

Book sampler:

These are sample pages of the book containing front and back cover, table of contents, Fraud and Abuse, sample cross coding pages, sample scenario, sample ICD-10-CM reference, sample ICD-10-CM reference index

**NEW
FEATURES**

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MEDICAL DENTAL

CROSS CODING WITH CONFIDENCE

2018 EDITION

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Fraud and Abuse for the Dental Professional

Overview

This chapter contains the importance of understanding the laws that pertain to abuse and fraud for billing claims in the dental setting. Anyone involved in the care of a dental patient, start to finish, from dental assistants, business staff, dental hygienists, dentists, to billers and coders, each has a vital responsibility to understand and must abide by the laws that govern fraud and abuse when submitting claims for dental services. In this section, the meanings of the different terms associated with abuse and fraud, the laws and governing departments who control compliance, penalties resulting from committing fraud and abuse, and provide some examples of what fraud or abuse may look like and the consequences associated will be discussed.

What is Fraud? What is abuse?

Let us examine the meanings and differentiation of fraud and abuse for filing claims. According to Centers for Medicare & Medicaid Services (CMS), fraud is defined as "making false statements or misrepresenting facts to obtain an undeserved benefit or payment from a federal health care program," and outlines abuse as "an action that results in unnecessary costs to a federal health care program, either directly or indirectly (Abel, et al., 2014)."

The American Academy of Professional Coders (AAPC) defines examples of the differences in fraud versus abuse in their Certification for Professional Medical Auditors Training Guides (Abel, et al., 2014).

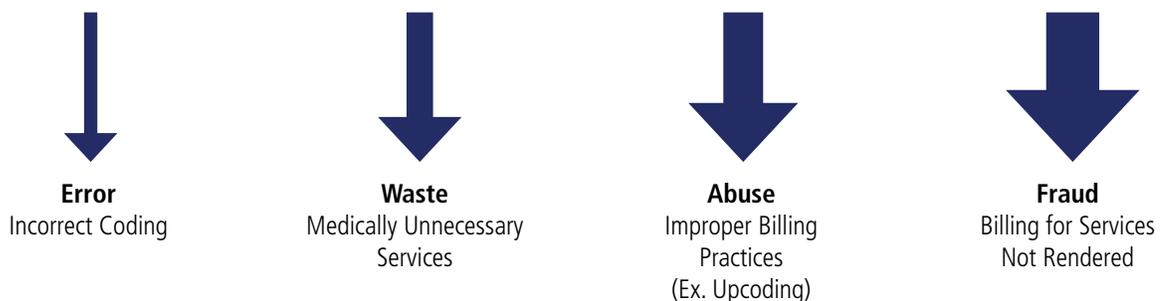
Some examples of fraud include:

- Billing Medicare patients above the defined allowed amount for services rendered
- Altering claim forms and/or receipts to receive a higher payment amount
- Billing for products, procedures, or services knowing they were not furnished for that patient
- Billing claims for services at a higher level than what was provided
- Misrepresenting the diagnosis on the claims and in the medical records to justify payment

Some examples of abuse include:

- Improperly or misusing codes on claims
- Improper billing practices
- Billing Medicare patients a higher fee schedule than non-Medicare patients
- Failure to maintain adequate medical or financial records
- Charging excessively for services or supplies

Acts surrounding dental fraud usually emerge as intent, deception, and unlawful gain. Below outlines the spectrum of improper billing to the extremity of committing fraud:



Copay forgiveness is yet another area of potential fraud and abuse. Copay forgiveness is considered unethical, if not illegal and fraudulent. This would include a practice that only collects the insurance payment as payment in full. The practice is obligated to collect and following up on copays that are owed as well as ensuring that any deductibles are paid. The AAPC shares the view of Medical Economics: "Providers who waive copays are exposed to HIPAA risk because, arguably, the provider is misstating his or her charge to the commercial plan. For example, assume a \$100 total charge where the patient has an 80/20 plan. If the provider waives the patient's obligation to pay 20%, then, again arguably, the commercial plan owes only 80% of \$80 (AAPC, 2015)."

DIAGNOSTIC IMAGING

CDT 2018

Should be taken only for clinical reasons as determined by the patient's dentist. Should be of diagnostic quality and properly identified and dated. Is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records.

IMAGE CAPTURE WITH INTERPRETATION

CDT 2018

CDT	NOMENCLATURE	CPT®	DESCRIPTION
D0210	Intraoral – complete series of radiographic images	70300	Radiologic examination, teeth; single view
D0220	Intraoral – periapical first radiographic image	70310	Radiologic examination, teeth; partial examination, less than full mouth
D0230	Intraoral – periapical each additional radiographic image	70320	Radiologic examination, teeth; complete, full mouth
D0240	Intraoral – occlusal radiographic image		

RATIONALES

While there are multiple codes used to report radiographic images in dentistry, there is a limited number of CPT® codes used to report dental radiographic images. The CPT® code is selected based on how many areas of the mouth are examined. The CPT® code selected represents whether the radiologic examination is performed for the full mouth, a single view, or a partial examination, less than the full mouth.

DIAGNOSES

K00.0–*	Disorders of tooth development and eruption
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.–*	Dental caries (decay and cavities)
K04.–*	Diseases of pulp and periapical tissue
K05.–*	Gingivitis and periodontal disease
M26.–*	Dentofacial anomalies (including malocclusion)
M26.3–*	Anomalies of tooth position of fully erupted tooth or teeth
M26.5–*	Dentofacial functional abnormalities
S02.5–*	Fracture of tooth (traumatic)
S03.2–*	Dislocation of tooth
Z01.20	Encounter for dental exam and cleaning without abnormal findings
Z01.21	Encounter for dental exam and cleaning with abnormal findings
Z13.84	Encounter for screening for dental disorders

Note: Please note the above list of linked ICD-10-CM codes is not all-encompassing. The procedure may be performed for reasons other than those listed. The clinical documentation must support the medical necessity of the procedure, and only those conditions supported by the clinical documentation should be reported.

*Diagnoses codes indicated with an * are not valid codes. These codes are category or sub category codes. Refer to the ICD-10-CM reference listing of this Manual for additional coding guidelines and selection of the most specific code to report these conditions.

BILLING TIPS

Traditional Medicare statutorily excludes routine dental treatment and all services related to dental treatment. Any radiologic examination for the purpose of excluded treatment is also considered excluded and is not filed to Medicare.

CDT	NOMENCLATURE	CPT®	DESCRIPTION
D2710	Crown – resin-based composite (indirect)	41899	Unlisted procedure, dentoalveolar structures
D2712	Crown – ¾ resin-based composite (indirect)		
D2720	Crown – resin with high noble metal		
D2721	Crown – resin with predominantly base metal		
D2722	Crown – resin with noble metal		

ALTERNATIVE CODING OPTION

Some CDT codes do not have comparable CPT® crossover codes. It is advisable to contact the patient's medical payer to determine if the CDT code to be reported on the CMS-1500 (02-12) Medical Claim Form is allowable.



The CPT® code 41899 is an unlisted code which may be reported to describe a dental procedure when there is no specific CPT® code to report the procedure performed. When an unlisted code is reported, it is necessary to provide a brief description of the procedure performed on the claim form. See "Completing the CMS-1500 (02-12) Medical Claim Form" for instructions on how to include a description of services when reporting an unlisted code. Medical payers typically require clinical documentation to adjudicate claims reporting unlisted codes.



K02.–*	Dental caries
K03.81	Cracked tooth
K04.–*	Diseases of pulp and periapical tissues
K08.5–*	Unsatisfactory restoration of tooth
S02.5–*	Fracture of tooth (traumatic)

Note: Please note the above list of linked ICD-10-CM codes is not all-encompassing. The procedure may be performed for reasons other than those listed. The clinical documentation must support the medical necessity of the procedure, and only those conditions supported by the clinical documentation should be reported.

*Diagnoses codes indicated with an * are not valid codes. These codes are category or sub category codes. Refer to the ICD-10-CM reference listing of this Manual for additional coding guidelines and selection of the most specific code to report these conditions.



Some medical payers now accept CDT codes to be reported on the CMS-1500 (02-12) Medical Claim Form. When reporting codes for dental restorations, the CDT code always most accurately describes the procedure performed and should be reported when possible.

Medical payers typically exclude reimbursement for dental restorations required to repair a tooth cracked due to biting or chewing. Dental fractures due to trauma may be defined as "injury by an external force to an otherwise sound, natural tooth."

Traditional Medicare statutorily excludes dental restorations, regardless of the cause or medical necessity. These procedures are not eligible for filing to Medicare and not subject to the mandatory filing law. Dental practices may balance bill the patient for fees, although terms of any existing dental PPO contract still apply.

Medicare Advantage plans may provide some dental coverage. It is advisable to verify coverage prior to initiating treatment.

6 Non-Trauma Diagnostic, Preventive, Periodontal

Adult Periodontal Maintenance, Comprehensive Periodontal Evaluation, Tobacco Counseling

SCENARIO

Established adult patient presents for periodontal maintenance recall. Review current medical history. Patient indicates he is smoking cigarettes again and smokes approximately 1 pack of cigarettes per day, on average. The patient is diagnosed with generalized, aggressive periodontitis. The hygienist performs periodontal maintenance including polishing as part of the periodontal maintenance procedure and a complete periodontal charting and probing. The dentist performs a comprehensive periodontal evaluation. The dentist reviews with the patient that he has several areas of increased pocket depth. The dentist documents 5 minutes spent counseling the patient regarding the effects smoking has on oral health and periodontal disease. The patient is referred to his primary care physician for a smoking cessation program.

DIAGNOSES

Pointer	ICD-10-CM	Description	Modifier	CPT® Codes (if required)
A	K05.22	Aggressive periodontitis, generalized		99213
				99406
				41899
B	Z71.6	Tobacco abuse counseling		99406
C	F17.210	Nicotine dependence, cigarettes, uncomplicated		99406
				41899

PROCEDURE

CDT 2018	Nomenclature	CPT® 2018	Modifier (if required)	Description
D0180	Comprehensive periodontal evaluation – new or established patient	99213		Office visit, established patient; expanded problem focused
D1320	Tobacco counseling for the control and prevention of oral disease	99406		Smoking and tobacco use cessation counseling visit, intermediate; greater than 3 minutes, but less than 10 minutes
D4910	Periodontal Maintenance	41899		Unlisted procedures, dentoalveolar structures

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 431				15. OTHER DATE QUAL. MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY						
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				17b. NPI _____			20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO						
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. K0522 B. Z716 C. F17210 D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____				ICD Ind. 0			22. RESUBMISSION CODE ORIGINAL REF. NO.						
23. PRIOR AUTHORIZATION NUMBER													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. _____		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSTD Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 MM DD YY MM DD YY		11			99213		AC	X.XX		X	NPI	XXXXXXXXXXXXXXXXXX	
2 MM DD YY MM DD YY		11			99406		BC	X.XX		X	NPI	XXXXXXXXXXXXXXXXXX	
3 MM DD YY MM DD YY		11			41899		AC	X.XX		X	NPI	XXXXXXXXXXXXXXXXXX	
4 MM DD YY MM DD YY											NPI	-----	
5 MM DD YY MM DD YY											NPI	-----	
6 MM DD YY MM DD YY											NPI	-----	

PHYSICIAN OR SUPPLIER INFORMATION

ICD-10-CM Reference

This listing is not intended to be a comprehensive listing of all ICD-10-CM codes or their application to specific conditions and diseases. Examples listed for the application of use for each code are edited to include those most common to the dental practice. For a complete listing of all ICD-10 codes and their application please refer to an ICD-10-CM code book. The complete ICD-10-CM code set is available for downloading, free of charge, at www.cms.gov.

VIRAL INFECTIONS CHARACTERIZED BY SKIN AND MUCOUS MEMBRANE LESIONS

◆ **Codes A00-A99 and B01-B99.99** have been omitted from this list since these codes do not pertain to dental treatment. Refer to a complete ICD-10-CM book for these code descriptions.

- **B00 Herpesviral [herpes simplex] infections**
 - ◆ **Excludes1:** congenital herpesviral infections (P35.2)
 - ◆ **Excludes2:** anogenital herpesviral infection (A60.-)
 - gammaherpesviral mononucleosis (B27.0-)
 - herpangina (B08.5)
- **B00.0 Eczema herpeticum**
 - Kaposi's varicelliform eruption
- **B00.1 Herpesviral vesicular dermatitis**
 - Herpes simplex facialis
 - Herpes simplex labialis
 - Herpes simplex otitis externa
 - Vesicular dermatitis of ear
 - Vesicular dermatitis of lip
- **B00.2 Herpesviral gingivostomatitis and pharyngotonsillitis**
 - Herpesviral pharyngitis
- **B00.3 Herpesviral meningitis**
- **B00.4 Herpesviral meningitis**
 - Herpesviral meningoencephalitis Simian B disease
 - ◆ **Excludes1:** herpesviral encephalitis due to herpesvirus 6 and 7 (B10.01, B10.09)
 - non-simplex herpesviral encephalitis (B10.0-)
- **B00.5 Herpesviral ocular disease**
 - **B00.50 Herpesviral ocular disease, unspecified**
 - **B00.51 Herpesviral iridocyclitis**
 - Herpesviral iritis
 - Herpesviral uveitis, anterior
 - **B00.52 Herpesviral keratitis**
 - Herpesviral keratoconjunctivitis
 - **B00.53 Herpesviral conjunctivitis**
 - **B00.59 Other herpesviral disease of eye**
 - Herpesviral dermatitis of eyelid
- **B00.7 Disseminated herpesviral disease**
 - Herpesviral sepsis

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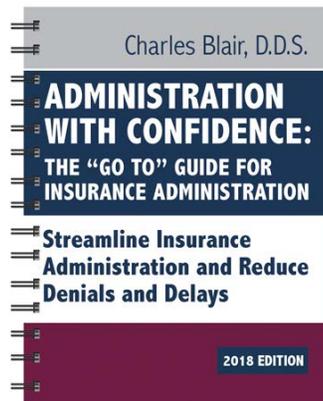
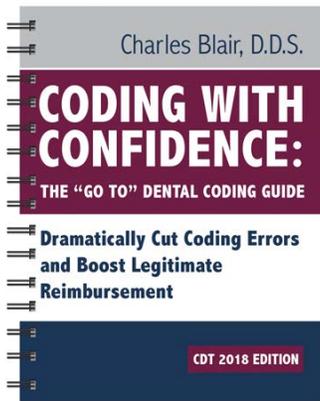


Dr. Charles Blair is a pioneer in the dental profession and has shared his knowledge and expertise as a consultant for many years. He is a former successful practitioner whose passion for the business side of dentistry is unparalleled. As President of Dr. Charles Blair & Associates, Inc., Dr. Blair has presented hundreds of programs, consulted with thousands of dentists, and has authored or coauthored countless articles and 12 books. In addition to this Manual, his latest publications include: *Coding with Confidence: The “Go To” Dental Coding Guide*; *Administration with Confidence: The “Go To” Insurance Administration Guide*; *Diagnostic Coding for Dental Claim Submission*, and *Insurance Solutions Newsletter*. He also founded **PracticeBooster.com**, a breakthrough online dental system to revolutionize dental coding.

Medical Dental Cross Coding with Confidence is Dr. Blair’s newest groundbreaking resource for navigating the complexities of medical claim submission for dental practices. A few of the highlights include:

- **NEW FEATURES:**
 - Expanded ICD-10-CM Reference
 - Additional Billing Tips
 - Expanded Medicare Information
- Cross Coding CDT to CPT® Procedure Codes
- Application of ICD-10-CM Codes
- Easy to Follow Clinical Scenarios
- Instructions for Completing the CMS-1500 (02-12) Medical Claim Form
- Establishing Medical Necessity for Dental Procedures
- Fraud and Abuse Relating to Medical Claims
- How to Successfully Submit Medical Claims for Surgical Extractions, Dental-Related Trauma, Accidents, Sleep Apnea, TMJ, and much more!

Related Resources



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