yes _____ No

13. List any additional comments about the questions on this questionnaire. Please list the question #, then comment.

UPON COMPLETION OF THIS QUESTIONNAIRE:

STEP 1 - Make a copy of this completed questionnaire and the fee schedule/procedure printouts for your records.

STEP 2 - Mail this form, the full fee schedule, and office ADA procedure count (consolidated report for all providers) to the address below:

Clinical Treatment Analyzer
P. O. Box 986 • Belmont, NC 28012-0986
Phone: 866.858.7596 (toll-free) • Fax: 855.825.3960
www.practicebooster.com

STEP 3 – The Clinical Treatment Analyzer Report will be generated and mailed in advance of the two hour telephone consultation to be scheduled.

Clinical Treatment AnalyzerSM
CONSULTATION AND ANALYSIS

Fee: \$1,590, or 2 monthly credit card installments of \$795 each

Credit Card: Visa MasterCard AMEX Discover
Card Number: _____
Exp Date: _____ Security code _____
Name as it appears on the card: _____
Address: _____

Signature: _____