Diagnostic Coding for Dental Claim Submission

2017 Edition

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Introduction

*Diagnostic Coding for Dental Claim Submission* provides today’s practice with a “go-to” resource for understanding the implementation of diagnostic coding on the 2012 ADA Dental Claim Form. This in-depth Guide helps fill the void for dental team members who need guidance on the proper use of the ICD-10-CM diagnosis code set.

With the implementation of the 2012 ADA Dental Claim Form came a change in how dental claims are submitted. The 2012 ADA Dental Claim Form provides space to report/submit up to four associated diagnoses codes when reporting CDT procedures. Some states’ Medicaid programs currently require the use of ICD diagnoses codes when reporting dental procedures. In addition, many Affordable Care Act (ACA) plans with embedded mandated pediatric dental benefits are also requiring the use of ICD diagnoses codes. This is a trend we expect to continue among other dental payers. This Guide utilizes a Scenario-Based Teaching Method™ to help team members quickly identify and select the appropriate diagnoses codes for specific dental procedures, thus reducing the number of claim rejections.

The dental profession continues to become more complex due to many contributing factors, such as the shift from solo practitioner to multi-doctor group concept, PPOs, corporate ownership, HIPAA and OSHA regulations, and a movement toward medical diagnosis and CDT coding. Each of these factors presents its own set of challenges, creating even more hurdles for dental practices across the country.

As the dental industry changes, practices must be diligent in providing excellent patient care while managing all of the business-related matters required to maintain profitability. Dr. Blair is committed to providing dentists and their teams with the resources necessary for proper coding and administration of claims. The ideas found in this Guide will allow your practice to increase claim submissions and processing efficiencies while reducing claim denials and delays. You will not only improve your practice’s efficiency, you will also improve profitability and reduce risk!

Dr. Charles Blair has helped thousands of dental practices nationwide become more profitable and productive. In addition to speaking and consulting services, he also publishes a newsletter and cutting edge guides to assist dental practices become the most efficient and profitable practice they can be. *Insurance Solutions Newsletter* is a leading bi-monthly dental coding and insurance administration newsletter. *Coding with Confidence: The “Go-To” Insurance Coding Guide* provides dental practices with the coding guidance needed to fully understand current dental terminology (CDT) and properly report CDT codes on all insurance claims. Dr. Blair shares his considerable knowledge and expertise in the area of dental insurance administration in *Administration with Confidence: The “Go-to” Insurance Administration Guide*.

*Medical Dental Cross Coding with Confidence* is the “Go-to” Manual for cross coding dental procedures to medical procedures and also to assist the dental team member in learning how to apply CPT and ICD-10-CM codes. This innovative Manual is designed to enable the team member of all skill levels to effectively and efficiently submit dental procedures to the patient’s medical plan. It is assumed that the practice understands CDT dental coding and the selection of an accurate CDT code to report. The *Medical Dental Cross Coding with Confidence Manual* then assists the dental team member to cross code the selected CDT dental code to the appropriate CPT medical cross code(s).
What is ICD?

As far back as the 18th century, medical professionals have made attempts to classify and organize disease processes. Initially, this was primarily for research purposes. International Classification of Diseases (ICD) as we know it has been maintained by the World Health Organization (WHO) since 1948. Since that time, the code set has undergone many updates and revisions. The 9th revision (ICD-9) went into effect in 1979. ICD-10 became effective October 1, 2015.

Diagnoses codes are used by organizations, such as WHO, to collect data regarding diseases and morbidity. This data is obtained through the codes assigned to procedures and filed to medical insurance plans. Medical plans and some dental plans currently require the use of ICD codes to assist in the adjudication of claims. Assignment of a diagnosis code describes a patient’s disease or condition with a simple three to five digit numeric code. In many cases this has eliminated the need for long narratives, and the submission of chart notes, resulting in expedited claims processing.

Why is ICD important?

Prior to the implementation of HIPAA electronic transmission standard, version 5012 in January 2012, electronic transmissions did not support ICD codes on dental claims. Since that time, however, transaction code sets (CDT, CPT, ICD, etc.) have been standardized, and an ICD-10-CM diagnosis code may now be submitted for dental claims. The 2012 ADA Dental Claim Form supports the use of up to four associated diagnoses codes and many payers, including some Medicaid plans, are now rejecting claims without a proper diagnosis code(s). This applies to electronic or paper claim submissions.

Many dental practices are finding it necessary to submit claims to medical payers first. This trend is expected to continue. With the Affordable Care Act and Medicare Advantage plans, many routine dental services are now required to be submitted to the patient’s medical insurance. All medical claims require at least one primary diagnosis code. The expectation is that with the implementation of ICD-10-CM, more and more dental payers will require diagnoses codes for claims processing.

Understanding the basics of ICD coding is the first step in preventing claim rejections. It is important to follow the 2012 ADA Dental Claim Form instructions (see page 295) when communicating the appropriate diagnosis code(s). Remember, you are communicating to the insurance payer not only the procedures performed, but also why the procedures are necessary and applying the appropriate diagnosis code may eliminate the need to submit wordy narratives and other supporting documentation.
Top Diagnostic Coding Questions and Answers

Q: Why is diagnostic coding important for many dental practices?
A: Some payers are already requiring diagnoses codes on dental claims.

Q: Are diagnoses codes really required on dental claim forms?
A: The 2012 ADA Dental Claim Form has four diagnosis boxes for entering either ICD-9-CM or ICD-10-CM diagnoses codes. All dates of service on or after October 1, 2015 are to be reported using ICD-10-CM. Most Medicaid and Affordable Care Act (ACA) pediatric coverage plans will ultimately require medical diagnoses codes on the 2012 ADA Dental Claim Form.

Q: Will my efforts to learn diagnostic coding for dental claims translate to medical claim submission?
A: Yes, understanding the diagnostic coding scenarios contained in this Guide will translate to the CMS 1500 (02-12) Medical Claim Form’s diagnosis section. This understanding will make learning the remainder of the CMS 1500 (02-12) Medical Claim Form related to medical procedure (CPT) codes substantially easier.

Q: What is the difference between the 2012 ADA Dental Claim Form and the CMS 1500 (02-12) Medical Claim Form?
A: The 2012 ADA Dental Claim Form is limited to four diagnosis boxes (for ICD-10-CM) and only Current Dental Terminology (CDT) procedure codes are entered.

The CMS 1500 (02-12) Medical Claim Form provides twelve boxes for ICD-10-CM diagnoses codes. Medical procedure codes include Current Procedural Terminology (CPT), Healthcare Procedure Coding System (HCPCS), and CDT. Many medical payers accept the dental codes (CDT) when there is not a clear CPT cross code to describe the procedure performed.

Q: When were ICD-10-CM diagnoses codes implemented?
A: ICD-10-CM was implemented on October 1, 2015. All claims with a date of service of October 1, 2015 and beyond will be submitted with ICD-10-CM codes.

Q: Other than needing diagnoses codes for dental and medical claims, when might I need to provide an ICD diagnosis code?
A: When a prescription is written for a Medicaid patient by an out-of-state, out-of-network provider, then prior approval may be required before the prescription can be filled and paid by Medicaid. Prior approval for prescriptions may require an ICD diagnosis code. Be sure to read and review your state’s Medicaid Provider Manual.
How to Use This Guide

*Diagnostic Coding for Dental Claim Submission* is a dynamic resource for any dental practice. Different practices have different levels of understanding and experience with ICD diagnostic coding. This Guide aims to provide a comprehensive resource for anyone submitting ICD-10-CM codes on the 2012 ADA Dental Claim Form. Dental coding is challenging but medical coding can be even more complex.

**Dental-Related Diagnoses Codes**

This Guide contains ICD-10-CM codes as they relate to dental procedures. The goal is to provide the user with a listing of diagnoses codes relating to dental procedures, thus reducing the time required to look up the codes in an all-encompassing ICD coding manual. This is helpful, as there are more than 70,000 ICD-10-CM codes. Toward the end of this Guide, each of the listed ICD-10-CM codes are broken down by procedure type.

**Scenario-Based Teaching MethodSM – A Simplified Approach**

For those new to ICD, the scenario section of this Guide will provide an in-depth example for submitting ICD-10-CM diagnoses codes on the dental claim form. Various scenarios with step-by-step guidance are provided. The scenarios begin with a simple explanation of the clinical situation at hand. The related diagnoses codes are then reviewed and the rationale for the selected codes provided. Next, a demonstration of proper reporting on the 2012 ADA Dental Claim Form is provided. Further information and coding tips are detailed to improve the reader’s understanding of the coding process. The scenarios presented in this Guide are to be used for training purposes only. In an actual clinical setting, the procedure and diagnoses codes may vary.

**Scenario Legend**

- **DIAGNOSIS**: This section describes the diagnoses codes applicable to each procedure in the scenario.
- **RATIONALE**: This section describes the rationale of why the selected diagnoses codes are appropriate for the procedures performed.
- **FORM INFO**: This section provides the basic instructions on properly reporting the diagnoses codes on the dental claim form.
- **TIP**: This section provides tips for proper reporting of both diagnoses and procedure codes to maximize reimbursement and minimize coding errors and risk.
A three-year-old patient presents as a new patient. The dentist performed a comprehensive oral evaluation (D0150). The hygienist performed a child prophylaxis (D1120) and fluoride varnish application (D1206). Due to poor homecare, a caries risk assessment (D0602) with a finding of moderate risk was performed. The hygienist provided homecare instructions to the mother. Two intraoral occlusal radiographic images (D0240) of the maxillary and mandibular arch were captured and reviewed by the dentist. The patient was not cooperative for bitewing radiographic images.

The primary diagnosis is listed in Box 34a “A.” The primary purpose of the visit is a child new patient visit. In ICD-10-CM, Z01.20 describes the exam and cleaning when no abnormalities are found. This code is also assigned to the radiographic images and the caries risk assessment. Z29.3 is assigned to the fluoride varnish application.

The 2012 ADA Dental Claim Form is limited to four diagnoses codes (Box 34a). The primary diagnosis should be placed in “A.” The remaining order in which the diagnoses codes are entered into the other boxes is not critical. However, the order in which the pointers (Box 29a) are listed is critical. The pointer communicates to the payer the primary diagnosis for each procedure. For dental claims, always utilize a line for each dental procedure and enter the appropriate quantity of the service provided for the units (Box 29b). For ICD-10-CM, enter “AB” in Box 34.

Intraoral occlusal radiographic images are often taken on young children when they do not cooperate for bitewings.
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 download, free of charge, at www.cms.gov.

K01 Embedded and impacted teeth
- Excludes1: abnormal position of fully erupted teeth (M26.3-)
  - K01.0 Embedded teeth
    Embedded teeth refers to teeth that are under the gum line (i.e., soft tissue impacted)
  - K01.1 Impacted teeth
    Impacted teeth refer to teeth prevented from eruption by bone, another tooth or malposition (i.e., full or partial bony impacted)

K02 Dental caries
- Includes: caries of dentine
dental cavities
early childhood caries
pre-eruptive caries
recurrent caries (dentino enamel junction) (enamel) (to the pulp)
tooth decay
  - K02.3 Arrested dental caries
    Arrested coronal and root caries
  - K02.5 Dental caries on pit and fissure surface
    Dental caries on chewing surface of tooth
      - K02.51 Dental caries on pit and fissure surface limited to enamel
        White spot lesions [initial caries] on pit and fissure surface of tooth
      - K02.52 Dental caries on pit and fissure surface penetrating into dentin
        Primary dental caries, cervical origin
      - K02.53 Dental caries on pit and fissure surface penetrating into pulp
  - K02.6 Dental caries on smooth surface
    - K02.61 Dental caries on smooth surface limited to enamel
      White spot lesions [initial caries] on smooth surface of tooth
    - K02.62 Dental caries on smooth surface penetrating into dentin
    - K02.63 Dental caries on smooth surface penetrating into pulp
  - K02.7 Dental root caries
  - K02.9 Dental caries, unspecified
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.

**Diagnostic Coding for Dental Claim Submission** is Dr. Blair’s resource for learning how to assign ICD diagnostic codes to dental procedures when submitting dental claims using the 2012 ADA Dental Claim Form.

A few highlights include:
- Utilizes a Scenario-Based Teaching Method™ to demonstrate proper code submission
- Includes ICD-10-CM diagnoses codes most commonly used for dental procedures
- Offers a user-friendly format that is effective for both the beginner and experienced dental team member
- Analyzes administrative matters as they relate to Medicaid, Affordable Care Act plans, audits, etc.
- Reviews the top Affordable Care Act plan questions and answers
- Enables the practice to prevent claim rejections through proper diagnostic coding
- Provides tips for gaining legitimate reimbursement

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