Book sampler:

These are sample pages of the book containing front and back cover, table of contents, explanation of legends, new codes – Re-cement or re-bond space maintainer (D1552, D1553), Removal of fixed unilateral space maintainer (D1556), Placement of intra-socket biological dressing (D7922), Dental Case Management (D9997), Glossary, and Index.

Charles Blair, D.D.S.

CODING WITH CONFIDENCE:

THE "GO TO" DENTAL CODING GUIDE

Dramatically Cut Coding Errors and Boost Legitimate Reimbursement

CDT 2020 EDITION

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EXPLANATION OF THE USE OF THE LEGENDS

Throughout the CDT 2020 Code section of this Guide, 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, Editorial Revision, Previously Deleted Code, and the Author's Comments comprise the other legends. Each legend's description and purpose is as follows:

LEGENDS	DESCRIPTIONS
CDT 2020	This legend designates the official CDT 2020 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) ©2019 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, alternate 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 37 new procedure codes in CDT 2020.
REVISED	This legend identifies a substantive revision in the nomenclature and/or the descriptor of a code. Be sure to read the entire description of the revised code. There are 5 code revisions in CDT 2020.
DELETED CODE	This legend identifies a procedure code that was deleted. There are 6 deleted codes in CDT 2020.
EDITORIAL REVISION	This legend identifies 15 editorial code changes made by the Code Maintenance Committee for CDT 2020.
PREVIOUSLY DELETED CODE	This legend identifies a procedure code that was previously deleted. The Guide 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.

LIMITATIONS

1. Reimbursement for D1551, re-cementation or re-bonding of a fixed bilateral space maintainer may be limited to a period of more than six months after the original placement date. Reimbursement for the re-cement or re-bond of a maxillary fixed bilateral space maintainer (D1551) may be made to the same doctor or office who originally placed the space maintainer if the appliance is re-cemented or re-bonded at some interval six months after the original placement date.
2. If a different office re-cements or re-bonds a fixed space maintainer, the exclusion period from the original placement date may be waived.

NARRATIVES

1. The narrative should include the initial placement date, who originally placed the space maintainer and the reason for the re-cement or re-bond.
2. Re-cement or re-bond of a maxillary fixed bilateral space maintainer (D1551) is typically reimbursed if performed by a different doctor (in a different office) by some payers. The narrative should state that the office who re-cemented or re-bonded the space maintainer is a different office than the one who originally provided the space maintainer.

D1552 NEW PROCEDURE RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MANDIBULAR CDT 2020

Re-cement or re-bond space maintainer (D1552) describes the re-cementation or re-bonding of a fixed bilateral mandibular space maintainer (D1517).

COMMENTS Identification of the arch treated in Box 25 (area of oral cavity) of the 2019 ADA Dental Claim Form is no longer needed with this code addition specifying the mandibular arch. Some payers may require the arch treated in Box 25 of the 2019 ADA Dental Claim Form using the two-digit code of 02 to identify the mandibular arch.

LIMITATIONS

1. Reimbursement for D1552, re-cementation or re-bonding of a fixed bilateral space maintainer may be limited to a period of more than six months after the original placement date. Reimbursement for the re-cement or re-bond of a mandibular fixed bilateral space maintainer (D1552) may be made to the same doctor or office who originally placed the space maintainer if the appliance is re-cemented or re-bonded at some interval six months after the original placement date.
2. If a different office re-cements or re-bonds a fixed space maintainer, the exclusion period from the original placement date may be waived.

NARRATIVES

1. The narrative should include the initial placement date, who originally placed the space maintainer and the reason for the re-cement or re-bond.
2. Re-cement or re-bond of a mandibular fixed bilateral space maintainer (D1552) is typically reimbursed if performed by a different doctor (in a different office) by some payers. The narrative should state that the office who re-cemented or re-bonded the space maintainer is a different office than the one who originally provided the space maintainer.

D1553 NEW PROCEDURE RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER – PER QUADRANT CDT 2020

Re-cement or re-bond space maintainer (D1553) describes the re-cementation or re-bonding of a fixed unilateral space maintainer (D1510) – per quadrant.

COMMENTS The claim form should indicate the quadrant using the appropriate two-digit code in Box 25 of the 2019 ADA Dental Claim Form (e.g., 30 to indicate the lower left quadrant).

LIMITATIONS

1. Reimbursement for D1553, re-cementation or re-bonding of a fixed unilateral space maintainer may be limited to a period of more than six months after the original placement date. Reimbursement for the re-cement or re-bond of a fixed unilateral space maintainer (D1553) may be made to the same doctor or office who originally placed the space maintainer if the appliance is re-cemented or re-bonded at some interval six months after the original placement date.
2. If a different office re-cements or re-bonds a fixed space maintainer, the exclusion period from the original placement date may be waived.

NARRATIVES

1. The narrative should include the initial placement date, quadrant, who originally placed the space maintainer and the reason for the re-cement or re-bond.
2. Re-cement or re-bond of a fixed unilateral space maintainer (D1553) is typically reimbursed if performed by a different doctor (in a different office), by some payers. The narrative should state that the office who re-cemented or re-bonded the space maintainer is a different office than the one who originally provided the space maintainer.
3. The narrative should indicate the tooth number(s) replaced and date of extraction.

D1555 DELETED CODE REMOVAL OF FIXED SPACE MAINTAINER CDT 2020

This is a deleted code. See D1556, D1557, and D1558 for further details.

D1556 NEW PROCEDURE REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER – PER QUADRANT CDT 2020

1. Removal of fixed unilateral space maintainer (D1556) may be reimbursed if removed by a practice other than the practice who originally placed the space maintainer.
2. Removal of fixed unilateral space maintainer (D1556) may be used to report the removal of: a fixed unilateral space maintainer (D1510).

COMMENTS

1. D1556 describes the removal of a bonded or cemented, fixed unilateral space maintainer (D1510).
2. The claim form should indicate the quadrant using the appropriate two-digit code in Box 25 of the 2019 ADA Dental Claim Form (e.g., 20 to indicate upper left quadrant).

LIMITATIONS

1. Removal of a fixed unilateral space maintainer (D1556) may not be reimbursed if the space maintainer is removed by the same dentist or practice who originally delivered and cemented the appliance. Only a different dentist (not in the same office or practice) should report this procedure.
2. Removal of fixed unilateral space maintainer (D1556) is considered as part of the global fee for the space maintainer if removed by the dentist/practice who originally placed the space maintainer.

NARRATIVES

1. If D1556 is denied when a dentist/practice other than the dentist/practice who placed the fixed unilateral space maintainer (D1510) removes the appliance, and the removal occurred at an emergency visit, appeal and ask for an alternate benefit, palliative (D9110). See D9110 for further details.
2. The narrative should include the initial placement date, quadrant, who placed the unilateral space maintainer, and the reason for the removal by a practice other than the one who placed it.
3. The narrative should indicate the tooth number(s) replaced and date of extraction.

D7921 COLLECTION AND APPLICATION OF AUTOLOGOUS BLOOD CONCENTRATE PRODUCT — CDT 2020

COMMENTS

1. D7921 reports the utilization of platelet rich plasma (PRP) to enhance the success of sinus grafting, ridge augmentation, osseous integration of implants, some endodontic procedures and some periodontal procedures. It can improve wound healing, tissue regeneration and can help augment bone graft procedures.
2. The patient's blood is drawn and centrifuged to separate and highly concentrate the red blood cells and platelets with growth factors.
3. The autologous blood concentrate product is derived from the patient's own blood, reducing the risk of disease transmission.
4. The time needed to prepare and place platelet rich plasma (PRP) adds only a little additional time to the overall bone graft procedure.

LIMITATIONS

1. D7921 is not generally reimbursed.
2. Some policies with an implant rider may reimburse D7921.

D7922 NEW PROCEDURE PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE — CDT 2020

This procedure can be performed at time and/or after extraction to aid in hemostasis. The socket is packed with a hemostatic agent to aid in hemostasis and or clot stabilization.

COMMENTS

1. D7922 documents and reports the placement of a hemostatic agent (i.e., collagen plug, strips, Gelfoam®, etc.). The hemostatic agent may be placed at the time of extraction or post extraction following extraction of a natural tooth or implant.
2. D7922 is reported per site. The appropriate related tooth/site number is entered in Box 27 of the 2019 ADA Dental Claim Form.

LIMITATIONS

1. Do not expect reimbursement from dental plans as a payer will consider this *inclusive* to the global fee for the extraction.
2. A PPO contract will most likely *disallow* this charge considering this charge inclusive to the global fee for the extraction. Refer to your PPO processing policy manual for this type of contract provision.
3. A dental plan may consider reimbursement if the dentist or billing entity placing the hemostatic agent is not the dentist or billing entity who performed the original extraction.

TIPS

If the hemostatic agent is placed at the emergency visit after an extraction, consider D9110 palliative treatment. Include a narrative describing the patient's chief complaint (reason for the visit) and the minor procedure performed. Include that a different dentist or billing entity placed the hemostatic agent than the dentist or billing entity who performed the extraction, if applicable.

NARRATIVES

1. Include a narrative indicating the reason for the hemostatic agent and date of extraction of natural tooth or implant.
2. The narrative should indicate that a different dentist or billing entity placed the hemostatic agent than the dentist or billing entity who originally performed the extraction.

D7940 OSTEOPLASTY – FOR ORTHOGNATHIC DEFORMITIES — CDT 2020

Reconstruction of jaws for correction of congenital, developmental or acquired traumatic or surgical deformity.

LIMITATIONS This is typically considered for reimbursement through medical insurance. See our Medical Dental Cross Coding Manual at www.practicebooster.com/store.

D9997 NEW PROCEDURE DENTAL CASE MANAGEMENT – PATIENTS WITH SPECIAL HEALTH CARE NEEDS CDT 2020

Special treatment considerations for patients/individuals with physical, medical, developmental or cognitive conditions resulting in substantial functional limitations, which require that modifications be made to delivery of treatment to provide comprehensive oral health care services.

It is an error to report behavior management (D9920) for modifications made for patient with special health care needs as this type treatment modification is not behavior management.

COMMENTS

1. D9997 documents and reports various types of modifications made to the delivery of treatment for patient with special needs to ensure comprehensive care is provided.
2. Report D9997 when provided in states such as Wisconsin that have passed legislation for payers to consider a higher reimbursement for the actual dental services provided to Medicaid patients with special needs, requiring modifications to receive comprehensive dental care. A charge may not be allowed for D9997 but documenting D9997 on the 2019 ADA Dental Claim Form may increase reimbursement for the associated dental services provided.
3. Clinical documentation should include a description of the modifications made to the delivery of dental treatment and why the modifications were necessary.

LIMITATIONS A PPO contract may disallow a charge for D9997 considering the modifications inclusive to the global fee of the dental service(s). Refer to your PPO processing policy manual regarding this type of contract provision.

TIPS Examples of modified care may include but not limited to additional auxiliary team members (i.e., needed in the operatory during treatment, extra time needed to complete the treatment, rearrangement of the operatory for any physical conditions, etc.

NARRATIVES Include a narrative describing the modifications made for the delivery of treatment to patients with special health care needs.

D9999 UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT CDT 2020

Used for procedure that is not adequately described by a code. Describe procedure.

COMMENTS

1. D9999 reports a procedure not adequately described by an existing code in any other category.
2. Unspecified adjunctive procedure, by report (D9999) may be used to describe the following procedures. The list is not exhaustive and D9999 may be used to report any type of unspecified adjunctive procedure, by report.
   a. For reporting Oraqix®, consider D9999. Having a needle free option for anesthesia removes a major obstacle to initial periodontal therapy for patients fearful of injections. Oraqix®, an FDA approved local anesthetic gel, was developed for adults requiring local anesthesia during scaling and root planing. Hygienists love its quick 30 second onset, and patients like the fact that they are only numb for 20 minutes instead of two to three hours following treatment. Since Oraqix® anesthetizes only the nerves in the gingival margin and periodontal pockets where it is applied, dentists have also found it useful for other procedures such as gingivectomies, packing cord, etc.

GLOSSARY

A

AAE – American Academy of Endodontics.

AAO – American Academy of Orthodontics.

AAOMS – American Association of Oral Maxillofacial Surgeons.

AAP – American Academy of Periodontology.

AAPD – American Academy of Pediatric Dentistry.

AGD – Academy of General Dentistry.

Abutment – An abutment supports a prosthesis; a component of an implant system that is used to affix the crown to the implant.

Adjudication – Refers to the processing of a claim.

Adjunct/Adjunctive – Describes a treatment that is performed following the primary treatment.

Allowable Charge – The maximum amount of benefit allowed for a dental procedure per the indemnity or the PPO plan contract.

Alternate Benefit – A provision of a dental plan allowing the payer to provide a less expensive benefit, or an alternate benefit for a non-covered procedure, such as molar composite restorations. An alternate benefit of an amalgam may be applied for a composite restoration performed on a molar.

Asynchronous Teledentistry – Health information transmitted via the use of secure electronic means to a provider who will evaluate a health condition or render a service outside of real time interaction with the patient.

Auto Adjudication – The payer automatically processes the claim without review.

B

By Report – A brief narrative describing the dental procedure performed, required when reporting certain procedures.

C

CAL – Clinical Attachment Loss – involves the loss of alveolar bone support and gingival attachment as the periodontal fibers migrate apically from the CEJ due to periodontal toxins in plaque.

CBCT – Cone Beam CT imaging technology (3D radiographic image).

CEJ – Cementoenamel junction – the area of the tooth where the enamel covering the crown of the tooth and the cementum that covers the root of the tooth meet.

Claim – A written request to an insurance plan for benefit payment. A claim form may be submitted by the patient or the provider to the payer.

Claim Form – The paper form or electronic format used to submit the claim. These forms are specific to dental and medical claims and the appropriate form must be used. The 2019 ADA Dental Claim Form is the current claim form version.

Clinical – Refers to direct patient care (i.e., the diagnosis and treatment of the patient).

Connective Tissue Grafts (CT) – Donor tissue is taken usually from the patient and is placed in the area of gingival recession to obtain root coverage. Sometimes the tissue is from a donor other than the patient. Materials such as Allograft® may be used.

Current Dental Terminology (CDT) – A code set defined by the American Dental Association that the dentist is required to report for services rendered, as outlined in the summary plan description and the plan document.

D

Debridement – The gross removal of supra and subgingival calculus.

Dental Benefits Consultant – The dentist who reviews dental claims for insurance companies in order to determine benefits per the established criteria of the dental plan document.

Diastema – A space between two adjacent teeth, usually a large space between anterior teeth.

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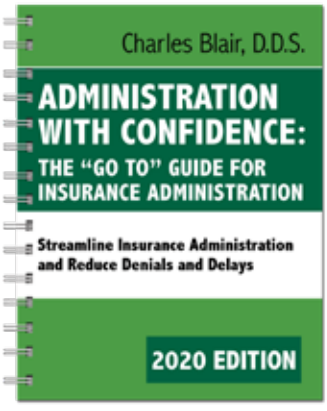
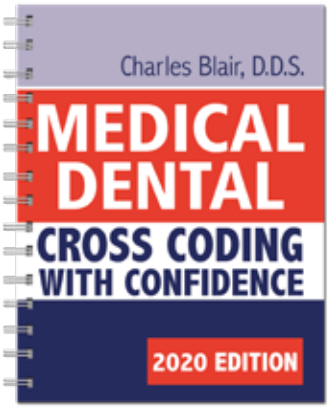
Dr. Charles Blair is one of dentistry's leading authorities on practice profitability, fee analysis, insurance coding and administration, insurance coding strategies, and strategic planning. As a former successful practitioner, his passion for the business side of dentistry is unparalleled. Dr. Blair 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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