

Book sampler:

These are sample pages of the book containing front and back cover, table of contents, explanation of legends, new codes – HbA1c In Office Point of Service Testing (D0411), Teledentistry (D9995 and D9996), and Index

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CODING WITH CONFIDENCE:

THE “GO TO” DENTAL CODING GUIDE

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

CDT 2018 EDITION

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EXPLANATION OF THE USE OF THE LEGENDS

Throughout the CDT 2018 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, Photos, and Clinical Flow Chart legends. In addition, New Procedure, Revised, 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 2018	This legend designates the official CDT 2018 code, nomenclature, and descriptor. The Code and nomenclature is always enclosed in a solid "bar", plus a "box", if applicable, which contains the descriptor. Current Dental Terminology (CDT) ©2017 American Dental Association. All rights reserved.
REVISIONS	This legend offers the exact revision to the nomenclature and descriptor as applicable.
	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 could be required. The legend's description may offer correct, alternative coding and in some cases offer another legitimate approach for better reimbursement.
	This legend can signify a misuse of reporting the code. The economic result of the misuse may be financially positive in the short term, but misuse is always costly in the long run. 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 crown of a bridge.
COMMENTS	The "Comments" legend offers commentary and information about the code.
LIMITATIONS	The "Limitations" legend spells out common limitations and exclusions of the use of this code in insurance contract language.
TIPS	The "Tips" legend signifies a legitimate approach that may result in improved benefit coverage.
NARRATIVES	The "Narratives" legend offers suggestions regarding narratives and documentation.
	This legend identifies a photograph of an appliance, restoration, implant, model, or radiographic image.
CLINICAL FLOW CHARTS	This legend illustrates a scenario in which the code is used in a proper clinical sequence associated with other procedures.
NEW PROCEDURE	This legend identifies a new procedure code. There are eighteen new procedure codes in CDT 2018.
REVISED	This legend identifies a substantive or editorial revision in the nomenclature and/or the descriptor of a code. Be sure to read the entire description of the revised code. There are sixteen code revisions in CDT 2018.
DELETED CODE	This legend identifies a procedure code that was deleted. There are three deleted codes in CDT 2018.
PREVIOUSLY DELETED CODE	This legend identifies a procedure code that was previously deleted. The manual continues to carry previously deleted codes for reference and to guide the reader to a current code, if applicable.
AUTHOR'S COMMENTS	This legend identifies the author's general comments at the beginning of a code section.

D0411

NEW PROCEDURE HbA1c IN-OFFICE POINT OF SERVICE TESTING

CDT 2018



D0411 includes collection, testing, and generation of any appropriate reports related to the patient's HbA1c. It does not describe the simple testing of the patient's blood sugar levels.



D0411 describes the **collection and testing** of an HbA1c sample conducted by a qualified dental professional. Using a glucometer to determine the patient's current blood sugar level (today) would not be described using D0411.



The hemoglobin A1c test indicates average levels of blood sugar over an interval of time (i.e., 2 to 3 months). It is also called HbA1c, glycated hemoglobin test, and glycohemoglobin.

Diabetic patients are monitored regularly to ensure their overall blood sugar levels are staying within range. The A1c test is used to diagnose diabetes. This code describes both the collection and interpretation of the HbA1c information.

LIMITATIONS HbA1C testing would not generally be paid by conventional dental plans.

TIPS Consider submission to the patient's medical plan for potential reimbursement.

D0414

LABORATORY PROCESSING OF MICROBIAL SPECIMEN TO INCLUDE CULTURE AND SENSITIVITY STUDIES, PREPARATION AND TRANSMISSION OF WRITTEN REPORT

CDT 2018



D0415 describes the collection of microorganisms for culture and sensitivity.

D0417 describes the collection and preparation of saliva sample for laboratory diagnostic testing.

D0422 describes the collection and preparation of genetic sample material for laboratory analysis and report.

D0423 describes the genetic test for susceptibility to diseases – specimen analysis.

D0484 describes a consultation on slides prepared elsewhere.



D0414 describes the laboratory processing of the microbial specimen that includes culture and sensitivity studies. This requires the preparation and transmission of a written report.

COMMENTS D0414 describes the laboratory processing of microbial specimen to include culture and sensitivity studies, as well as the preparation and transmission of written report. D0414 would be preceded by D0415, the collection of microorganisms for culture and sensitivity. D0414 requires that a copy of the results be provided and transmitted to the payer.

TIPS Consider providing the collection (D0415) and processing (D0414) of the microbial specimen at a low fee as a service for the patient to determine bacterial risk.

NARRATIVES A narrative establishing the necessity (e.g., an infection of unknown origin by an undetermined microorganism) should be submitted to explain the most effective treatment selected for the condition.

D9994 DENTAL CASE MANAGEMENT – PATIENT EDUCATION TO IMPROVE ORAL HEALTH LITERACY

CDT 2018

Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.



D9994 should not be used to report the “normal” efforts the practice makes to provide individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions, and language preferences, and adopting information and services to these differences. D9994 should not be used to describe a simple oral evaluation or case presentation.



D9994 is used to report the individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions, and language preferences, and adopting information and services to these differences.

COMMENTS The American Association of Pediatric Dentistry (AAPD) requested case management codes to provide a method of quantifying case management efforts. The government has begun a Medicaid Dental Transformation Initiative and the adoption of these case management codes is intended to help the dentist report efforts in fulfilling the initiative requirements. California Medicaid provides incentives for dental health management efforts. These codes will also help describe and document these efforts.

LIMITATIONS Administrative codes, like this code, are intended to be used to track varying behaviors of patients and healthcare providers. It is very unlikely that these codes will be reimbursed.

NARRATIVES If this code is submitted, describe the administrative action and efforts made in association with the provision of this administrative service. The specific case management actions taken to educate the patient and improve oral health literacy should be noted.

D9995 NEW PROCEDURE TELEDENTISTRY – SYNCHRONOUS; REAL-TIME ENCOUNTER

CDT 2018

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.



D9995, Teledentistry – synchronous; real-time encounter does not describe a “regular” phone consult or video consult with another healthcare professional but would include instances where both professionals “interact” with one another and/or with the patient during the encounter.



D9995, Teledentistry – synchronous, can be defined as the real-time remote provision of dental care, advice, or treatment through the medium of information technology, rather than through direct personal contact with any patient(s) involved.

- COMMENTS**
1. D9995 is reported in addition to any other procedure performed on the date of service (e.g., diagnostic services, prophylaxis, fluoride application, etc.)
 2. When reporting teledentistry (D9995), the place of service code 02 should be entered in Box 38 of the 2012 ADA Dental Claim Form for the teledentistry claim.

3. In addition, when reporting teledentistry (D9995), the treating dentist and treatment location must be reported in Box 56 of the 2012 ADA Dental Claim Form. The location is reported according to the physical location of the patient receiving teledentistry services. This address may differ from the location of the treating dentist providing the teledentistry services.
4. The patient's clinical record should reflect the type of teledentistry provided, all services provided and findings by all healthcare providers involved in the encounter. Some government funded programs, such as Medicaid may have specific documentation guidelines. Refer to the state Medicaid Provider Manual for clarification.
5. For additional details regarding teledentistry, visit www.practicebooster.com/dentalcoding. Use the passcode published on page 4 of this Guide.

LIMITATIONS

1. Reimbursement for teledentistry is expected to vary a great deal among commercial plans and government funded plans.
2. Some medical plans and government funded plans may consider reimbursement for teledentistry under specific conditions.

TIPS

1. The provider who oversees the teledentistry encounter completes the oral evaluation, provides a diagnosis and treatment plan, and is responsible for documenting and reporting the teledentistry encounter (D9995) should report the code. It is advisable to confirm any state regulations that may exist regarding who reports the teledentistry encounter.
2. The provider (e.g., hygienist, supervising dentist, etc.) who is practicing within their state licensure reports the additional procedures performed such as a prophylaxis, diagnostic images, and fluoride application. It is advisable to confirm with the state dental practice act regarding who is responsible for reporting all procedures performed.

D9996

NEW PROCEDURE TELEDENTISTRY – ASYNCHRONOUS; INFORMATION STORED AND FORWARDED TO DENTIST FOR SUBSEQUENT REVIEW

CDT 2018

Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.



D9996, Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review does not describe a “regular” phone consult or video consult with another healthcare professional but would include instances where the subsequent professional would have access to and could review the patient’s information at a remote location after the initial encounter.



D9996, Teledentistry – asynchronous, can be defined as the storage and subsequent review of the dental care, and to provide advice or treatment recommendations through the medium of information technology, rather than through direct personal contact with any patient(s) involved.

COMMENTS

1. D9996 is reported in addition to any other procedure performed on the date of service (e.g., diagnostic services, prophylaxis, fluoride application, etc.)
2. When reporting teledentistry (D9996), the place of service code 02 should be entered in Box 38 of the 2012 ADA Dental Claim Form for the teledentistry claim.
3. In addition, when reporting teledentistry (D9996), the treating dentist and treatment location must be reported in Box 56 of the 2012 ADA Dental Claim Form. The location is reported according to the physical location of the patient receiving teledentistry services. This address may differ from the location of the treating dentist providing the teledentistry services.
4. The patient's clinical record should reflect the type of teledentistry provided, all services provided and findings by all healthcare providers involved in the encounter. Some government funded programs, such as Medicaid may have specific documentation guidelines. Refer to the state Medicaid Provider Manual for clarification.

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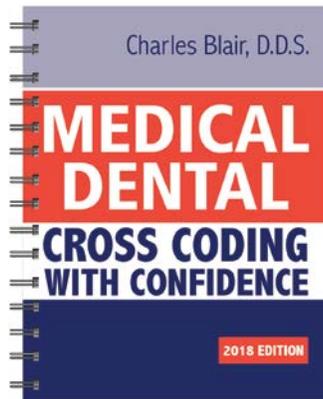
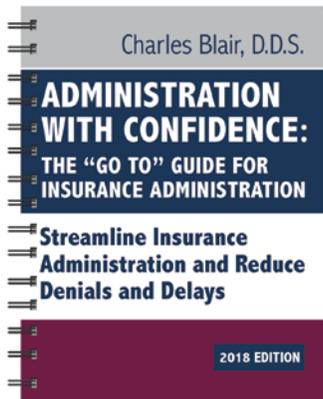
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Dr. Charles Blair is one of dentistry’s leading authorities on practice profitability, fee analysis, insurance coding and administration, insurance coding strategies, and strategic planning. As a former successful practitioner, his passion for the business side of dentistry is unparalleled. Dr. Blair has personally consulted with thousands of practices, helping them to identify and implement new strategies for improved productivity and profitability. Dr. Blair is a nationally acclaimed speaker for dental groups, study clubs, and other professional organizations. He is also a widely read and highly respected author and publisher. His extensive background and expertise makes him uniquely qualified to share his wealth of knowledge with the dental profession.

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 office staff, providing him the insight to develop this invaluable manual. It is designed to predict typical coding errors and to discover misuse and other common coding mistakes made by the mainstream dental practice.

Related Resources



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