Charles Blair, D.D.S.

MEDICAL DENTAL

CROSS CODING WITH CONFIDENCE

2016-2017 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 healthcare program," and outlines abuse as "an action that results in unnecessary costs to a federal healthcare 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:

Error	**Waste**	**Abuse**	**Fraud**
Incorrect Coding	Medically Unnecessary Services	Improper Billing Practices (Ex. Upcoding)	Billing for Services Not Rendered
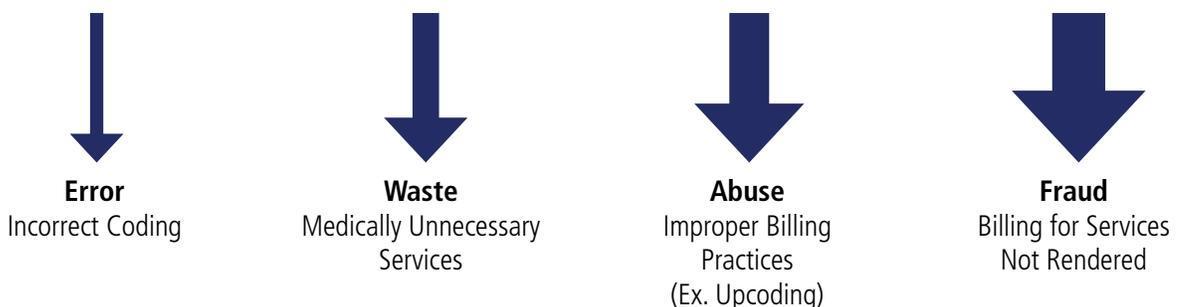
DIAGNOSTIC IMAGING   CDT 2016

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 2016

CDT	NOMENCLATURE
D0210	Intraoral – complete series of radiographic images
D0220	Intraoral – periapical first radiographic image
D0230	Intraoral – periapical each additional radiographic image
D0240	Intraoral – occlusal radiographic image

CPT	DESCRIPTION
70300	Radiologic examination, teeth; single view
70310	Radiologic examination, teeth; partial examination, less than full mouth
70320	Radiologic examination, teeth; complete, full mouth

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

Diagnoses codes are assigned based on the reason for the visit (encounter). The application of these codes is too varied to adequately advise of ICD-10-CM codes that may apply. See ICD-CM-10 reference section beginning on page 455. The clinical documentation must support the medical necessity of the procedure, and only those conditions supported by the clinical documentation should be reported on the medical claim form.

SCENARIOS

CDT	NOMENCLATURE
D2710	Crown – resin-based composite (indirect)
D2712	REVISED 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

CPT	DESCRIPTION
41899	Unlisted procedure, dentoalveolar structures

RESTORATIVE

ALTERNATIVE CODING OPTION

All 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 medical claim form is allowable.

RATIONALES

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 pages 370-373 for examples of how to report unlisted codes. Medical payers typically require clinical documentation to adjudicate claims reporting unlisted codes.

DIAGNOSES

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.

*Refer to the reference listing on page 455 for specific ICD-10-CM code(s) to be reported.

Adult Recall Periodic Oral Evaluation, Prophylaxis

SCENARIO

Established adult patient presents for routine preventive recall visit. Patient has no complaints. Prophylaxis performed by the hygienist. Light calculus and plaque. Patient has good homecare. Periodic oral evaluation performed by the dentist. Oral cancer screening negative. No decay noted. Patient to return in 6 months for routine preventive recall visit. Due to past history of decay, the dentist recommends four bitewing radiographs be taken at next recall visit to check for interproximal decay.

DIAGNOSES

Pointer	ICD-10-CM	Description	CPT Codes	Modifier (if required)
A	Z01.20	Dental examination and cleaning without abnormal findings	99211	
			41899	

PROCEDURE

	CDT 2016	Nomenclature	CPT 2016	Modifier (if required)	Description
	D1110	Prophylaxis – adult	41899		Unlisted procedure, dentoalveolar structures
	D0120	Periodic oral evaluation	99211		Office visit for evaluation and management of an established patient. Usually presenting problems are minimal

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
MM DD YY QUAL. **431**	QUAL. MM DD YY	FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)   ICD Ind. **0**

22. RESUBMISSION CODE   ORIGINAL REF. NO.

A. **Z0120**   B. _____   C. _____   D. _____

23. PRIOR AUTHORIZATION NUMBER

E. _____   F. _____   G. _____   H. _____

I. _____   J. _____   K. _____   L. _____

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 **MM DD YY MM DD YY**	**11**		**99211**	**A**	**X.XX**	**1**		NPI	**XXXXXXXXXXXXXXX**
2 **ZZDental Cleaning JO 00** **MM DD YY MM DD YY**	**11**		**41899**	**A**	**X.XX**	**1**		NPI	**XXXXXXXXXXXXXXX**
3								NPI	
4								NPI	
5								NPI	
6								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 and their application to specific conditions and diseases. Examples listed for application for use of each of 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 download free of charge at at www.cms.gov.

PATHOLOGY

MALIGNANT NEOPLASMS

NOTE Diagnoses codes within this section are listed for reference only and should not be reported except with a confirmed diagnosis following pathological examination. All claims for biopsies or lesion excision should be held until a pathology report is received.

MALIGNANT NEOPLASM OF LIP

Use additional code to identify:
>   alcohol abuse and dependence (F10.–)
>   history of tobacco use (Z87.891)
>   tobacco dependence (F17.–)
>   tobacco use (Z72.0)

Excludes1: malignant melanoma of lip (C43.0)
>   Merkel cell carcinoma of lip (C4A.0)
>   other and unspecified malignant neoplasm of skin of lip (C44.0–)

Code	Description
C00.0	**Malignant neoplasm of external upper lip**
C00.1	**Malignant neoplasm of external lower lip**
C00.2	**Malignant neoplasm of external lip, unspecified**
C00.3	**Malignant neoplasm of upper lip, inner aspect**
C00.4	**Malignant neoplasm of lower lip, inner aspect**
C00.5	**Malignant neoplasm of lip, unspecified, inner aspect**
C00.6	**Malignant neoplasm of commissure of lip, unspecified**
C00.8	**Malignant neoplasm of overlapping sites of lip**
C00.9	**Malignant neoplasm of lip, unspecified**

MALIGNANT NEOPLASM OF TONGUE

Use additional code to identify:
>   alcohol abuse and dependence (F10.-)
>   history of tobacco use (Z87.891)
>   tobacco dependence (F17.-)
>   tobacco use (Z72.0)

Code	Description
C01	**Malignant neoplasm of base of tongue**
C02.0	**Malignant neoplasm of dorsal surface of tongue** *Excludes2:* malignant neoplasm of dorsal surface of base of tongue (C01)
C02.1	**Malignant neoplasm of border of tongue**
C02.2	**Malignant neoplasm of ventral surface of tongue**

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 twelve 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:

- 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
- How to Read and Understand a Medical Insurance Card
- 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!

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