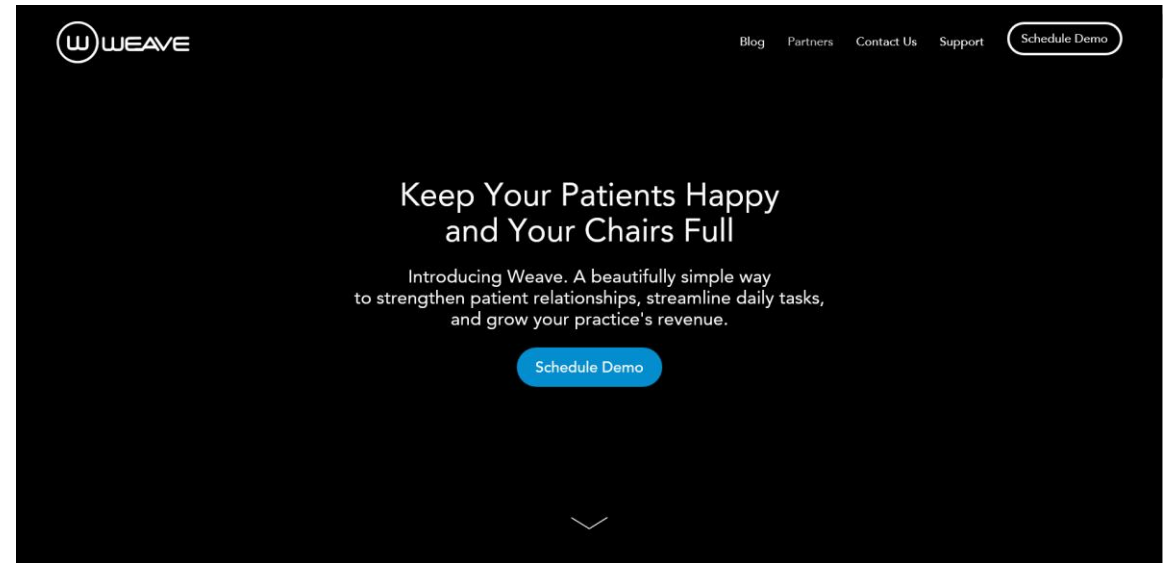


# Starting your Journey

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Thank you for your educational support

## **How this law applies to me: What is in it for you?**

### **New 2014 Law**

**3044.4 - Definition of Physician/Practitioner.** For purposes of this provision, the term "physician" is limited to doctors of medicine; doctors of osteopathy; **doctors of dental surgery or of dental medicine**; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed; no other physicians may opt out. Also, for purposes of this provision, the term "practitioner" means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements: physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse



Harvard  
University

120,033,750 Emergency visits  
85,039 primary diagnosis of  
periodontal disease Medical  
problems associated with  
some not all. Heart, disease,  
diabetes, lung, liver, thyroid,  
alcohol, patients on  
medication

## Driving Forces

WHAT WILL DRIVE THE EMBEDDING OF DENTAL INTO HEALTH BENEFITS?



*Courtesy of West Monroe Partners*

Heart Disease: 700 % > risk

Fatal CHD: 50% > risk

Stroke: 300% > risk

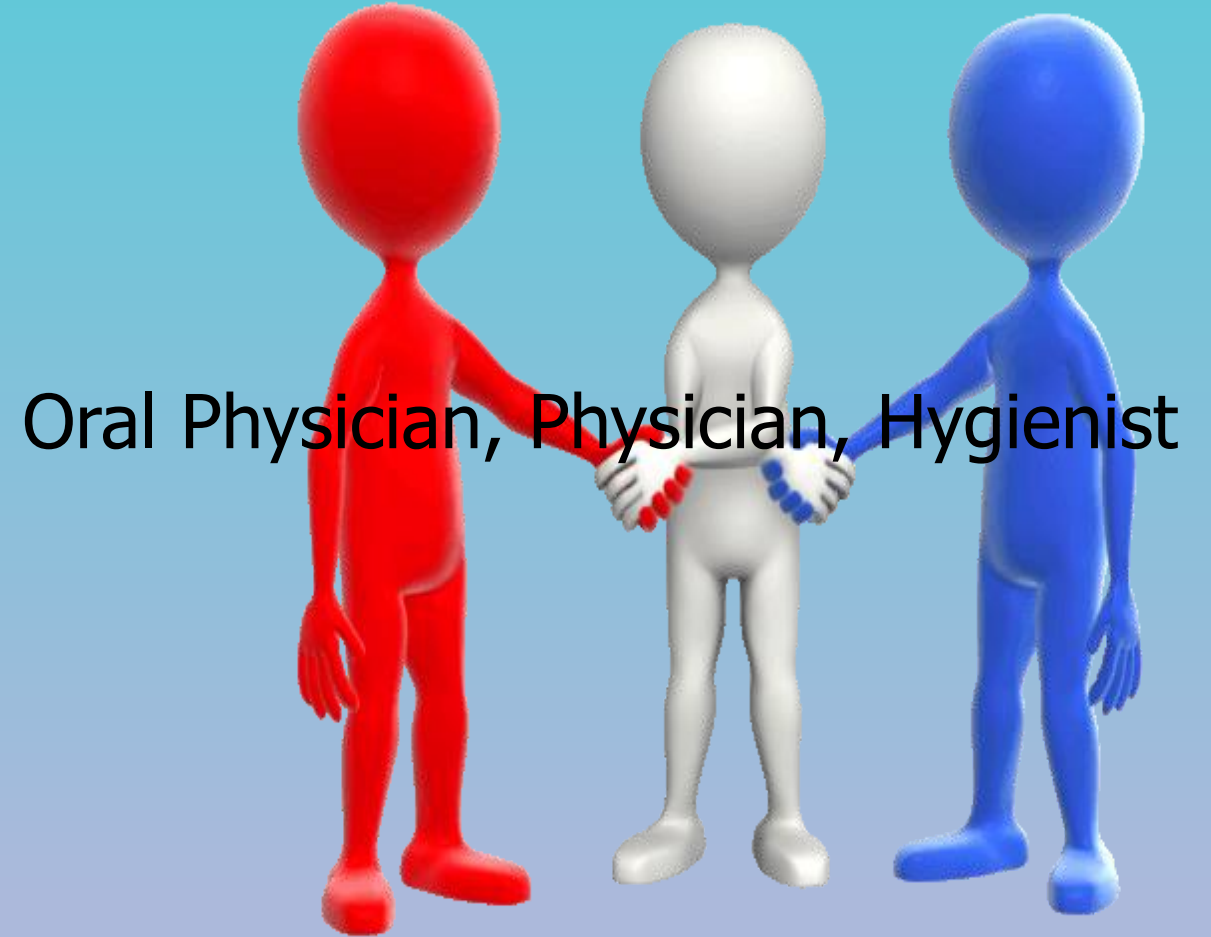
Pre-Term Birth: 700% > risk

Diabetes: > risk for uncontrolled glucose

Rheumatoid Arthritis: > risk incidence

Aspiration Pneumonia: > risk for death

Organ transplants: > risk for failure



"It's absolutely essential that dental plans prepare to be attractive partners, and understand that standing still, or alone, is no longer an option for plans that want to thrive in the future," Will Hinde, managing director of West Monroe's Healthcare & Life Sciences practice and co-author of the report, said in a [press release](#).

# Begin your analysis. Look for The Clues

What is the patient's medical history

What is the risk assessment

Blood pressure

Film evidence

Trace evidence  
x-rays

Pathology  
(Brush biopsy)

Blood Pathology  
(Diabetes, C-reactive protein)

Toxicology  
(Medication)

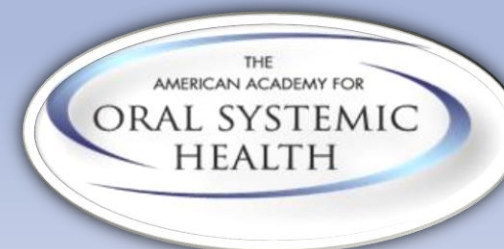
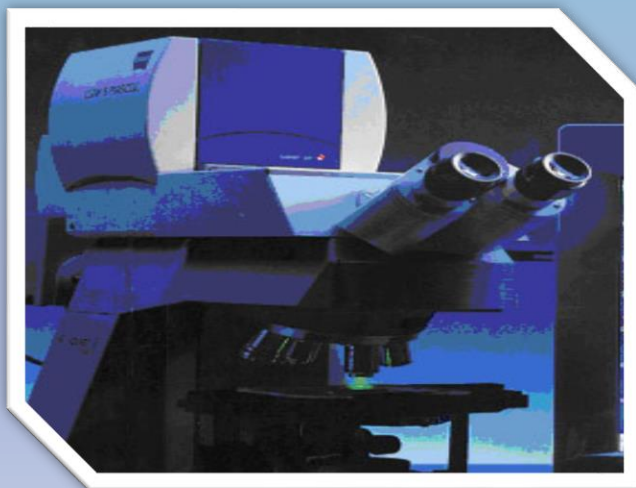
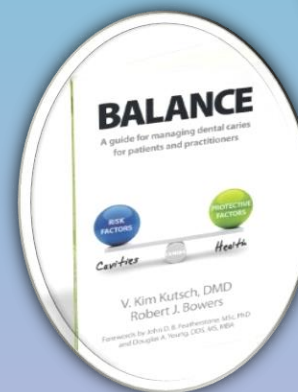
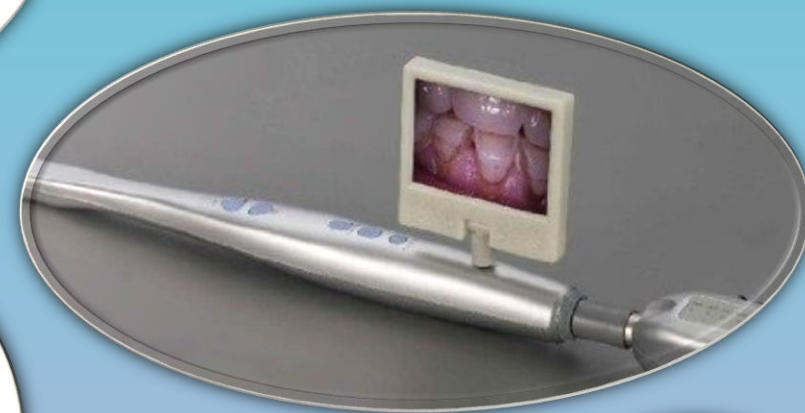
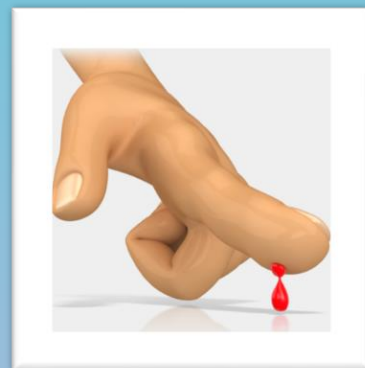




# Are you using all your tools?

Call Michele Petre 914-233-3685

Contact Jenny Wolfenbarger  
Caries Free to get your free book  
Balance 866-928-4445x300



Dentistry =  
Medical



Medications cause many issues for our patients:

Dry Mouth

Decay

Perio

Erosion

and so much more



Access  
PreViser  
OHIS



**A COMPLIANT PATIENT IS A HEALTHY PATIENT.**

PreViser ensures near 100% patient compliance with colorful, individualized and informative oral health reports

Get a **FREE**  
Account

My  
Account



Example of  
Tooth Report



Example of  
Gum Disease Report



Example of  
Oral Cancer Report



Example of Comprehensive  
Oral Health Report

What was  
the score

Features & Benefits

Support and  
PreViser University

Clinician & Academic  
Info

myDentalScore.com  
Info

<https://dentalmedicalbilling.com/#>

**RESOURCES** ▾

- [Pre-Requisites 2019 Reimbursement Guide](#)
- [Availity](#)
- [One Health Port](#)
- [Previser](#)

Go over your  
medical history  
form and make  
sure it has all  
medical questions

15

## MEDICAL HISTORY

Patient Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
Name of Physician/and their specialty \_\_\_\_\_  
Most recent physical examination \_\_\_\_\_ Purpose \_\_\_\_\_  
What is your estimate of your general health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

**DO YOU HAVE or HAVE YOU EVER HAD:**

	YES	NO		YES	NO
1. hospitalization for illness or injury _____	<input type="checkbox"/>	<input type="checkbox"/>	26. osteoporosis/osteopenia (i.e. taking bisphosphonates) _____	<input type="checkbox"/>	<input type="checkbox"/>
2. allergic reaction to _____			27. arthritis, rheumatoid arthritis, lupus _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> aspirin, ibuprofen, acetaminophen, codeine			28. glaucoma _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> penicillin _____			29. contact lenses _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> erythromycin _____			30. head or neck injuries _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> tetracycline _____			31. epilepsy, convulsions (seizures) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> sulfas _____			32. neurologic disorders (ADD/ADHD, prior disease) _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> local anesthetic _____			33. viral infections and cold sores _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> fluoride _____			34. any lumps or swelling in the mouth _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> metals (nickel, gold, silver, _____)			35. hives, skin rash, hay fever _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> latex _____			36. STI / STD _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other _____			37. hepatitis (type _____) _____	<input type="checkbox"/>	<input type="checkbox"/>
3. heart problems, or cardiac stent within the last six months _____	<input type="checkbox"/>	<input type="checkbox"/>	38. HIV / AIDS _____	<input type="checkbox"/>	<input type="checkbox"/>
4. history of infective endocarditis _____	<input type="checkbox"/>	<input type="checkbox"/>	39. tumor, abnormal growth _____	<input type="checkbox"/>	<input type="checkbox"/>
5. artificial heart valve, repaired heart defect (PFO) _____	<input type="checkbox"/>	<input type="checkbox"/>	40. radiation therapy _____	<input type="checkbox"/>	<input type="checkbox"/>
6. pacemaker or implantable defibrillator _____	<input type="checkbox"/>	<input type="checkbox"/>	41. chemotherapy, immunosuppressive _____	<input type="checkbox"/>	<input type="checkbox"/>
7. artificial prosthesis (heart valve or joints) _____	<input type="checkbox"/>	<input type="checkbox"/>	42. emotional problems _____	<input type="checkbox"/>	<input type="checkbox"/>
8. rheumatic or scarlet fever _____	<input type="checkbox"/>	<input type="checkbox"/>	43. psychiatric treatment _____	<input type="checkbox"/>	<input type="checkbox"/>
9. high or low blood pressure _____	<input type="checkbox"/>	<input type="checkbox"/>	44. antidepressant medication _____	<input type="checkbox"/>	<input type="checkbox"/>
10. a stroke (taking blood thinners) _____	<input type="checkbox"/>	<input type="checkbox"/>	45. alcohol / street drug use _____	<input type="checkbox"/>	<input type="checkbox"/>
11. anemia or other blood disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	<b>ARE YOU:</b>		
12. prolonged bleeding due to a slight cut (INR > 3.5) _____	<input type="checkbox"/>	<input type="checkbox"/>	46. presently being treated for any other illness _____	<input type="checkbox"/>	<input type="checkbox"/>
13. emphysema, shortness of breath, sarcoidosis _____	<input type="checkbox"/>	<input type="checkbox"/>	47. aware of a change in your health in the last 24 hours (i.e. fever, chills, new cough, or diarrhea) _____	<input type="checkbox"/>	<input type="checkbox"/>
14. tuberculosis, measles, chicken pox _____	<input type="checkbox"/>	<input type="checkbox"/>	48. taking medication for weight management (i.e. fen-phen) _____	<input type="checkbox"/>	<input type="checkbox"/>
15. asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	49. taking dietary supplements _____	<input type="checkbox"/>	<input type="checkbox"/>
16. breathing or sleep problems (i.e. sleep apnea, snoring, sinus) _____	<input type="checkbox"/>	<input type="checkbox"/>	50. often exhausted or fatigued _____	<input type="checkbox"/>	<input type="checkbox"/>
17. kidney disease _____	<input type="checkbox"/>	<input type="checkbox"/>	51. experiencing frequent headaches _____	<input type="checkbox"/>	<input type="checkbox"/>
18. liver disease _____	<input type="checkbox"/>	<input type="checkbox"/>	52. a smoker, smoked previously or use smokeless tobacco _____	<input type="checkbox"/>	<input type="checkbox"/>
19. jaundice _____	<input type="checkbox"/>	<input type="checkbox"/>	53. considered a touchy person _____	<input type="checkbox"/>	<input type="checkbox"/>
20. thyroid, parathyroid disease, or calcium deficiency _____	<input type="checkbox"/>	<input type="checkbox"/>	54. often unhappy or depressed _____	<input type="checkbox"/>	<input type="checkbox"/>
21. hormone deficiency _____	<input type="checkbox"/>	<input type="checkbox"/>	55. FEMALE - taking birth control pills _____	<input type="checkbox"/>	<input type="checkbox"/>
22. high cholesterol or taking statin drugs _____	<input type="checkbox"/>	<input type="checkbox"/>	56. FEMALE - pregnant _____	<input type="checkbox"/>	<input type="checkbox"/>
23. diabetes (HbA1c = _____)	<input type="checkbox"/>	<input type="checkbox"/>	57. MALE - prostate disorders _____	<input type="checkbox"/>	<input type="checkbox"/>
24. stomach or duodenal ulcer _____	<input type="checkbox"/>	<input type="checkbox"/>			
25. digestive disorders (i.e. celiac disease, gastric reflux) _____	<input type="checkbox"/>	<input type="checkbox"/>			


Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen injections) \_\_\_\_\_


List all medications, supplements, and/or vitamins taken within the last two years

Drug	Purpose	Drug	Purpose

Ask for an additional sheet if you are taking more than 6 medications

**PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.**

Patient's Signature  \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature  \_\_\_\_\_ Date \_\_\_\_\_

# Using Diagnostic Codes

RECORD OF SERVICES PROVIDED																									
	24. Procedure Date (MM/DD/YYYY)		25. Area of Oral Cavity		26. Tooth System		27. Tooth Number(s) or Letter(s)		28. Tooth Surface		29. Procedure Code		29a. Diag. Pointer		29b. Qty.		30. Description								
1											D0150		A		1		COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED								
2											D0274		A		1		BITEWINGS – FOUR RADIOGRAPHIC IMAGES								
3											D1110		A		1		PROPHYLAXIS – ADULT								
4											D0330		A		1		PANORAMIC RADIOGRAPHIC IMAGE								
5											D1206		B		1		TOPICAL FLUORIDE – VARNISH								
6											D0603		A		1		CARIES RISK ASSESSMENT – HIGH RISK								
7																									
8																									
33. Missing Teeth Information (Place an "X" on each missing tooth.)												34. Diagnosis Code List Qualifier <b>A</b> <b>B</b> (ICD-9 = B; ICD-10 = AB)						31a. Other Fee(s)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)						A. <b>Z01.20</b>		C. _____	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B. <b>Z41.8</b>		D. _____		32. Total Fee			



# CIGNA Dental Oral Health Integration Program®



**CIGNA Dental - Oral Health Integration Reimbursement Form**  
For reimbursement under the CIGNA Dental Oral Health Integration Program™

**Program Details**  
The **CIGNA Dental Oral Health Integration Program™** enhances dental benefits for CIGNA Dental members who participate in specific CIGNA Well Aware Program for Better Health® programs. Beginning 7/1/06, eligible members will be entitled to 100% reimbursement of their out-of-pocket payment to the dentist for these services:

- periodontal scaling and root planning
- periodontal maintenance

Covered procedures are detailed below. Annual maximums and out of network maximum reimbursable charges may apply for non-DHMO plans.

**A. Instructions**  
Complete sections A, B, C, D, E, and F  
Checklist of items required for reimbursement:  
☐ Completed CIGNA Dental Oral Health Integration Reimbursement Form  
☐ Photocopy of CIGNA Medical ID card  
☐ Proof of payment  
☐ CIGNA Dental Explanation of Benefits (EOB) OR Itemized Receipt from Dentist OR Completed Claim Form

**B. Insured Subscriber Information**  
INSURED/SUBSCRIBER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
EMPLOYER GROUP NUMBER: \_\_\_\_\_  
SIGN OR CIGNA DENTAL MEMBER ID: \_\_\_\_\_

**C. Patient Information**  
PATIENT NAME: \_\_\_\_\_  
PATIENT DATE OF BIRTH: \_\_\_\_\_  
(Include for photocopy of CIGNA medical ID card)

**D. Dentist Information**  
DENTIST NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_

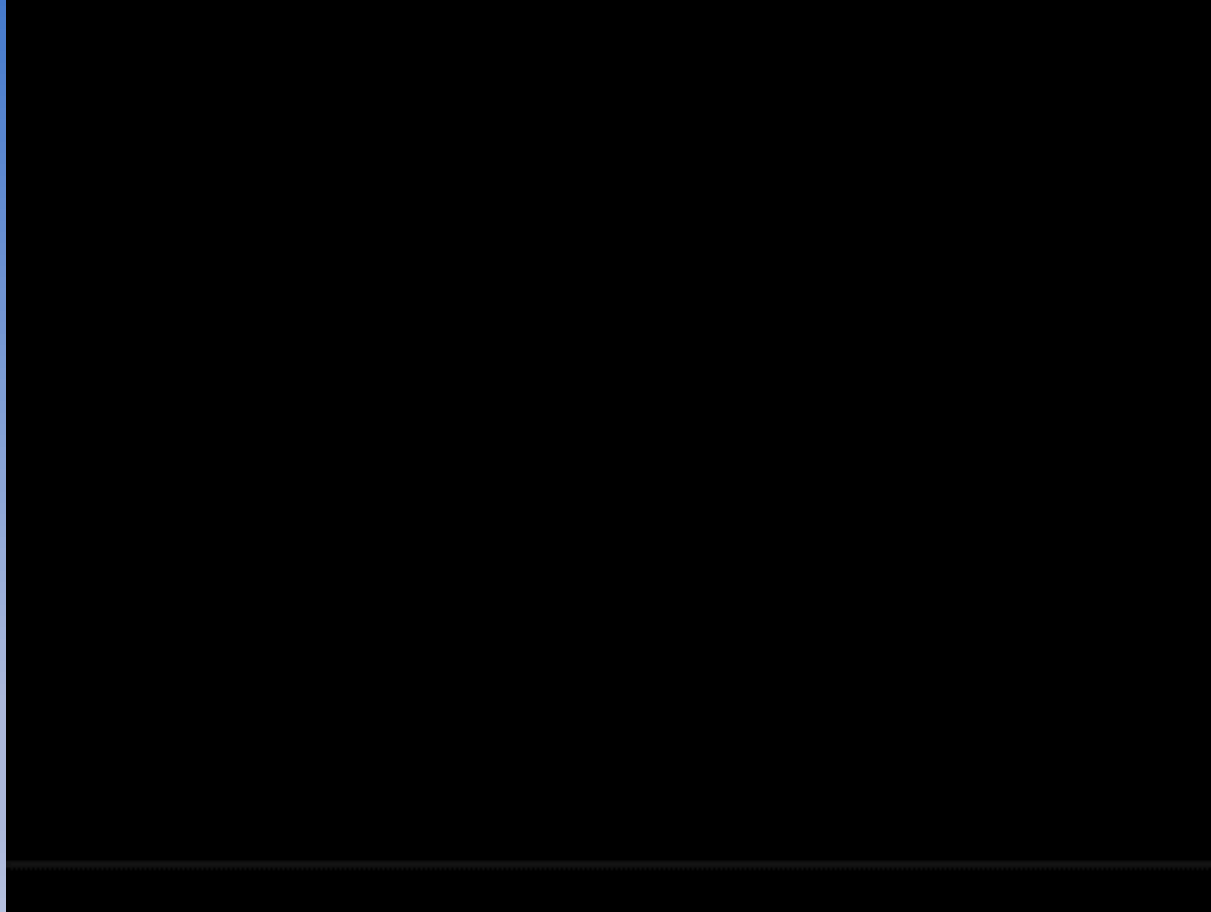
**E. Claim Information**  
DATE OF DENTAL SERVICES: \_\_\_\_\_  
DENTAL PROCEDURE(S) PERFORMED:  
D4341 - Periodontal Scaling and Root Planning - 4 or more teeth per quadrant  
D4342 - Periodontal Scaling and Root Planning - 1-3 teeth per quadrant  
D4810 - Periodontal Maintenance  
AMOUNT PAID TO DENTIST: \_\_\_\_\_

**F. Certification**  
I understand that this additional benefit is available based on my participation in specific CIGNA Well Aware for Better Health programs and that this will be verified by CIGNA Dental. I have attached a copy of my CIGNA medical ID card. I understand this submission does not guarantee payment and the plan maximums may apply.  
PATIENT SIGNATURE (REQUIRED): \_\_\_\_\_  
DATE: \_\_\_\_\_

CIGNA Dental refers to the following operating subsidiaries of CIGNA Corporation: Connecticut General Life Insurance Company, and CIGNA Dental Health, Inc. and its operating subsidiaries and affiliates.

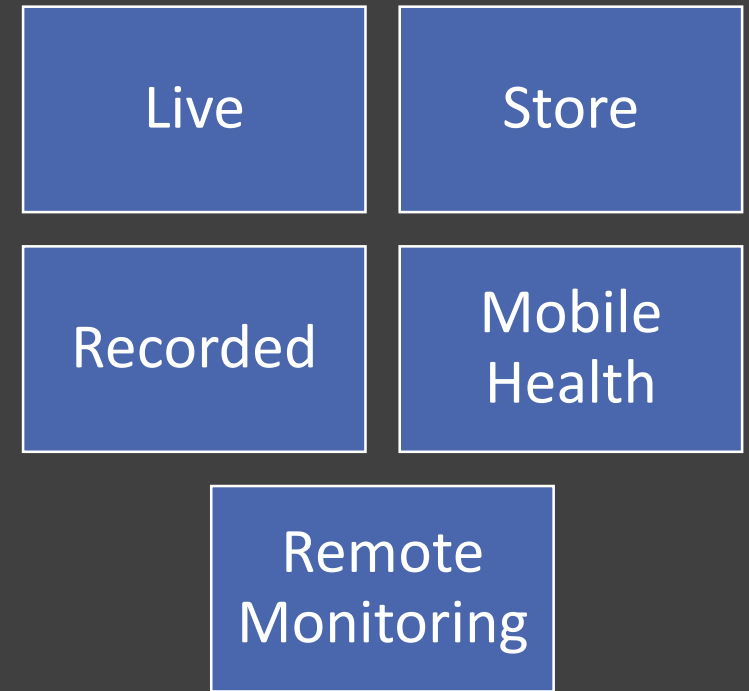
808629a 6/06

# Aetna



- Live video: Two-way interaction between a patient and dentist using audiovisual technology.
- Store and forward: Recorded health information — such as radiographs, photos, video, digital impressions or photomicrographs — is transmitted through a secure electronic communications system to a practitioner. The practitioner then uses the information to evaluate the patient's condition or render a service outside of a real-time or live interaction.
- Remote patient monitoring: Personal health and medical information is collected from an individual in one location then transmitted electronically to a provider in a different location for use in care. This could be used in a nursing home setting or in an educational program.
- Mobile health: Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers or personal digital assistants. This could include apps that monitor patient brushing or other home care.

# Systems





In this scenario patients present for diagnostic and evaluative procedures. The dentist is at a different physical location with complete and immediate access to patient information being captured, and the ability to interact vocally and visually with the patient

The following procedure codes are reported by the oral health or general health practitioner, as applicable, **for each patient** who received the services described.

**D0191    assessment of a patient**

**D0350    2D oral/facial photographic image obtained intra-orally or extra-orally**

**D0351    3D photographic image**

**Note:** The types of diagnostic image (2-D or 3-D), as well as the number of separate images captured would be determined by the dentist to adequately document the clinical condition.

**D01xx (oral evaluation CDT Code** – determined and reported by the dentist – or by another oral health or general health practitioner in accordance with applicable state law)

**D9995 teledentistry – synchronous; real-time encounter**

**Note:** D9995 is reported once for each patient, in the same manner as CDT Code “D9410 house/extended care facility call” (once per date of service per patient) to document the type of teledentistry interaction in this setting on the date of service.

### Special Claim Completion Instructions – Coding a Teledentistry Event

A teledentistry event claim or encounter submission involves reporting the appropriate Place of Service (POS) code and CDT Code.

- POS code **02** (Telehealth – the location where health services and health related services are provided or received, through telecommunication technology) was added to that code set effective January 1, 2017.
- CDT Codes **D9995** and **D9996** are effective January 1, 2018. These codes are reported in addition to other services (e.g., diagnostic) reported separately when the patient presents for care. They document services provided by the dentist, or other practitioner providing care, who is not in direct contact with the patient at the time of the encounter.

These instructions apply only to the ADA Dental Claim Form. Please contact your practice management system vendor for guidance when reporting D9995 or D9996 on the HIPAA standard electronic dental claim (837D v 5010).

POS code **02** is recorded in Item # 38 on the claim form.

#### **ANCILLARY CLAIM/TREATMENT INFORMATION**

**38. Place of Treatment**  (e.g. 11=office; 22=O/P Hospital)

(Use "Place of Service Codes for Professional Claims")

CDT Codes	Description	What insurance companies are saying
<b>D0412</b>	Blood glucose level test - in office using a glucose meter	Benefits for blood glucose level test are denied unless covered by group/individual contract. Fees for D0412 are disallowed on the same date/same dentist/dental office as D0411.
<b>D1516</b>	Space maintainer - fixed - bilateral, maxillary	The benefits for repair or replacement of a space maintainer are denied and the approved amount is collectable from the patient. Only one space maintainer is provided for a space per quadrant per lifetime. Additional appliances are denied and the approved amount is collectable from the patient. Space maintainers for missing primary anterior teeth, missing permanent teeth, or for persons age 14 or over are denied and the approved amount is collectable from the patient. Space maintainer fees include all teeth, clasps and rests. Any fee charged in excess of the approved amount for the appliance by the same dentist/dental office is disallowed.
<b>D1517</b>	Space maintainer - fixed - bilateral, mandibular	The benefits for repair or replacement of a space maintainer are denied and the approved amount is collectable from the patient. Only one space maintainer is provided for a space per quadrant per lifetime. Additional appliances are denied and the approved amount is collectable from the patient. Space maintainers for missing primary anterior teeth, missing permanent teeth, or for persons age 14 or over are denied and the approved amount is collectable from the patient. Space maintainer fees include all teeth, clasps and rests. Any fee charged in excess of the approved amount for the appliance by the same dentist/dental office is disallowed.
<b>D1526</b>	Space maintainer – removable - bilateral, maxillary	The benefits for repair or replacement of a space maintainer are denied and the approved amount is collectable from the patient. Only one space maintainer is provided for a space per quadrant per lifetime. Additional appliances are denied and the approved amount is collectable from the patient. Space maintainers for missing primary anterior teeth, missing permanent teeth, or for persons age 14 or over are denied and the approved amount is collectable from the patient. Space maintainer fees include all teeth, clasps and rests. Any fee charged in excess of the approved amount for the appliance by the same dentist/dental office is disallowed.

<b>D1527</b>	Space maintainer – removable - bilateral, mandibular	The benefits for repair or replacement of a space maintainer are denied and the approved amount is collectable from the patient. Only one space maintainer is provided for a space per quadrant per lifetime. Additional appliances are denied and the approved amount is collectable from the patient. Space maintainers for missing primary anterior teeth, missing permanent teeth, or for persons age 14 or over are denied and the approved amount is collectable from the patient. Space maintainer fees include all teeth, clasps and rests. Any fee charged in excess of the approved amount for the appliance by the same dentist/dental office is disallowed.
<b>D5282</b>	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	A posterior fixed partial denture and a removable partial denture are not benefits in the same dental arch. The benefit is limited to the allowance for the partial removable denture. Fixed bridges or removable cast partials are not a benefit for patients under age 16.
<b>D5283</b>	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	A posterior fixed partial denture and a removable partial denture are not benefits in the same dental arch. The benefit is limited to the allowance for the partial removable denture. Fixed bridges or removable cast partials are not a benefit for patients under age 16.
<b>D5876</b>	Add metal substructure to acrylic full denture (per arch)	Benefits are denied as a specialized procedure.
<b>D9130</b>	Temporomandibular joint dysfunction - non-invasive physical therapies	Benefits for temporomandibular joint dysfunction physical therapies are denied unless covered by group contract.
<b>D9613</b>	Infiltration of sustained release therapeutic drug - single or multiple sites	Benefits for infiltration of sustained release therapeutic drug are denied as a specialized technique unless covered by group/individual contract.
<b>D9944</b>	Occlusal guard - hard appliance, full arch	Benefits for occlusal guards are denied unless covered by group/individual contract.
<b>D9945</b>	Occlusal guard – soft appliance, full arch	Benefits for occlusal guards are denied unless covered by group/individual contract.
<b>D9946</b>	Occlusal guard - hard appliance, partial arch	Benefits for occlusal guards are denied unless covered by group/individual contract.
<b>D9961</b>	Duplicate/copy patient's records	Benefits for duplicate/copy patient's records is denied.
<b>D9990</b>	Certified translation or sign-language services - per visit	The fees for translation services are considered inclusive in overall patient management and are disallowed.

## Bill sponsored by CDA protects dentists during network leasing





Transparency



**EXPAREL**  
(bupivacaine liposome injectable suspension)

..... OPIOID FREE .....

## January 1, 2019

### Aetna Providers: Dental Code for Using EXPAREL in OMFS

Beginning January 1, 2019, Aetna Dental will reimburse the use of EXPAREL (D9613) when used in conjunction with impacted third-molar surgery.

It is recommended that practices call the Aetna National Dental Line ( { HYPERLINK "tel:18004517715" } ) prior to surgery to confirm coverage, as well as Aetna Dental plan specifics.

By using this code, dental providers can address the current opioid epidemic by helping patients avoid exposure to opioids.<sup>1</sup>

# D9613

- Infiltration of a sustained-release therapeutic drug—single or multiple sites
- Infiltration of a sustained-release pharmacologic agent for long-acting surgical site pain control. Not for local anesthesia purposes





# Opioid Therapy for Chronic Pain: Sample Informed Consent\*

STATUS: Completed

Service Dates	PL	Service Code	Num Svcs	Submitted Charges	Allowable / Negotiated Amount	Copay	Not Payable	See Remarks	Deductible	Co Insurance	Patient Resp	Payable Amt
08/06/2014 08/06/2014	24	99070	1	\$1036.64	\$0.00	\$0.00	\$1036.64		\$0.00	\$0.00	\$0.00	\$0.00
08/06/2014 08/06/2014	24	27130-LT	1	\$85000.00	\$0.00	\$0.00	\$85000.00		\$0.00	\$0.00	\$0.00	\$0.00
08/06/2014 08/06/2014	24	C9290-LT	266	\$1140.00	\$413.36	\$0.00	\$82.67	1	\$330.69	\$0.00	\$1057.33	\$0.00
Totals				\$87176.64	\$413.36	\$0.00	\$86119.31		\$330.69	\$0.00	\$1057.33	\$0.00

Expanded

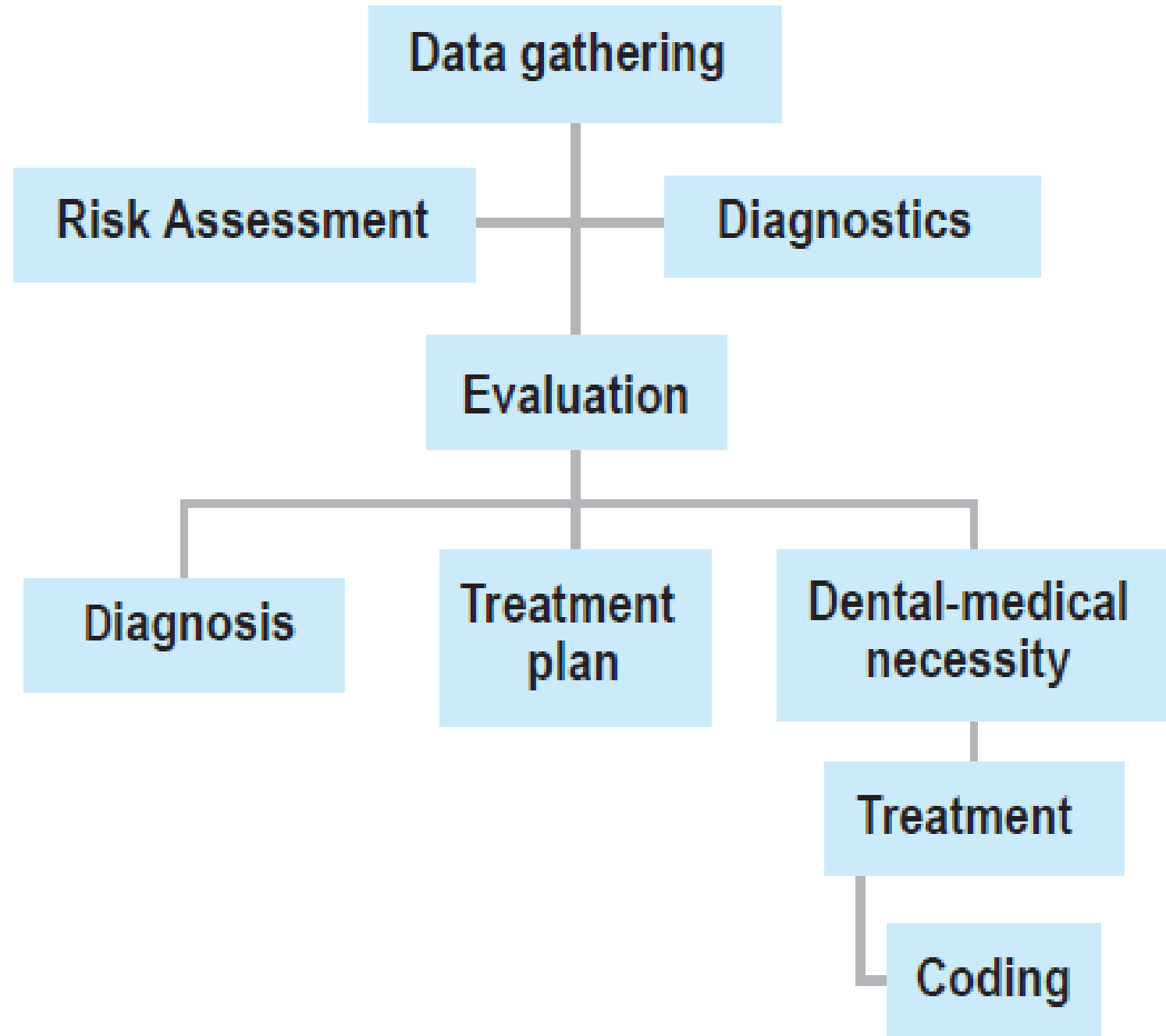
\*

Service dates	Type of service	Amount billed	Discount	not covered	Covered amount	Copay/ What your plan paid	% paid	Coinsurance*	See notes	
07/16/15	FACILITY CHARGES	85,000.00	0.00	66,385.00	4,101.85	0.00	2,461.11	60	1,640.74	A0
07/16/15		0.00	0.00	0.00	14,513.15	0.00	14,513.15	100	0.00	
07/16/15	X-RAY	2,664.00	0.00	2,080.58	583.42	0.00	583.42	100	0.00	A0
07/16/15	DRUGS	1,197.00	0.00	934.86	262.14	0.00	262.14	100	0.00	A0
07/16/15	SUPPLIES	2,594.00	0.00	2,025.91	568.09	0.00	568.09	100	0.00	A0
07/16/15	SUPPLIES	3,325.00	0.00	2,596.83	728.17	0.00	728.17	100	0.00	A0
07/16/15	SUPPLIES	4,150.00	0.00	3,241.15	908.85	0.00	908.85	100	0.00	A0
07/16/15	SUPPLIES	400.00	0.00	312.40	87.60	0.00	87.60	100	0.00	A0
07/16/15	SUPPLIES	2,557.00	0.00	1,997.02	559.98	0.00	559.98	100	0.00	A0
07/16/15	SUPPLIES	364.00	0.00	284.28	79.72	0.00	79.72	100	0.00	A0
07/16/15	SUPPLIES	1,148.00	0.00	896.59	251.41	0.00	251.41	100	0.00	A0
Total		\$103,399.00	\$0.00	\$80,754.62	\$22,644.38	\$0.00	\$21,003.64		\$1,640.74	

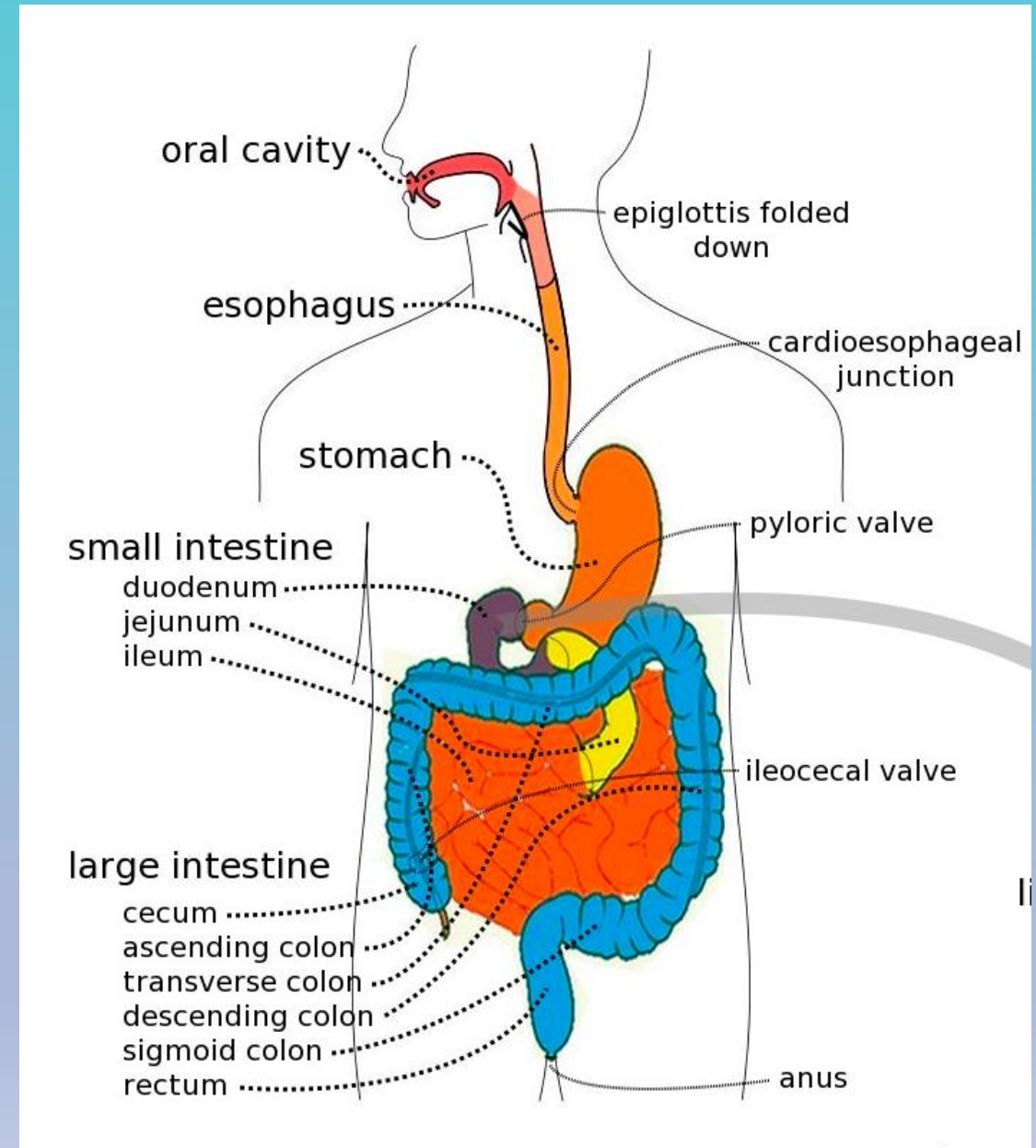
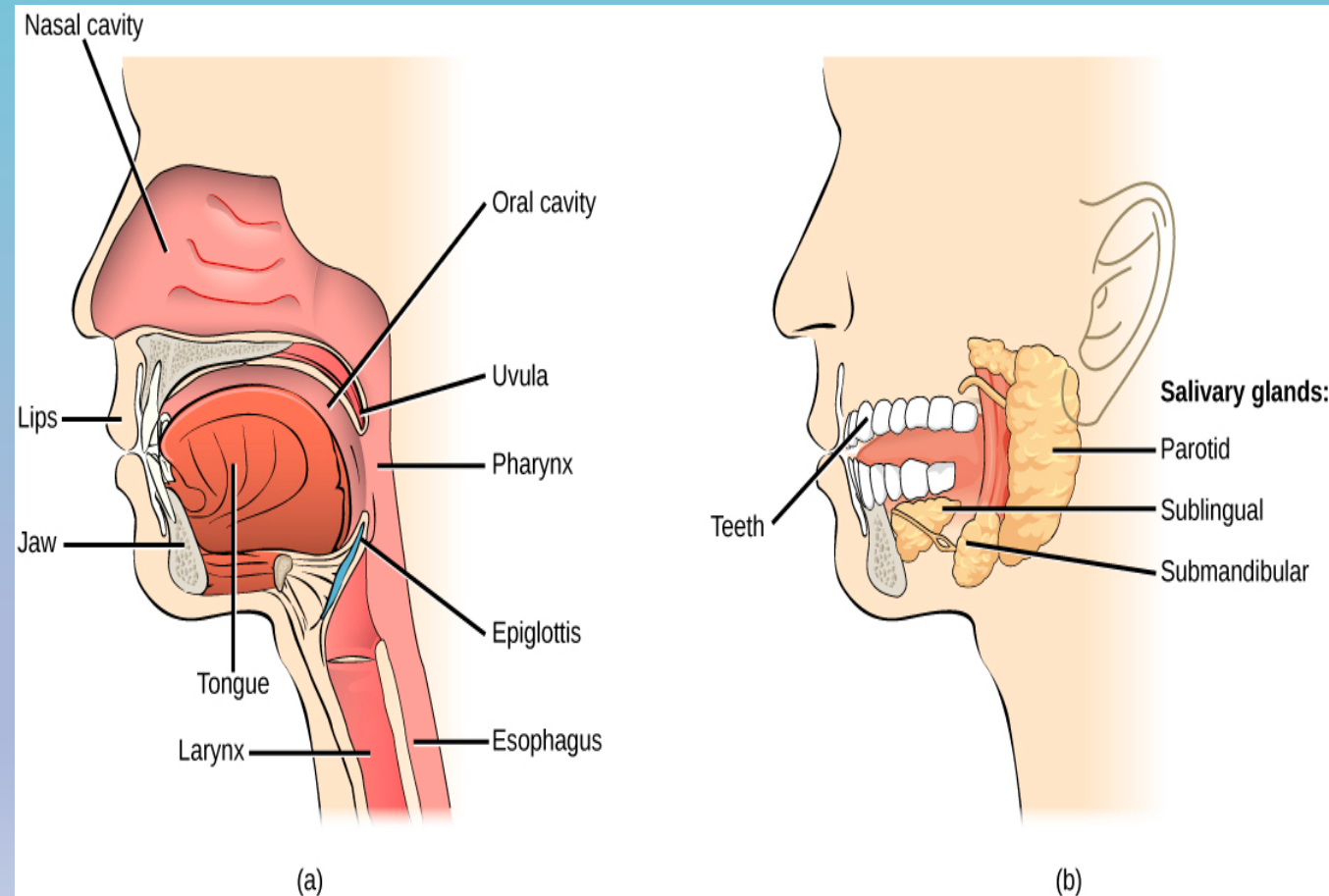
REF #

How to gather your information: Work with your team, and stop patients from saying only do what insurance covers

## A Plan Of Action



# Yes you are treating the entire body! The Oral Cavity Is Part Of The Digestive System



Oral inflammation **caused by pathogens** induces a systemic increase in inflammatory markers.<sup>5</sup>



Oral bacteria can be transmitted by kissing.<sup>6</sup>



80% of American adults over 35 have some form of periodontal disease.<sup>7</sup>

**700**

species of bacteria can live in your mouth.

**11**

11 pathogens linked to oral & systemic disease.<sup>8</sup>

## MOUTH HEALTH MATTERS!

— exploring oral - systemic health —

### ORAL BIOFILM

**1/2**

Nearly half of American adults have periodontitis, the most severe form of periodontal disease.<sup>1</sup>

Particularly contagious pathogens play a role in the progression of:

- ✓ Heart attacks
- ✓ Colorectal cancer
- ✓ Alzheimer's disease



- ✓ Diabetes
- ✓ Respiratory disease
- ✓ Adverse pregnancy outcomes<sup>2</sup>



**Psychological stress** increases oral biofilm growth.<sup>3</sup>



One cubic millimeter of dental plaque contains about **100 million bacteria**.<sup>4</sup>





Colon cancer

# Periodontal Disease is Linked to:



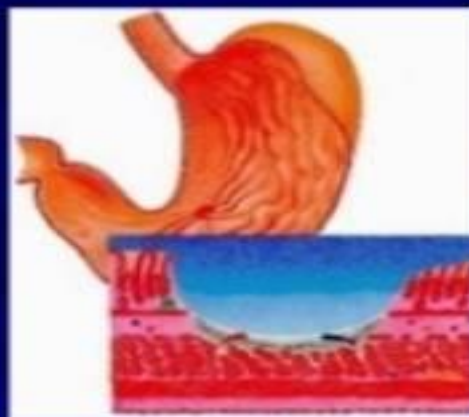
**Osteoporosis**



**Arthritis**



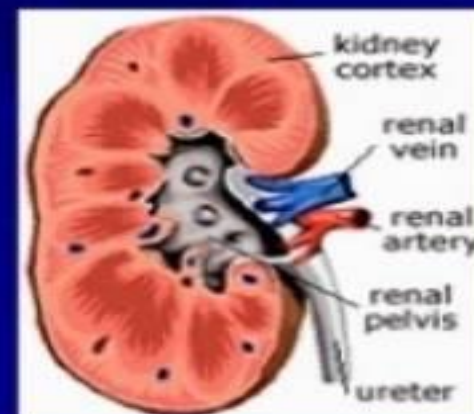
**Pregnancy Complications**



**Ulcers**



**Diabetes**



**Kidney Disease**



**Alzheimer's**



**Heart Disease & Stroke**



Scaling and Root Planning in the  
medical world  
41805

What does it mean to your case if  
they are bleeding?



# When choosing your codes you must first check your clues.



## Complete matches:

ICD-10-CM CODE	E10.630 - Type 1 <b>diabetes</b> mellitus with periodontal disease ... e10630 type 1 diabetes mellitus with periodontal disease type 1 diabetes ...	 
ICD-10-CM CODE	E11.630 - Type 2 <b>diabetes</b> mellitus with periodontal disease ... e11630 type 2 diabetes mellitus with periodontal disease type 2 diabetes ...	 
ICD-10-CM CODE	E13.630 - Other specified <b>diabetes</b> mellitus with periodontal disease ... e13630 other specified diabetes mellitus with periodontal disease other specified diabetes ...	 
ICD-10-CM CODE	E09.630 - Drug/chem <b>diabetes</b> mellitus w periodontal disease ... e09.630 e09630 drug/chem diabetes mellitus w periodontal disease drug/chem diabetes mellitus... induced diabetes mellitus with periodontal disease drug ...	 
ICD-10-CM CODE	E08.630 - <b>Diabetes</b> due to underlying condition w periodontal disease ... e08.630 e08630 diabetes due to underlying condition w periodontal disease diabetes due to... to underlying condition with periodontal disease diabetes ...	 

## D0411 – ADA Guide to Point of Care Diabetes Testing and Reporting

Developed by the ADA, this guide is published to educate dentists and others in the dental community on this procedure and its code first published in *CDT 2018* and effective January 1, 2018.

### Introduction

Simple chair-side screening for dysglycemia via finger-stick random capillary HbA1c glucose testing can be used to rapidly identify high-risk patients. Chair-side screening and appropriate referral may improve diagnosis of pre-diabetes and diabetes.

A code for the finger-stick capillary HbA1c glucose test procedure can foster its broader adoption. This test is relevant to dentists as diabetes is a risk factor related to periodontal disease. It is akin to caries risk testing that relates to tooth decay and remedial restorative procedures and preventive procedures. Hb1Ac testing enables a dentist to amend the patient's treatment planning depending on whether the results are the first indicator of a new diabetic condition, or if the results indicate a change in the existing diabetic condition.

The full CDT Code entry (Nomenclature only; no Descriptor):

#### **D0411 HbA1c in-office point of service testing**

The following pages contain a number of Questions and Answers, all intended to provide readers with insight and understanding of the procedure and its reporting, including points to consider before offering this service to your patients.



# Update your claim form

<http://www.ada.org/en/publications/cdt/ada-dental-claim-form>

ADA Dental Claim Data Content Recommendation - Reporting Area of the Oral Cavity and Tooth Anatomy by CDT Code - V2, Effective Jan 01, 2019											
Dental procedure codes, listed in numeric order, are as published in CDT 2019 (© American Dental Association)											
This recommendation:											
1) Complements the ADA's comprehensive claim form completion instructions available online at <a href="http://www.ada.org/en/publications/cdt/ada-dental-claim-form">http://www.ada.org/en/publications/cdt/ada-dental-claim-form</a>											
2) Is applicable to both the ADA Dental Claim Form (© 2012) and the HIPAA standard electronic dental claim transaction (837D v5010)											
Notes:											
a) For reference the Area of the Oral Cavity and the Tooth Anatomy code sets used on 837D and ADA Claim Form follow											
Area of the Oral Cavity			entire oral cavity	00	upper right quadrant	10					
			maxillary arch	01	upper left quadrant	20					
			mandibular arch	02	lower left quadrant	30					
					lower right quadrant	40					
Tooth Anatomy			Number				Primary	Permanent			
				Maxillary (Patient Right to Left)			A - J	1 - 16			
				Mandibular (Patient Left to Right)			K - T	17 - 32			
			Surface	Mesial	M	Incisal	I	Facial (or Labial)	F		
				Occlusal	O	Lingual	L				
Distal	D	Buccal		B							
b) "X" in columns titled "N/R"= ADA does not recommend reporting any Area of the Oral Cavity or Tooth Anatomy information for that row's CDT code											
c) "Y" in other columns under "Area of the Oral Cavity" or "Tooth Anatomy" = ADA recommends reporting the indicated information for that row's CDT code											
Version History:											
Number	Remarks / Change Summary					Date					
1	Initial publication					Jan 2018					
2	CDT 2019 update					Jan 2019					

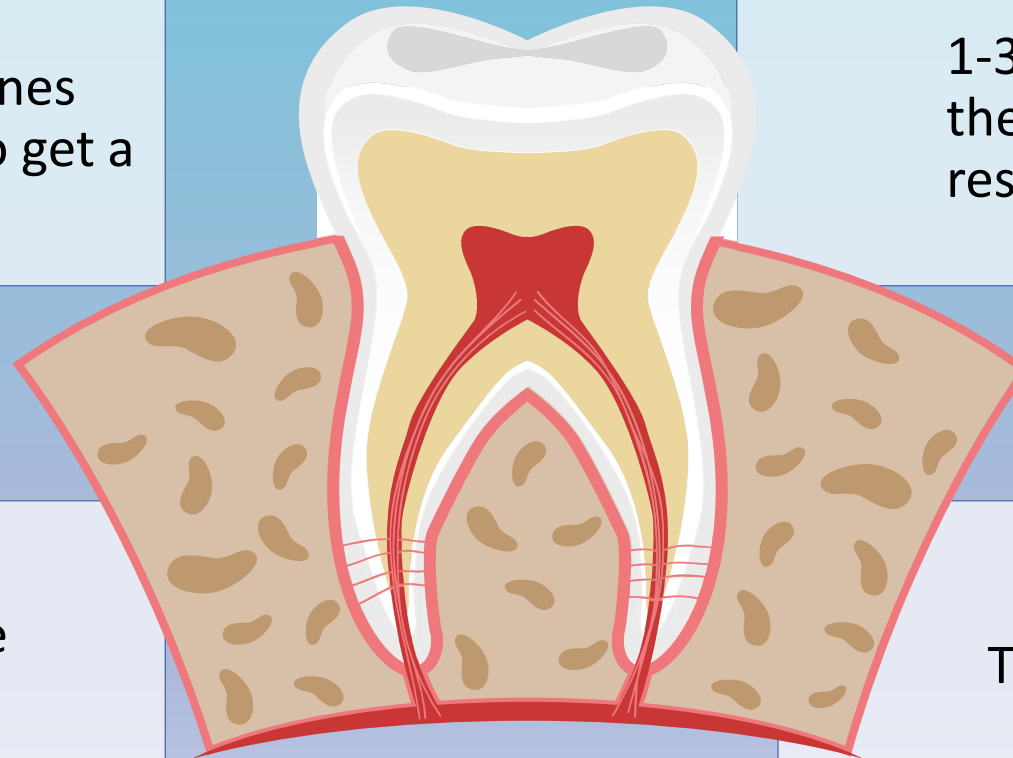
# Objective Of Periodontics

The level of exposure of the periodontal infection determines the treatment level needed to get a systemic outcome

1-3 pockets will continue to keep the systemic inflammatory response in the body

Treat to the elimination of the infection

This is a medical decision



# What has been updated?

- The Updated system guides comprehensive treatment planning and allows for a personalized approach to patient care. Highlights from the updated classification include a **multi-dimensional staging and grading system** for periodontitis classification, a **recategorization** of various forms of periodontitis, and the **inaugural classification** for peri-implant diseases and conditions.

<https://aap.onlinelibrary.wiley.com/doi/epdf/10.1002/JPER.18-0157>

# Three Steps to Staging and Grading a Patient

## Update Your Periodontal Assessments

### Step 1: Initial Case Overview to Assess Disease

#### Screen:

- Full mouth probing depths
- Full mouth radiographs
- Missing teeth

Mild to moderate periodontitis will typically be either Stage I or Stage II

Severe to very severe periodontitis will typically be either Stage III or Stage IV

### Step 2: Establish Stage

For mild to moderate periodontitis (typically Stage I or Stage II):

- Confirm clinical attachment loss (CAL)
- Rule out non-periodontitis causes of CAL (e.g., cervical restorations or caries, root fractures, CAL due to traumatic causes)
- Determine maximum CAL or radiographic bone loss (RBL)
- Confirm RBL patterns

For moderate to severe periodontitis (typically Stage III or Stage IV):

- Determine maximum CAL or RBL
- Confirm RBL patterns
- Assess tooth loss due to periodontitis
- Evaluate case complexity factors (e.g., severe CAL frequency, surgical challenges)

### Step 3: Establish Grade

- Calculate RBL (% of root length x 100) divided by age
- Assess risk factors (e.g., smoking, diabetes)
- Measure response to scaling and root planing and plaque control
- Assess expected rate of bone loss
- Conduct detailed risk assessment
- Account for medical and systemic inflammatory considerations

TABLE 1

## CLASSIFICATION OF PERIODONTAL AND PERI-IMPLANT DISEASES AND CONDITIONS 2017

Periodontal Diseases and Conditions										
Periodontal Health, Gingival Diseases and Conditions			Periodontitis			Other Conditions Affecting the Periodontium				
Chapple, Mealey, et al. 2018 Consensus Rept <a href="#">link</a>			Papapanou, Sanz et al. 2018 Consensus Rept <a href="#">link</a>			Jepsen, Caton et al. 2018 Consensus Rept <a href="#">link</a>				
Trombelli et al. 2018 Case Definitions <a href="#">link</a>			Tonetti, Greenwell, Kornman. 2018 Case Definitions <a href="#">link</a>			Papapanou, Sanz et al. 2018 Consensus Rept <a href="#">link</a>				
Periodontal Health and Gingival Health	Gingivitis: Dental Biofilm-Induced	Gingival Diseases: Non-Dental Biofilm-Induced	Necrotizing Periodontal Diseases	Periodontitis	Periodontitis as a Manifestation of Systemic Disease	Systemic diseases or conditions affecting the periodontal supporting tissues	Periodontal Abscesses and Endodontic-Periodontal Lesions	Mucogingival Deformities and Conditions	Traumatic Occlusal Forces	Tooth and Prosthesis Related Factors
Peri-Implant Diseases and Conditions										
Berglundh, Armitage et al. 2018 Consensus Rept <a href="#">link</a>										
Peri-Implant Health			Peri-Implant Mucositis			Peri-Implantitis			Peri-Implant Soft and Hard Tissue Deficiencies	

**Periodontal Health and Gingivitis:  
Consensus Report**

Chapple, Mealey, et al. 2018

*Active link to consensus report*

**Gingival Diseases: Case Definitions and  
Diagnostic Considerations**

Trombelli, Tatakis, et al. 2018

*Active link to case definitions*

**PERIODONTAL HEALTH, GINGIVAL DISEASES/CONDITIONS**

**1. Periodontal health and gingival health**

Lang & Bartold 2018 [link](#)

- a. Clinical gingival health on an intact periodontium
- b. Clinical gingival health on a reduced periodontium
  - i. Stable periodontitis patient
  - ii. Non-periodontitis patient

**2. Gingivitis – dental biofilm-induced**

Murakami et al. 2018 [link](#)

- a. Associated with dental biofilm alone
- b. Mediated by systemic or local risk factors
- c. Drug-influenced gingival enlargement

**3. Gingival diseases – non-dental biofilm induced**

Holmstrup et al. 2018 [link](#)

- a. Genetic/developmental disorders
- b. Specific infections
- c. Inflammatory and immune conditions
- d. Reactive processes
- e. Neoplasms
- f. Endocrine, nutritional & metabolic diseases
- g. Traumatic lesions
- h. Gingival pigmentation



**Periodontitis Consensus Report**  
Papapanou, Sanz et al. 2018  
*Active link to consensus report*

**Staging and Grading of Periodontitis:**  
Framework and Proposal of a New  
Classification and Case Definition  
Tonetti, Greenwell, Kornman 2018  
*Active link to case definitions*

## FORMS OF PERIODONTITIS

### 1. Necrotizing Periodontal Diseases

Herrera et al. 2018 [link](#)

- a. Necrotizing Gingivitis
- b. Necrotizing Periodontitis
- c. Necrotizing Stomatitis

### 2. Periodontitis as Manifestation of Systemic Diseases

Jepsen, Caton et al. 2018 Consensus Rept [link](#)

Albandar et al. 2018 [link](#)

*Classification of these conditions should be based on the primary systemic disease according to the International Statistical Classification of Diseases and Related Health Problems (ICD) codes*

### 3. Periodontitis

Fine et al. 2018 [link](#)

Needleman et al. 2018 [link](#)

Billings et al. 2018 [link](#)

- a. **Stages:** Based on Severity<sup>1</sup> and Complexity of Management<sup>2</sup>
  - Stage I: Initial Periodontitis
  - Stage II: Moderate Periodontitis
  - Stage III: Severe Periodontitis with potential for additional tooth loss
  - Stage IV: Severe Periodontitis with potential for loss of the dentition
- b. Extent and distribution<sup>3</sup>: localized; generalized; molar-incisor distribution
- c. **Grades:** Evidence or risk of rapid progression<sup>4</sup>, anticipated treatment response<sup>5</sup>
  - i. Grade A: Slow rate of progression
  - ii. Grade B: Moderate rate of progression
  - iii. Grade C: Rapid rate of progression

Thursday, February 12, 2015 - Chart notes

Provider:

Recorder:

**Personal oral hygiene effectiveness**

•Personal oral hygiene evaluation:

•POH level of effectiveness is inadequate,

**Periodontal clinical findings**

•Local Factors

•supragingival calculus - Moderate

•subgingival calculus - Moderate

•plaque - Moderate

• Pocketing, plaque, bleeding and inflammation is increased. This is expected because Kathy had a stroke recently and is not as able as she used to be. Because of this we are shortening her recall interval to 2 months. Kathy is going to "dust off" and start using her Sonicare. She will also purchase an Access Flosser. Kathy's husband, Rich, is doing a fine job of caring for Kathy! I placed fluoride varnish throughout.

**General Health Summary**

•Allergies - Penicillin

•Allergies - Other Drug Allergies

•other antibiotics

•Current Medications - Synthroid®

•Current Medications - Multi-vitamins

•Current Medications - Flaxseed

•Current Medications - Vitamin D

•Medical Conditions - Family Hx of Diabetes - Type II

•Medical Conditions - Other:

•Thyroid concerns, no gallbladder, osteopenia, HBP, dry mouth occasionally

•Vital Signs - Blood Pressure

•150 / 80

•Vital Signs - Heart Rate

•54

•Current Medications - Vitamin C

•Medical Conditions - Stroke

•~ 10/17/14 Had a stroke - CL

•Current Medications - Atorvastatin

•Current Medications - HydrALAZINE

•Current Medications - Losartan

•Current Medications - Metoprolol

•Current Medications - Trazodone

•Current Medications - Warfarin

•Current Medications - Gabapentin

•Current Medications - Famotidine

**Medications Prescribed**

No medications have been prescribed in the current session

**Alerts**

•MISCELLANEOUS - Personal Note

•admin for a VP at premera ins.....pt likes a light touch and not to have px after hyg visit

•MISCELLANEOUS - Additional Item

•6/14/12 pt taking new BP med cannot remember name.....remodeling dining room, no kids but lots of nieces

and nephews

•Allergies - Penicillin

•Medical Conditions - Other:

•Thyroid concerns, no gallbladder, osteopenia, HBP, dry mouth occasionally

Pt's husband called – wanted to move apt up due to recent medical complications. Kathy had a stroke about one month ago. Since her stroke she has been "pocketing food" in her mouth after meals. She is using a straw to remove the food, but is looking for any homecare aids we can suggest to help with this. Pt is on Coumadin now as well. Wheelchair bound. Pt has thrush and is on medication to remedy. Emr.

Information used to diagnosis patient



**99397** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older  
Why did we add Modifier GA?

Paid Date 07/05/16  
Pay To Name  
Pay To ID

Business Category

Provider of Service Name

Patient Name

Subscriber Name

Claim Number

Z86.73

Submitted DRG Code

Patient Account Number

ID

Assigned DRG Code

Service				Days					APC	Expl.			Ded/			TPP	Payment
Line	Date	Diag #	Proc #	Rev #	Cnt	Auth #	Charged	W/O	Allowed	Sts	Codes	Denied	Copay	Withhold			
1	02/11/16	Z8673	99397GA		1		210.00	64.17	145.83		X10 XOM	0.00	58.33	1.75	0.00		85.75
2	04/05/16	Z8673	99397GA		1		210.00	64.17	0.00		X10 XOM	145.83	0.00	0.00	0.00		0.00
Claim Number 161615571500 Subtotal							420.00	128.34	145.83			145.83	58.33	1.75	0.00		85.75
Collected \$85.75 from insurance and patient paid \$58.33																	
Business Category PremierMDC Adv																	
							420.00	128.34	145.83			145.83	58.33	1.75	0.00		85.75
Business Category Interest																	
Previous Payments																	
Business Category Total																	

Personal history of TIA

Collected \$85.75 from insurance  
and patient paid \$58.33

→ Personal history of TIA

**99397** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older

**GA** - WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYER POLICY, INDIVIDUAL CASE

**Q:** I do not understand using the **-AT** and **-GA** modifiers together on a **98940** code. If the patient is coming in and receiving a **98940** service and it is acute or active treatment, I would expect Medicare to pay for the service. So why would the **-GA** modifier have to be used and an ABN form signed?

**A:** You are simply protecting your own financial interests. As your Medicare patient moves through the treatment cycle and you are getting closer to maximum improvement, it is in your best interest to get an ABN signed and on file. If Medicare denies your claim and your documentation no longer supports active care, you will need to collect payment from the patient.

Having an ABN signed and appending the modifier **-GA** does not mean anything other than you have an ABN signed and on file. Some doctors get it confused thinking the **-GA** modifier means "maintenance care." Untrue. Appending modifier **-AT** to your Medicare claim is a declaration that your patient is still in active care. Here is the key: No **-AT** modifier is your declaration of maintenance care.

So, when you append both **-AT** and **-GA**, you are telling Medicare that 1) your patient is in active care; and 2) you have a signed ABN on file.

# What did the examiner find?

**Patient Name:** \_\_\_\_\_ **Date:** 11-30-15

**Current Medications & Supplements:** INSULIN - Humalog and Lantus

**Preferred Pharmacy:** Bothell's Fred Meyer

**Allergies & Symptoms:** NONE

*Although some of the following questions may seem unrelated to your teeth, they are associated with proper management of your oral health and are confidential.*

<b>Do you have or have you had any of the following:</b>		
Heart Problems	YES	<u>NO</u>
If yes, please describe:		
High Blood Pressure	YES	<u>NO</u>
Low Blood Pressure	YES	<u>NO</u>
Pacemaker	YES	<u>NO</u>
Artificial Heart Valve	YES	<u>NO</u>
Joint Replacement	YES	<u>NO</u>
If yes, please describe:		
Is an antibiotic premed required before treatment?	YES	<u>NO</u>
If so, what type/dosage?		
Easy Bruising	YES	<u>NO</u>
Abnormal Bleeding	YES	<u>NO</u>
Frequent Nose Bleeds	YES	<u>NO</u>
Anemia	YES	<u>NO</u>
History of Blood Transfusion	YES	<u>NO</u>
History of Stroke or TIA	YES	<u>NO</u>
Epilepsy or other neurological disorder	YES	<u>NO</u>
If other, what?		
History of Head Trauma	YES	<u>NO</u>
Frequent or Severe Headaches or Migraines	YES	<u>NO</u>
Thyroid Concerns	YES	<u>NO</u>
Diabetes, Type: <u>1</u> , HbA1c: _____	<u>YES</u>	<u>NO</u>
Family History of Diabetes	YES	<u>NO</u>
Excessive Thirst	YES	<u>NO</u>
Dry Mouth	YES	<u>NO</u>
Oral Herpes or Cold Sores	YES	<u>NO</u>
HIV+ or Acquired Immune Deficiency Syndrome	YES	<u>NO</u>
Have you received an organ transplant?	YES	<u>NO</u>
Have you donated an organ for transplant?	YES	<u>NO</u>
Have you had cancer?	YES	<u>NO</u>
If yes, type:		
If yes, medication/treatment:		
Have you taken Fosamax/Boniva/Actonel/Zometa?	YES	<u>NO</u>
Depression or Anxiety	YES	<u>NO</u>

# Evidence that was given by his team

## **Subjective Findings**

- I was referred here by my dentist
- I was told that I had deep pockets, bone loss, periodontal disease

## **Perio Clinical Findings**

- Vital Signs
  - Systolic = 136, Diastolic = 79, Heart Rate = 91
- A1c – 12.2
- The general level of periodontal inflammation appears to be advanced
- The general level of sulcular bleeding or suppuration is advanced
- Pocket formation summary: many advanced (>6mm) pockets present
- Periodontal Morphological Observations
  - gingival recession - 2, 23-26

## **Radiographic & Test Findings**

- Radiographs Reviewed
  - Post. Bitewings dated 11/9/2015 (GP)
  - periapical images of UA, LA dated 11/9/2015 (GP)
- Radiographs taken and reviewed
  - periapical images of 2-5, 12-15, 18-21, 28-31

## **Diagnosis**

- Generalized chronic periodontitis advanced in extent

## **Individual tooth prognosis:**

- Hopeless prognosis for 18
- DB wants to meet with GP and come up with some treatment options. Then have the patient back for a treatment consult. The patient is scheduled for 12/21. Emailed CL about scheduling DB meeting with GP.

## **General Health Summary**

- Current Medications - Humalog®
- Current Medications - Lantus®
- Allergies - No Known Allergies
- Allergies - No Known Drug Allergies
- Medical Conditions - Diabetes Mellitus - Insulin Dependent (Type I)
- Medical Conditions - Other:
  - Back pain
- Medical Conditions - Other:
  - ITP after terrible dental experience over 10 years ago. Bleeding in mouth that wouldn't stop. Went to ER and was diagnosed ITP. Hasn't had issue with bleeding since then.

## **Medications Prescribed**

No medications have been prescribed in the current session



# Examiner Report

**Record all injuries,  
lesions, periodontal,  
on diagram.**

**Does it connect?**

**S** = Subjective

- Opinion; what the patient reports.

**O** = Objective

- Fact; what the doctor finds during physical exam.

**A** = Assessment

- Conclusions; doctor's diagnosis and prognosis.

**P** = Plan

- Action; what doctor will do.

## Treatment Plans

- Treatment Plan

- Appointment 1

- Hyg soft/hard tissue management

0100	113015	99202	1.00	145.00	74.67	7.93	.00	2.52	.00	.00	.00	913V	69.26
												1W 01	

**99202** - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.

99202 Paid by insurance \$69.26 +  
late fee of \$2.52+patient payment  
of \$7.93

											1W U1	
0200	022616	41823	1.00	7565.00	469.17	0.00	.00	17.74	.00	.00	.00	91 3V 1U 486.91 ✓
0300	042216	41823	1.00	3450.00	469.17	0.00	.00	17.74	.00	.00	.00	91 3V 1U 486.91 ✓
Sub-total				11160.00	1013.01	7.93	.00	38.00	.00	.00	.00	1043.08
TOTAL				11305.00	1087.74	7.93	.00	40.83	.00	.00	.00	1120.64

**41823** - Excision of osseous tuberosities,  
dentoalveolar structures

Two visits paid at \$486.91= \$973.82 by insurance  
\$35.46 Late fee by insurance



Work with your team to have them help you know if we can be billing medical, also what needs to be preauthorized?

Symptom is swelling on lower left patient has pain in face. **R52** - Pain, unspecified  
Acute pain NOS  
Generalized pain NOS  
Pain NOS **M26.9** - Dentofacial anomaly, unspecified

PHONE PREAUTHORIZATION FOR MEDICAL INSURANCE	
Patient Name: _____ DOB: _____ ID: _____	
Subscriber Name: _____	
Relationship to subscriber: _____	
Insurance Name: _____ Group #: _____	
Phone #: _____	
Fax #: _____ Date of Phone Pre-auth: _____	
Pre-auth #: _____ Contact Person: _____ Ext: _____ Time of Conversation: _____	
Are there any written exclusions in patient contract? _____	
TREATMENT NEEDED	
Diagnosis (ICD-10)	Procedure (CPT Codes)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
COVERAGE INFORMATION	
Out-Of Network Benefits? _____ Covered Benefit? Yes ___ No ___	
Deductible: _____ Deductible used/remaining: _____	
Are there any special qualifications or restrictions for these procedures?	
____ Covered only if traumatic injury	
____ Covered only if performed by specialist	
____ In-Network benefits only	
____ Other Restrictions	
Are our fees within your fee limitations? ___ yes ___ no	
Maximum Allowable fee: _____	
All surgical procedures must be pre-authorized by phone. Verification and coverage determination must be obtained by submitting a letter of medical necessity via fax to medical review for written authorization to perform the procedures. CT scans must be pre-authorized.	

**D4210** - Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant It is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration.

<u>K05.30</u>	Chronic periodontitis, unspecified
<u>K05.5</u>	Other periodontal diseases

Code	Description
<u>41820</u>	Gingivectomy, excision gingiva, each quadrant
<u>41872</u>	Gingivoplasty, each quadrant (specify)
<u>41899</u>	Unlisted procedure, dentoalveolar structures

Three 3D white figures are shown in a row, each holding their head with both hands in a gesture of pain or distress. They are standing on a white surface with soft shadows. The background is a solid light blue.

What Diagnostic Code should I use first?

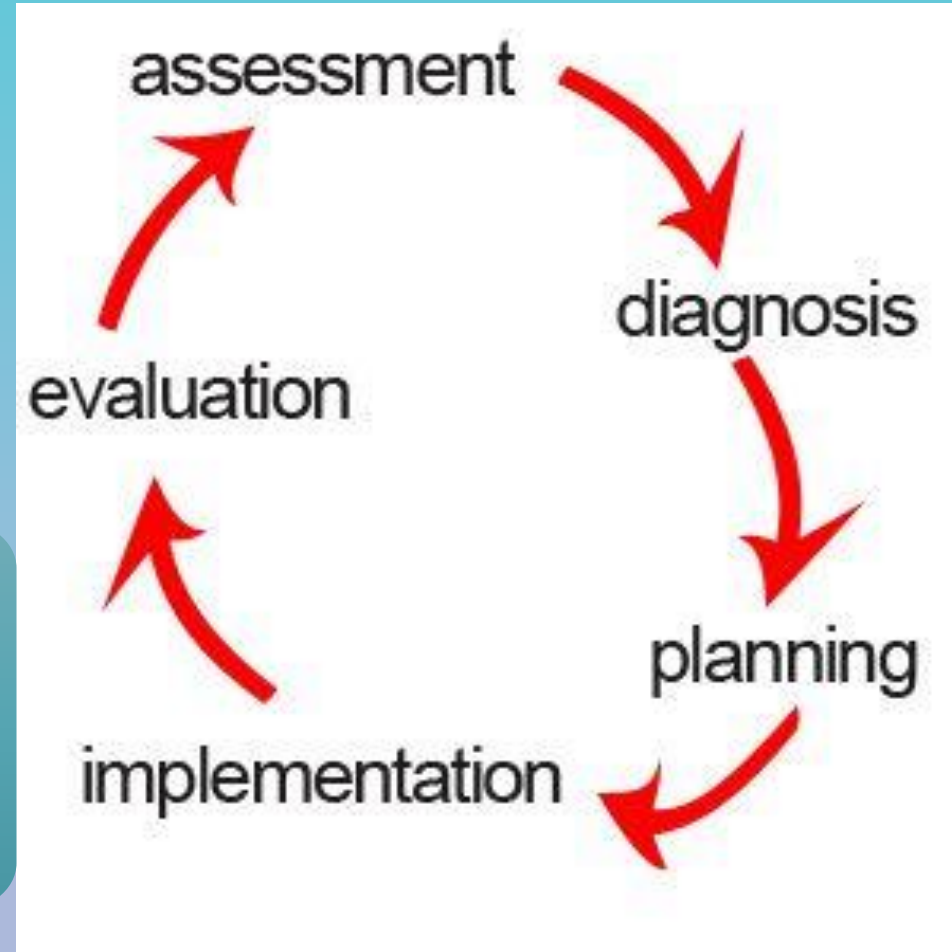
# Plan

Treatment plan  
for each item  
with a diagnosis  
in the  
Assessment  
section will be  
treated.

Referrals

Medications

Follow-up  
treatment  
recommended



# Make sure you use your Informed Refusal



Use our form to discuss why you recommend treatment, what the outcome would be with and without treatment. Sign and have patient sign so you are compliant.

## INFORMED REFUSAL OF TREATMENT FOR ORAL SLEEP APNEA TREATMENT

My dentist, \_\_\_\_\_, has recommended the following treatment:

Dr. \_\_\_\_\_ has explained the possible benefits for me of this treatment that will include:

and the following possible risks of the treatment:

In spite of the possible benefits to my health, I have decided to refuse treatment.

Dr. \_\_\_\_\_ has explained the following risks which are listed here but which are not limited to only these if I refuse treatment:

In signing this form, I acknowledge that Dr. \_\_\_\_\_ has explained the benefits and risks of this treatment as well as the risks associated with not having this treatment performed. I fully understand the benefits and risks but choose to not consent to this treatment.

\_\_\_\_\_  
Date Time Signature of patient or authorized individual

\_\_\_\_\_  
Relationship of authorized individual

\_\_\_\_ The patient or authorized individual has read this form or had it read to him/her

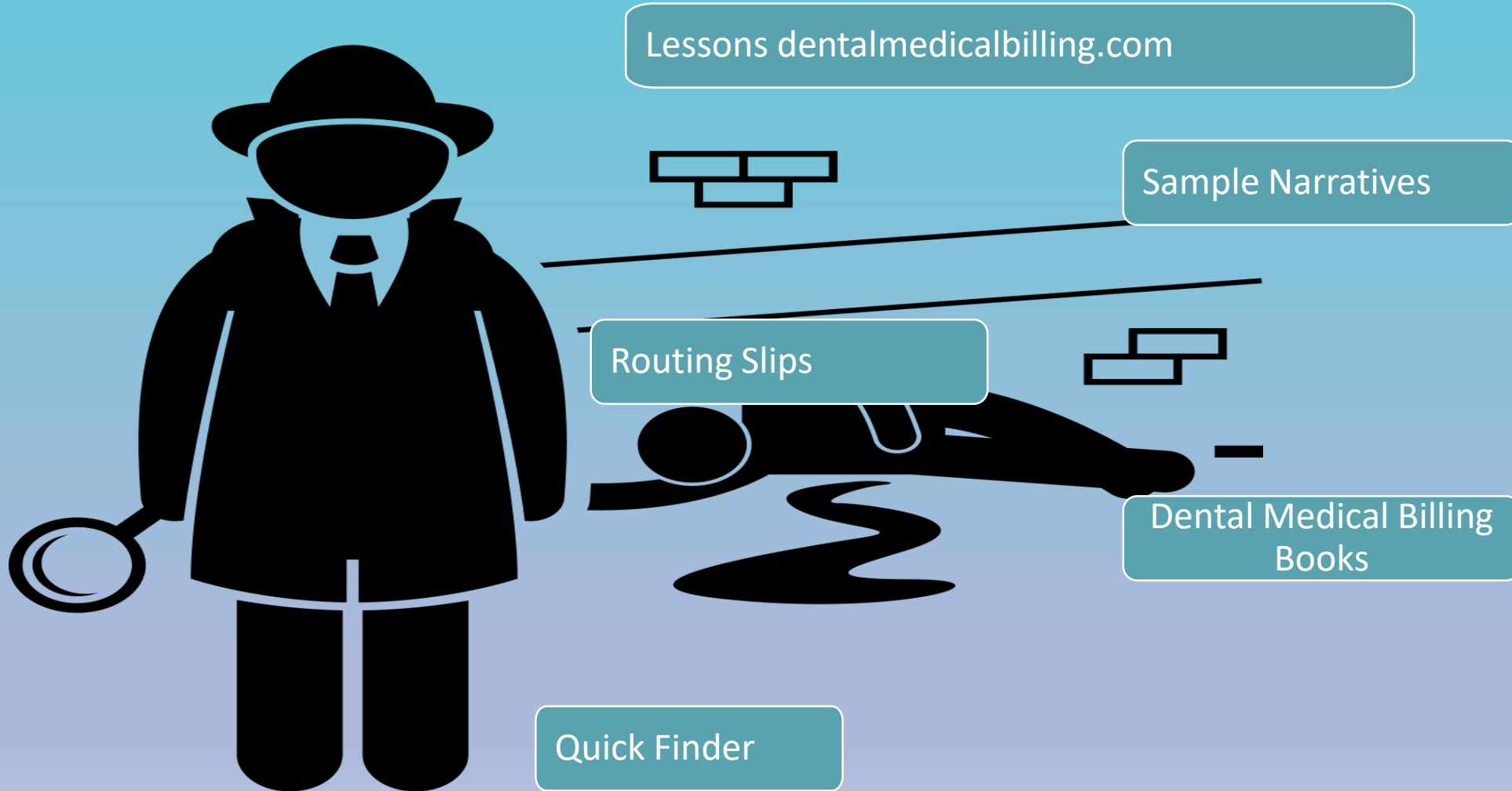
\_\_\_\_ The patient or authorized individual states that he or she understands what is stated in the form

\_\_\_\_ The patient or authorized individual states that he or she has no other questions

\_\_\_\_\_  
Date Time Signature of dentist

\_\_\_\_\_  
Date Time Signature of witness

# Finding the clues. How many ways are there for you to use



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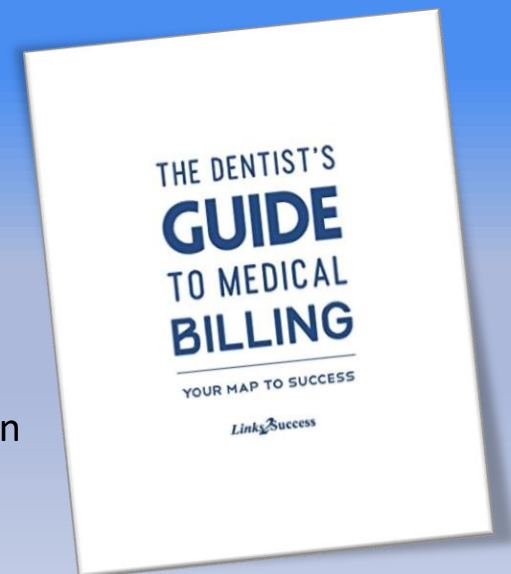
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