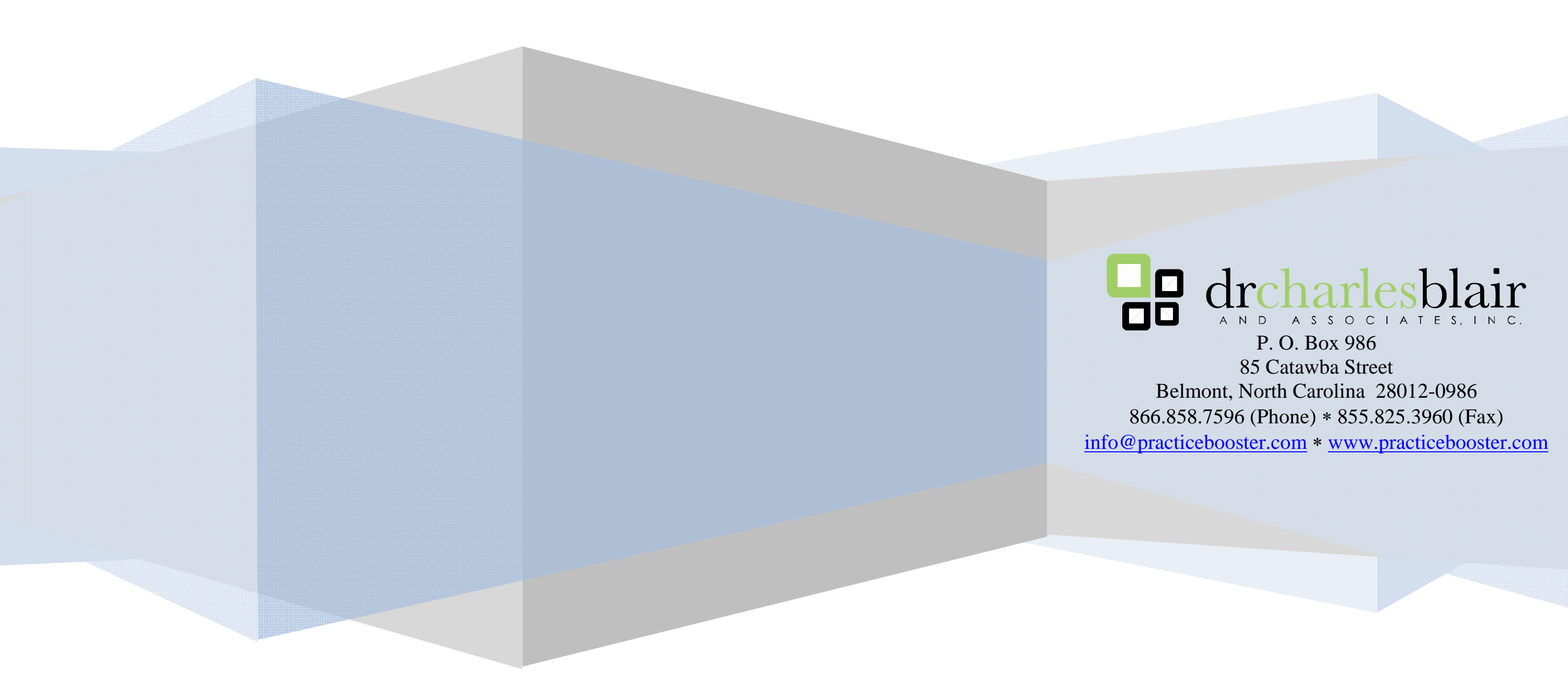
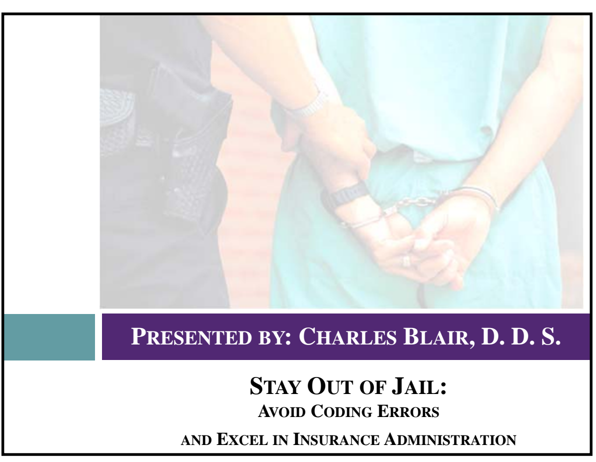
STAY OUT OF JAIL:
AVOID CODING ERRORS AND EXCEL IN INSURANCE ADMINISTRATION

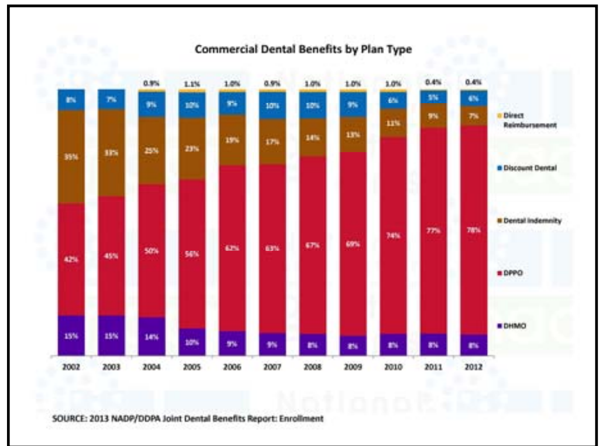
PRESENTED BY:
CHARLES BLAIR, DDS

JULY 15, 2016



P. O. Box 986
85 Catawba Street
Belmont, North Carolina 28012-0986
866.858.7596 (Phone) * 855.825.3960 (Fax)
info@practicebooster.com * www.practicebooster.com





FUTURE OF DENTISTRY

- Dental PPOs are at a tipping point and mirror medicine's – Now!
- **MUST PRODUCE MORE TO HOPE FOR THE SAME INCOME.**
- Solo is shifting to multi-doctor.
- Dentistry is a $120 Billion industry and corporate dentistry will increase.

  It is compounding from $8 billion of revenues (largest corporations) - -

  About 3,500 location - -A tipping point!

DIAGNOSTIC CODING AND THE DENTAL CLAIM FORM

DIAGNOSTIC CODING AND THE DENTAL CLAIM FORM

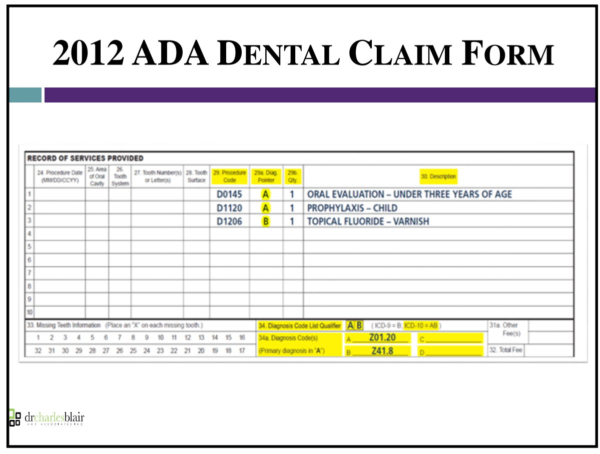
- ICD – code set used to communicate to the payer a diagnosis – "Why" the procedure is necessary.
- ICD codes have been required for medical claims for many years.
- The 2012 ADA Dental Claim Form has space for up to four diagnoses codes – ICD-10-CM.
- Some Medicaid and ACA plans with embedded pediatric benefits currently require ICD diagnostic codes.
- ICD decreases the need to attach lengthy narratives.

ICD-10-CM COMING SOON!

- ICD-10-CM (65,000 codes)
- Not about getting the claim paid – but ensuring quality patient care.
- Medical necessity – much more medically related than dental procedure reporting.
- Document, document, document!

© 2016 All rights reserved -

2012 ADA Dental Claim Form



RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	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						D0145	A	1	ORAL EVALUATION – UNDER THREE YEARS OF AGE
2						D1120	A	1	PROPHYLAXIS – CHILD
3						D1206	B	1	TOPICAL FLUORIDE – VARNISH
4									
5									
6									
7									
8									
9									
10									

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

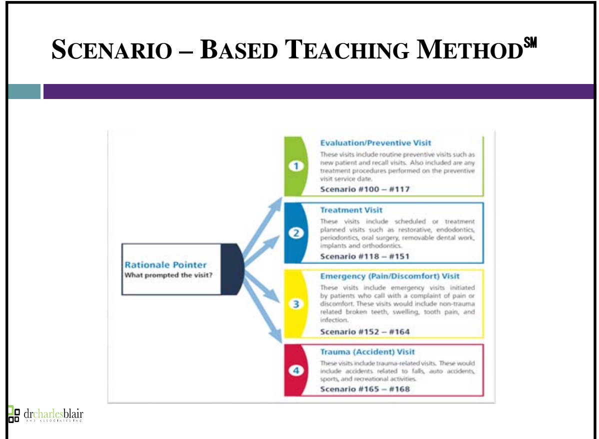
34. Diagnosis Code List Qualifier AB (ICD-9 = B; ICD-10 = AB)

34a. Diagnosis Code(s) (Primary diagnosis in "A") A Z01.20 B Z41.8 C D

31a. Other Fee(s)

32. Total Fee

Scenario – Based Teaching Method℠



Future of Dentistry Reality

- Some practices gaining market share. – Winners!
- Some practices losing market share. – Losers!
- Fees will be frozen, very low fee increases, or lowered.
- Procedure mix monitoring - National Databases Already Here!
  - Limit network outliers through audits
  - PPO network dismissal of outliers
- Practice sales prices will decline with the lower profit margins of PPOs
- Change is for sure!

drcharlesblair

Disclaimer

The information presented is not intended to be legal advice. We are not attorneys and do not offer legal advice. For legal advice, please seek advice from a Healthcare attorney.

drcharlesblair

Disclaimer

1. Coding as presented has been researched. Statements made do not necessarily apply to all plans as there is great variation. There is no guarantee that a given plan will reimburse along the guidelines presented.
2. Always code "what you do."
3. Follow the current CDT code set exactly to the best of your ability.

drcharlesblair

Current CDT Codes

- Code and report "what you do" strictly by the current CDT code.
  - HIPAA is "law of the land"
- Codes are not specialty-specific
- New codes every year – **Over 79 changes for 2016**!
- There are over 600 codes under CDT 2016

drcharlesblair

© 2016 All rights reserved -

CLEANING UP YOUR CODING
LOWER ERRORS!

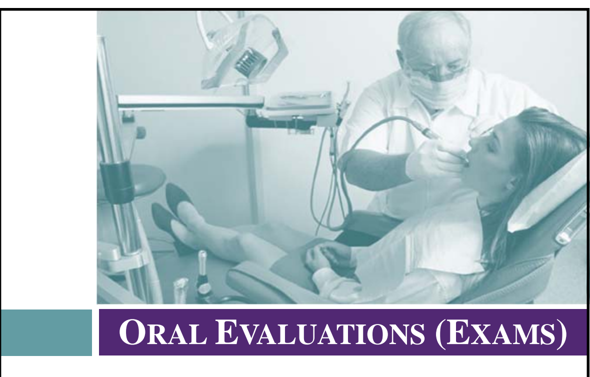
- Delete/inactivate the deleted codes.
- Enter *only* the new codes that specifically apply to your practice. For the typical GP practice, only five to ten of the new codes may apply.
- Delete inactive codes.
- Print a report showing fees and counts for each CDT procedure to determine miscoding.
- Makeup codes – below D0120

drcharlesblair

CLEANING UP YOUR CODING
LOWER ERRORS!

- Make sure that the numerical code sequence for range starting D0120 and ending D9999 is used only for valid CDT codes. Move in-office codes such as broken appointment, deliver crown, etc. to code numbers below code D0120. For instance, code these in-office codes using range numbers D0000 – D0119.

drcharlesblair



ORAL EVALUATIONS (EXAMS)

drcharlesblair

COMPREHENSIVE ORAL EVALUATIONS

- "2 /Year Rule" or "1/Six Months" *(OF ANY KIND)*
- D0145-Under age 3 includes counseling.
- D0150-Age 3 and up – probing and charting "where indicated" oral cancer evaluation "where indicated"
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.

drcharlesblair

CHECK-UP EVALUATIONS

- D0120-Periodic Evaluation – probing and charting "where indicated" oral cancer evaluation "where indicated".
- D0180-Must be perio patients (or have perio risk factors) and full-mouth probing and charting is mandatory.*

*Insurance companies commonly downgrade D0180 to D0120.

drcharlesblair

D0140 PROBLEM-FOCUSED EXAM ISSUES

- Always a "Stand Alone" Code
- Subject to 2/year or 1 per six months rule
- "Not paid with definitive procedure" limitation
- Can be used infrequently at recall with extra time.

drcharlesblair

© 2016 All rights reserved -

Other Evaluation-Type Codes

- Detailed & Extensive (Follows D0150/D0180) D0160
- Re-Evaluation (Limited) (Follows D0140/D0150/D0180) D0170
- Re-Evaluation (Post-Operative Office Visit) D0171
- Consultation-Referred by DDS/MD D9310
  - Not a patient self-referral

drcharlesblair

Case Presentation (D9450) - Detailed Visit

- Used as a "visit" code to present a treatment plan at a later date (after evaluation).
- Is not generally billed/reimbursed.

drcharlesblair

Palliative (D9110)

- One of the least-reported codes.
- Palliative is a minor procedure (not a definitive procedure) at an emergency visit with pain/discomfort reported by the patient.
- Typically allowed up to 2 to 3 times a year.
- Not a "take-back" code, and generally not subject to a deductible.
- Cannot report any other treatment on same visit date with most plans. X-rays are OK.
- Always use narrative
- Variable fee, depending on procedure and the time spent.

drcharlesblair

Minor Procedures
(Palliative – D9110) at Emergency Visit

- Smooth sharp corner of tooth
- Adjust occlusion for pain relief
- Remove decay, IRM placed
- Desensitize tooth
- Open tooth (partial debridement) or lance abscess for pain relief
- Partial heavy calculus debridement (only with patient complaint of discomfort)
- Aphthous ulcer relief

drcharlesblair

Pulp Vitality Test (D0460)

- May not be reimbursed in addition to problem-focused evaluation (D0140) on same service date.
- The pulp vitality test is considered a "stand alone" code.

drcharlesblair

Common X-Ray Limitations

- DDS must order all x-rays – No protocol
- Full Series or Pan – Every 3 or 5 years
- Maximum x-ray reimbursement – full series UCR. Maximum bitewing reimbursement – four bitewings limitation at recall visit
- Bitewings – once per year/twice for children? Narratives for periapicals with BWX.
- Vertical bitewings – 7-8 films (D0277) may pay 80% of full series fee but may count under full series limitation rules. May downgrade to 4BWX in some cases.

drcharlesblair

© 2016 All rights reserved -

INTRAORAL PERIAPICALS (D0220/D0230)

- Generally one or two periapicals are reimbursed at problem-focused (emergency) exam (D0140) or Palliative (D9110) appointment.
- Use (D0230) for each additional periapical.
- Periapicals taken at the emergency visit do not generally affect the "once-a-year" bitewing rule.
- Multiple bitewings taken at an emergency visit will often affect the "once a year" bitewing rule. One bitewing may, or may not, "trigger" rule.

PANORAMIC FILM (D0330)

- Payable every 3 or 5 years, just like full series (D0210). Either one or other.
- If a pan and bitewings (D0272/D0274) are taken on the same service date, then many carriers convert to the lower full series UCR payment amount. Sometimes Pan is paid only; a pan pays best by itself on a given service date.
- Consider pan or 4BWX (either) at an emergency visit to "get it out of the way".

CONE BEAM CT

- Various New Codes
- D0391-Interpretation

PROPHYLAXIS

- **Definition:**
  - Prophylaxis is preventative
  - Scaling and polishing of tooth structures
  - Gingivitis is inflammation of Gingiva
  - Includes removal of irritational factors (gingivitis)
  - No mention of Perio-free status in descriptor

RECALL

Child Prophylaxis:
- Child prophy (D1120)
  - primary or transitional dentition
- 2 Bitewings (D0272) generally until second molars are erupted.

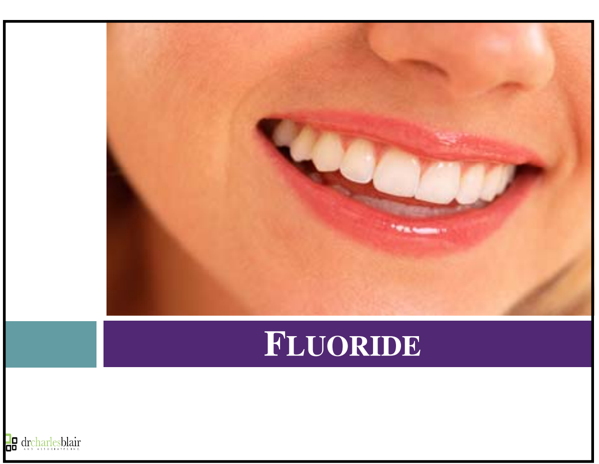
Adult Prophylaxis:
- Adult Prophy (D1110)*
  - Transitional or permanent dentition
- 3 Bitewings (D0273)
- 4 Bitewings (D0274)

*14 years of age and up is the most common limitation, sometimes 16 years. Occasionally D1110 is paid for 12-13 year olds.
*Also second molars erupted can be criteria.
*ADA code does not specify age, but insurance generally does.

ADULT PROPHY (D1110)

- Extended Prophy
- Adult Prophy *(routine)*
- Teenage Prophy
- Brief Prophy *(partial)*
- D8999 Utilization

© 2016 All rights reserved -



Fluoride

Fluoride Application Limitations

- Payable once or twice per year. Fluoride cannot be in prophy paste. Payable up to 16-17-18 years.
- D1206-Fluoride Varnish (Children or Adults)
- D1208-Fluoride Application (Children or Adults)
  - Excludes Fluoride Varnish.

*Caries risk is no longer considered for D1206.

D1203/D1204 is Deleted.

Caries Risk Assessment and Documentation*

- Three caries risk levels:
  1. D0601 Low Caries Risk
  2. D0602 Moderate Caries Risk
  3. D0603 High Caries Risk

*Report with adult fluoride, six month interval bitewings, and periapicals taken with BWX.

*Not generally reimbursable and reported with "zero" fee.

Prevention Procedure

- D1999 Unspecified preventative, procedure by report*
  - Toothpaste
  - Xylitol Products
  - Devices such as tooth brushes, inter-dental cleaners, and floss

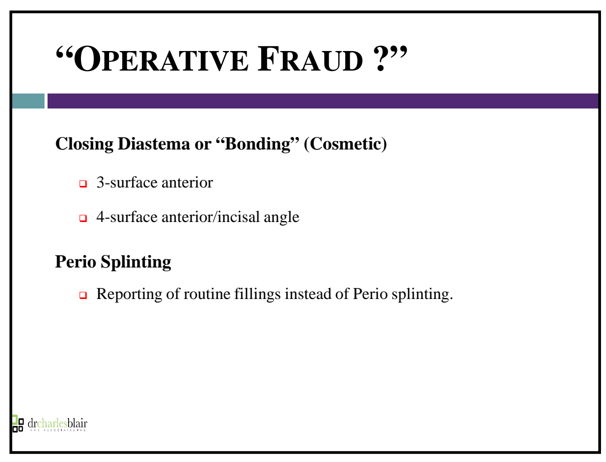
*For take home fluoride, report D9630.

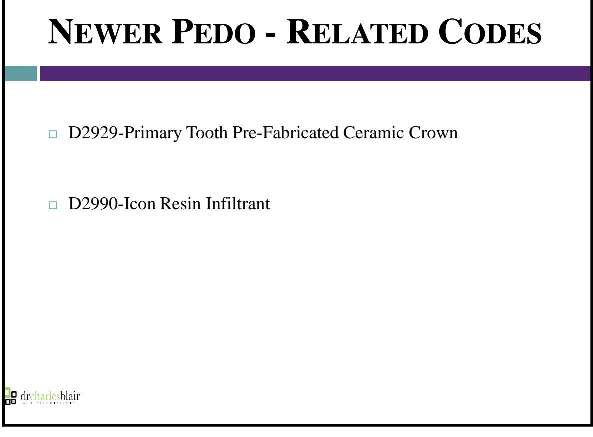
Operative Restorations

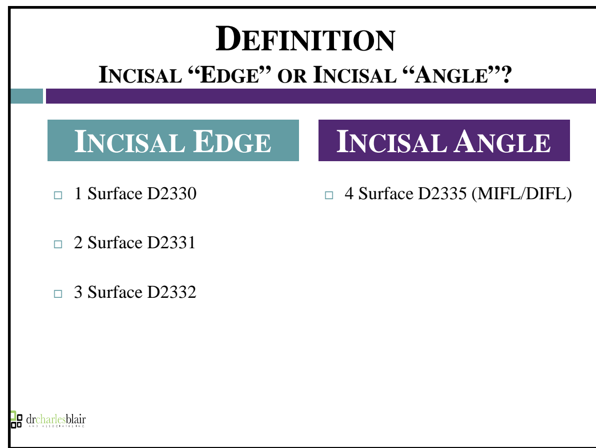
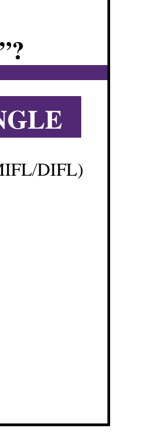
Restorative Definitions

- Don't charge for liners, bases and etching (included). Payers will not pay pulp caps with restorations on same day.
- Operative restorations are in occlusion and have adjacent contact, if applicable.
- Posterior Amalgam/Composite Restoration: Caries and prep must be in the Dentin!

© 2016 All rights reserved -

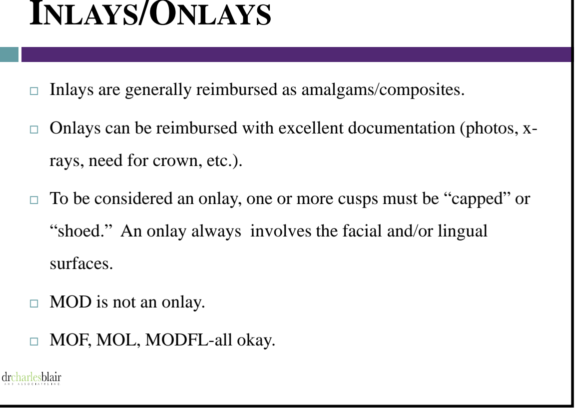




REATTACHMENT OF A TOOTH FRAGMENT

- D2921 Reattachment of tooth fragment, incisal edge or cusp
  - Charge one surface composite
  - Ask for alternative benefit of a one surface restoration
  - Consider D9110 at an emergency visit, as an alternative benefit request



© 2016 All rights reserved - drcharlesblair AND ASSOCIATES, INC.

INLAY/ONLAY MATERIALS

Three types of inlay/onlay materials:

- Gold
- Ceramic/Porcelain
- Resin-based (lab - Cristobel®, Artglass®, Bellglass®)

Resin-based (lab) materials:

- Sometimes excluded as a material
- May reimburse 40-50% less than gold/ceramic material

drcharlesblair

ONLAY/CROWN CRITERIA

1. Missing Cusps
2. Undermined Cusps
3. Fractured Cusps
4. Fracture
5. Decay
6. Endodontic Tooth

drcharlesblair

CROWN AND BRIDGEWORK

- Use correct metal
- Price accordingly
- Match correctly the pontic material to the retainer type of material
- 3M Lava Ultimate Crowns are now reported as ceramic, not as a resin crown

drcharlesblair

CROWN BUILDUP TYPES*

Types:

- Core Buildup (D2950) - typically for vital - sometimes Endo
- Indirect Cast or Milled Post (D2952) – Endo teeth
- Prefab Post & Core (D2954) – Endo teeth

*Report these codes under bridges.

drcharlesblair

CORE BUILDUP (D2950)

- Must be for "retention" of crown and "strength" of tooth.
- Cannot report for "box form", "undercuts", or "ideal prep."
- "A core buildup is required for the retention of the crown."
- "65% of the tooth was missing."
- "The tooth was endodontically treated on mm/dd/yy". Enclosed is completed endo radiograph.

drcharlesblair

PREFAB POST/CAST BUILDUPS

- For Endodontically treated teeth (only).
- Routinely approved.
- Watch Cast or Milled Buildup miscoding!

drcharlesblair

© 2016 All rights reserved -

Endodontic Access Closure

- Report occlusal restoration (D2140/D2330/D2391) not crown repair (D2980).
- If crown is removed then a core buildup (D2950) or prefab post and core (D2954) placed, then it is ok to report.

Restorative Foundation for an Indirect Restoration (D2949)

- D2949 Restorative foundation for an indirect restoration
  - Placement of a restorative material to yield a more ideal form including elimination of undercuts
  - It is not a core buildup and generally not reimbursed

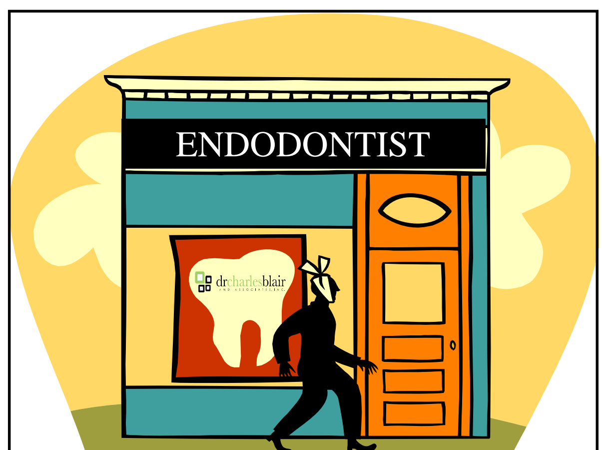
Extra Lab Procedures w/ Partial

- Bill code (D2971) plus crown procedure.
- Lab charges extra $50 - $70 to make a new crown under an existing partial denture.
- About $150 fee for the D2971 procedure.

Repairs
(Necessitated by Restorative Material Failure)

- Crown (D2980)*
- Inlay (D2981)
- Onlay (D2982)
- Veneer (D2983)

*Do not report for endodontic access hole closure. Report occlusal (composite) restoration for endo access closure.



Primary Tooth Endo Procedures

Use these codes for primary teeth:

- Pulpotomy (D3220) – Vital Tooth
- Pulpal Therapy – Anterior (D3230) Necrotic*
  - Resorbable material – not gutta percha
- Pulpal Therapy – Posterior (D3240) Necrotic*
  - Resorbable material – not gutta percha

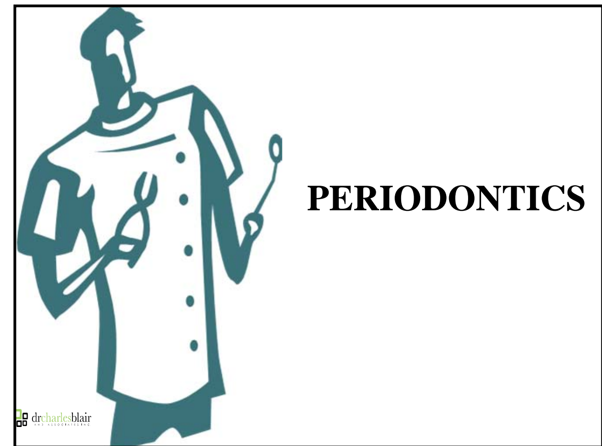
***Higher Fee Paid**

© 2016 All rights reserved -

Pulpal Debridement (D3221)

- Dentist schedule is interrupted
- "Open tooth" and "get out of pain" code for referral to Endodontist.
- Can be a "take-back" code if RCT treatment follows later in the same billing office (not always true).
- Some carriers re-map (D3221) to the Palliative (D9110) code for payment.

drcharlesblair



PERIODONTICS

drcharlesblair

Restorative Access Procedure

- D4212 Gingivectomy to allow access for restorative procedure, per tooth.
- May not be reimbursed
- Different service date from restoration date may help reimbursement

drcharlesblair

Crown Lengthening (D4249)*

- Hard tissue (remove bone) procedure. Changes crown to root ratio.
- Lay full thickness flap mesial and distal to tooth.
- Bone is not diseased (no Perio issues).
- No Endo Apex problems
- Six week wait or more for final crown prep/impression.

*Must lay full thickness flap.

drcharlesblair

Perio Splinting* (Mobile Teeth)

- (D4320) Provisional Splinting - Intracoronal
- (D4321) Provisional Splinting - Extracoronal

***Do Not report individual Composite Restorations - fraudulent!**

drcharlesblair

Quad Scaling & Root Planing (SRP)*

- 4-5 mm pocket depth , BOP, evidence of bone loss
- (D4341) 4 teeth or more (quadrant)
- (D4342) 1-3 teeth (list teeth on form)

***D4910 follows Scaling and Root Planing or osseous surgery procedure.**

drcharlesblair

© 2016 All rights reserved -

Irrigation/Desensitizing

- D4921- Gingival irrigation, per quadrant
  - Performed extensively by practices
  - Probably will not be reimbursed
  - The charge is probably not allowed with PPO contracts
- D9910 - Application of desensitizing medicament
  - Reported for one tooth or whole mouth
  - Probably will not be reimbursed
  - The charge is probably not allowed with PPO contracts

Perio Ongoing Maintenance (D4910)*

- Show history of SRP/surgery, plus attach full mouth charting with initial D4910 form. Turn switch "on".
- Always Follow SRP or Perio Osseous surgery.
- Don't alternate D4910 with prophy (D1110).
- (D4910) treatment is "indefinite" and "ongoing".
- Many carriers require at least two quads of SRP to qualify for D4910 visits.
- Does not include Periodic Evaluation (D0120) or Comprehensive Perio Evaluation (D0180). D0180 requires full mouth chart and probing to report.

***Sometimes D0180 evaluation is reported, but generally reimbursed as D0120.**

D4910 Narrative

"If periodontal maintenance D4910 is not reimbursable,

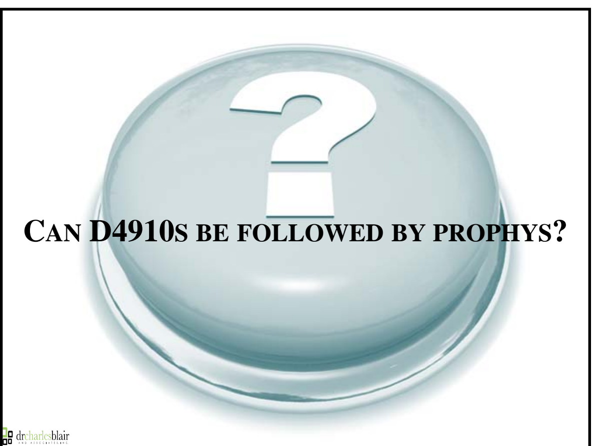
please pay the alternative benefit of Prophylaxis, D1110.

"Periodontal maintenance, D4910 is inclusive of Prophylaxis,

D1110."

Six Week Re-Evaluation

- D0180-If DDS checks the patient. Evaluation is subject to frequency limitations.
- D1110-paid generally, but beware of certain plans
- D4381-Arestin-Possibly paid
- D4910-Generally not paid six weeks after SRP-Requires three months wait.
- D4999-Probing and Charting, not paid and there is not a separate code for this service.



Can D4910s be followed by prophys?

Gross Debridement to Enable Oral Evaluation and Diagnosis (D4355)

- "A Gross Debridement was necessary for a subsequent evaluation."
- "Patient has not seen dentist in three - five years."
- Do not charge out Comprehensive Evaluation on same service date! Charge at 2nd visit.
- With a limited debridement procedure, consider using Palliative (D9110) if the patient reports they have discomfort at an emergency visit.

© 2016 All rights reserved -

Controlled Release Vehicle (D4381); Per Tooth

- Includes Arestin®, PerioChip®, Atridox®
- Generally not payable at initial SRP appointment.
- May be payable at six week re-evaluation or (D4910) visit - getting better.
- Documentation: 5-6-7mm depth pocket; BOP; probing and charting
- D4381 is coded per tooth. Fee varies with number of sites placed.
- Arestin® may be payable by pharmacy benefit plan of medical insurance.

drcharlesblair

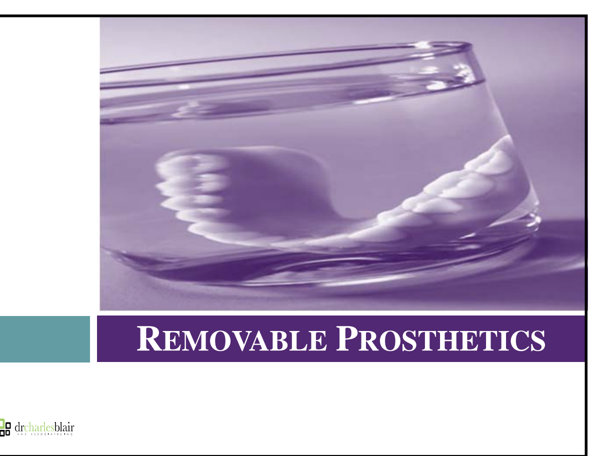
What's the difference in a Prophylaxis (D1110) and Periodontal Maintenance visit (D4910)?

ANSWER:

Prophylaxis (D1110)	Periodontal Maintenance (D4910)
Preventative in nature	Therapeutic (treatment) in nature
Less time required	More time required
Less money	More money
Scaling & Polishing	Scaling, Polishing & Root Planing (site specific)
Less frequent probing and charting	More frequent probing and charting

- **Periodontal Maintenance is therapeutic and is treating periodontal disease by performing site specific scaling and root planing. This will assist the patient in understanding the difference. 50 min should be allowed for a clean mouth adult prophy and 1 hour should be allowed for periodontal maintenance. This time allowance difference will also help distinguish between prophy and perio maintenance.**

drcharlesblair



Removable Prosthetics

drcharlesblair

Immediate Denture (D5131/5140)

- Higher fee to cover soft-tissue "healing' follow-up period.
- Wait six months (after extraction[s]) for hard acrylic reline, rebase, or even a new denture.
- If followed by a completely new denture, ask for alternative benefit of reline.

Note: Immediate partials codes are added/or 2016.

drcharlesblair

Partials – Four Types

1. Resin Partial (D5211/D5212); Indefinite life
2. Cast Partial (D5213/D5214); Indefinite life
3. Flexible Partial (D5225/D5226); Indefinite life
4. Interim Partial (D5820/D5821); 1-12 month life, duration (waiting on Perio, bridge, implant, etc.) not filed with insurance.

Note: Immediate partials codes are added/or 2016.

drcharlesblair

"Flipper Partial"*

- Can be either Resin Partial (D5211/D5212), Valplast Partial (D5225/D5226).

Or

- Interim Partial (D5820/D5821), depending on use

*__Proper code depends on "life" expectancy and use of partial.__

drcharlesblair

© 2016 All rights reserved -

Reline or Rebase?

- A reline maintains original acrylic base and is re-surfacing.
- A rebase strips acrylic back to the teeth and all new base acrylic is applied.

drcharlesblair

Lab/Chairside Reline

- A chairside reline sets at chairside.*
- A lab reline is processed in the office or by an outside lab.

***This is not tissue conditioning. Tissue conditioning is preliminary to a definitive impression for a prosthesis.**

drcharlesblair

Overdentures (Natural Tooth)

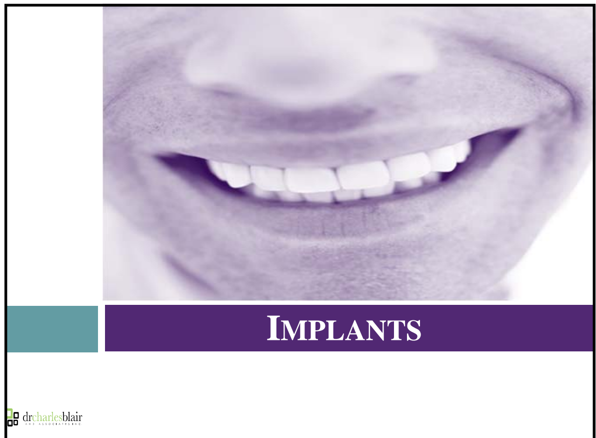
- Maxillary Overdenture
  - D5863 Complete maxillary
  - D5864 Partial maxillary
- Mandibular Overdenture
  - D5865 Complete mandibular
  - D5866 Partial mandibular

drcharlesblair

Periodontal Medicament Carrier with Peripheral Seal – Laboratory Processed

- D5944 A custom fabricated laboratory processed carrier that covers the teeth and alveoler mucosa
  - Perio Protect Trays® comply with reporting this code

drcharlesblair



Implants

drcharlesblair

Implant Insurance Coverage

- Must have Implant rider for coverage of Implant procedures.
- Generally only a Crown will be paid as an alternative benefit for the Implant, Abutment, and Implant Crown with a conventional plan.

drcharlesblair

© 2016 All rights reserved - drcharlesblair AND ASSOCIATES, INC.

Surgical Implant Placement
(Endosteal Implant)

- D6010 Full Size Implant-$1,700 - $2,200
- D6013 Mini Implant-one-half the fee

drcharlesblair

Second Stage Implant Surgery

- D6011 Second stage implant surgery – surgical access
  - May not be reimbursed if the same provider places the implant. Possibly reimbursed better if a different provider performs the second stage surgery. Write narrative.
  - If D6011 is reimbursed, the insurance company may have reduced the fee for placing the implant (D6010) around $200-$300. Under these circumstances, the payer will pay for the implant (D6010) plus the second stage surgery (D6013).

drcharlesblair

Common GP Coding Errors

1. Get confused with Abutment-supported and Implant-supported crown.
2. Report an implant crown as a natural tooth crown.
3. D6190 implant index is correct. Do not report surgical stent D5982 or surgical splint D5988.

drcharlesblair

Implant Charge Out Possibilities

- Abutment Placement for Abutment-Supported Crown*
  - Interim Abutment (D6051)

    OR
  - Prefabricated Abutment (D6056)

    OR
  - Custom Abutment (D6057)

*Provider must *place* the abutment to report it.

drcharlesblair

Furnish Prefabricated Abutment to GP*

- D6199 unspecified implant by procedure, by report.

***Oral Surgeon cannot report a Prefabricated Abutment (D6056).**

drcharlesblair

Implant-Type Crown Codes

1. Abutment-Supported Examples:
   - D6058 Porcelain/Ceramic
   - D6059 PFM Hi-Noble
   - D6062 Gold Hi-Noble
2. Implant-Supported Examples:
   - D6065 Porcelain/Ceramic
   - D6066 PFM (Any Metal)
   - D6067 Gold (Any Metal)

drcharlesblair

© 2016 All rights reserved -

Implant Bridgework Coding Match

- Match Pontic and retainer coding (Common Miscoding)
- Implant Pontic is the same as natural tooth Pontic
- Match material type (ceramic, PFM, gold)

Implant Provisional Placement

- D2799 can be reported as an interim provisional.
- Interim Abutment (D6051)-A healing cap is not an Interim Abutment.

Dental Implant Supported Connecting Bar

- D6055 Implant Connecting Bar
- Typically a removable Implant Overdenture fits over the Bar.

Overdenture - Confusion

- Natural tooth Overdenture Vs. Implant Overdenture
- Natural tooth Overdenture codes are complete (D5863 and D5864) and Partial Overdenture (D5865 and D5866)
- D6053 (deleted) Implant/Abutment supported Implant Overdenture - new CDT 2015 codes have been added reporting each arch (D6110/D6111)
- D6054 (deleted) Implant/Abutment Supported Implant Partial Overdenture - new CDT 2015 codes have been added reporting each arch (D6112/D6113)

Overdenture Locator Codes

- Mini-Implant Type Overdenture – D6110/D6111
  - D5862 Mini-Implant Cap embedded in overdenture.*
- Full-Size Type Implant Overdenture – D6110/D6111
  - D6052 semi-precision attachment abutment with keeper assembly*

*D5862 and D6052 are an attachment or “locator”.

Implant Maintenance Procedure

- D6080 Implant maintenance procedures-including removal of fixed prosthesis, cleansing of prosthesis and abutments, and reinsertion of prosthesis.
  - Includes prophylaxis of implant(s)
  - X-ray radiographic images and D0120 periodic oral evaluation (exam) are reported separately
  - With natural teeth, prophylaxis D1110 could be reported separately

© 2016 All rights reserved -

Implant-Related Repairs

- D6090 Repair Implant Supported Prosthesis, by report (any part of Prosthesis).
- D6095 Repair Implant Abutment, by report (any part of Prefabricated [D6056] or custom [D0657] Abutment).
- D6091 Replacement of Semi-Precision or Precision Attachment (male or female component of Implant/Abutment supported Prosthesis, per attachment .

drcharlesblair

Periimplant Procedures

- D6101-Debridement of Defect-Surface Cleaning
- D6102-Debridement of Defect-Osseous Contouring
- D6103-Bone Graft for Repair of Periimplant Defect
- D6104 Bone Graft at Time of Implant Placement

drcharlesblair

Bridgework

drcharlesblair

Bridgework Coding Match

- Match pontic and crown retainer
- Match material type
- Pontic code is the same for a natural tooth and implant bridge.

drcharlesblair

Maryland Bridge

- Metal Wings *(D6545)*
- Ceramic Wings *(D6548)*
- Resin Wings *(D6549)* – New code for CDT 2015
- Plus Appropriate Pontic Match
- Charge ½ to ¾ Crown Fee for each "Wing"

drcharlesblair

Oral Surgery

drcharlesblair

© 2016 All rights reserved -

Routine Extraction

Coronal Remnant: Deciduous Tooth (D7111):

- A remnant is the Crown (no root) of a primary tooth.

Erupted Tooth (D7140):

- Single, multiple, permanent and primary teeth extraction – considered routine

Erupted Root (D7140):

- Code also applies to erupted root removal (not requiring surgical access)

drcharlesblair

Surgical Extraction (D7210)*

Requires removal of bone and/or section of tooth.

- "Suture" does not count.
- A flap is optional
- Pays about 60% - 90% more than (D7140) due to time and difficulty.
- Document in clinical notes

drcharlesblair

Surgical Extraction of Residual Tooth Roots (D7250)

- Cutting procedure to remove bone/residual roots below gum.
- "Residual" generally means roots left by someone else.
- Use of this code may trigger denial of bridgework or implant coverage due to "missing tooth" clause.
- Common code associated with denture fabrication (removing roots) or use by oral surgeon to remove residual roots left by previous dentist.

drcharlesblair

Grafts for Implants

- D7950 Graft of Edentulous Area of Mandible or Maxilla-Autogenous or Non-Autogenous, by report. (Includes obtaining Autograft and/or Allograft material. Membrane Extra.
- D7951 "Window" Sinus Augmentation with Bone or Bone Substitutes. (Includes obtaining graft material but excludes membrane, if used).
- D7952 "Vertical punch" sinus augmentation
- D7953 Bone Replacement Graft for extraction or implant removal (01/01/11) site. Does not include membrane, if used. Does not include harvesting bone.
- D7295 Harvest of Autogenous Bone may be used 01/01/11.

drcharlesblair

Frenum Excision Codes

- **Frenulectomy (D7960)**
  - Release of buccal, labial, or lingual frenum "clip and snip".
  - Lower fee than D7963.
- **Frenuloplasty (D7963)**
  - Excision of frenum plus repositioning of Aberrant muscle and z-plasty or local flap closure.
  - More complicated and a higher fee than D7960.

drcharlesblair

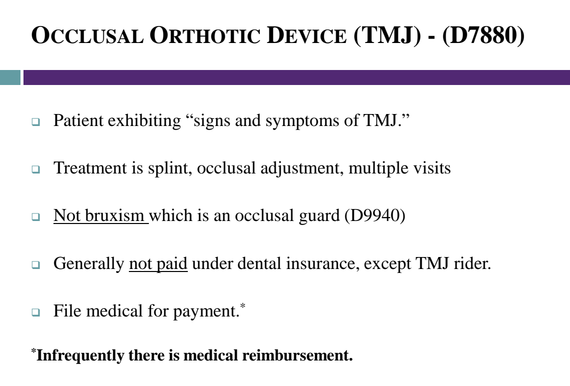
Other Surgery Codes

- Tooth stabilization after injury (D7270)
- Soft-Tissue Biopsy* (D7286)
- Excision of Pericoronal Gingiva (D7971)

***For biopsy, wait on pathology report before filing a dental claim.**

drcharlesblair

© 2016 All rights reserved -

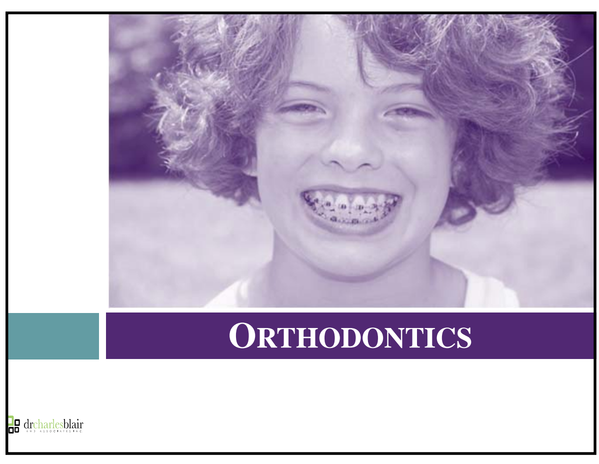


Occlusal Orthotic Device (TMJ) - (D7880)

- Patient exhibiting "signs and symptoms of TMJ."
- Treatment is splint, occlusal adjustment, multiple visits
- Not bruxism which is an occlusal guard (D9940)
- Generally not paid under dental insurance, except TMJ rider.
- File medical for payment.*

*Infrequently there is medical reimbursement.**

drcharlesblair



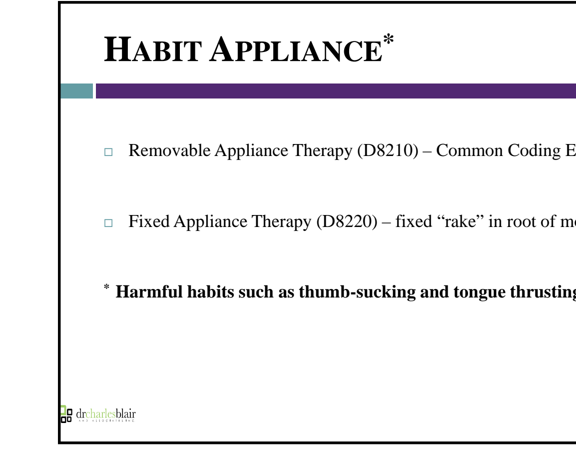
Orthodontics

drcharlesblair

Typical Ortho Case Types

- Interceptive Case - Child
  - fixed, removable (D8060)
- Limited Case - Adult
  - fixed, removable, Invisalign® (D8040)
- Comprehensive Case - Adult
  - fixed, removable, (D8090) – this is *comprehensive* workup (ceph) and clinical treatment leading to an improvement of a patient's craniofacial dysfunction, which may include anatomical, functional and/or esthetic relationships.

drcharlesblair

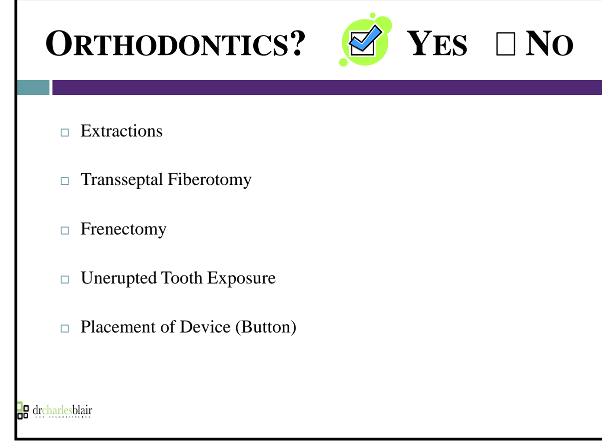


Habit Appliance*

- Removable Appliance Therapy (D8210) – Common Coding Error
- Fixed Appliance Therapy (D8220) – fixed "rake" in root of mouth

*** Harmful habits such as thumb-sucking and tongue thrusting.**

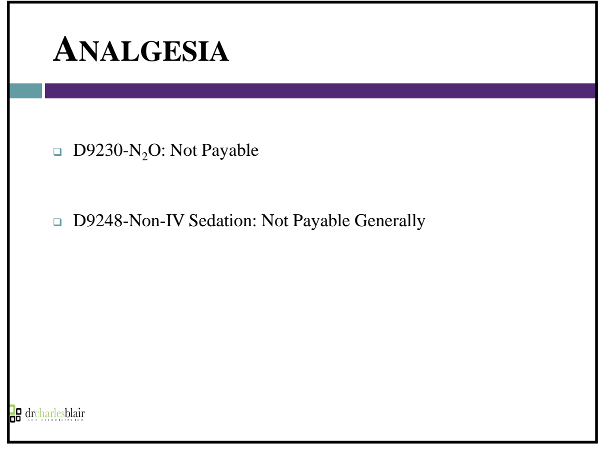
drcharlesblair



Orthodontics? ☑ Yes ☐ No

- Extractions
- Transseptal Fiberotomy
- Frenectomy
- Unerupted Tooth Exposure
- Placement of Device (Button)

drcharlesblair



Analgesia

- D9230-N_2O: Not Payable
- D9248-Non-IV Sedation: Not Payable Generally

drcharlesblair

© 2016 All rights reserved - drcharlesblair AND ASSOCIATES, INC.

Section A Failed Bridge (D9120)

- Section bridge and polish remaining retainer (D9120).
- Charge extraction D7140 plus D9120 for sectioning.

drcharlesblair

Occlusal Guard (D9940)

- Not TMJ (D7880) – bill to medical
- For Bruxism and Perio Stabilization Only
- Three Types of Occlusal Guards:
  1. D9940A – Soft (suck-down)
  2. D9940B – Hard (lab fee - $100)
  3. D9940C – NTI

Fee: $350 - $650 +Typically 2 or 3 Total Visits

drcharlesblair

Occlusal Guard (D9940) *(Continued)*

- Documentation: Always use a narrative. "Diagnosis = Bruxism"
- Mention Bruxism/Clenching.
- Mention patient has undergone periodontal therapy, if appropriate.
- Six month rule-For Perio coverage, the Occlusal Guard may be required for delivery within six months of SRP or Osseous Surgery.

Narrative: "Type III perio osseous surgery or 1/1/XX."

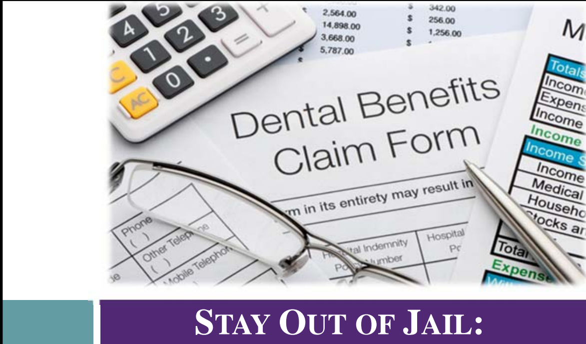
Note: D4341/D4342 or Osseous Surgery is required for Perio statement.

drcharlesblair

Tooth Whitening

- Report as upper and lower arch *separately*, at ½ the total fee.
- D9972 In-office only, includes take home trays.
- D9975 Take home trays and strips only.

drcharlesblair



Stay Out of Jail:

Excel in Insurance Administration

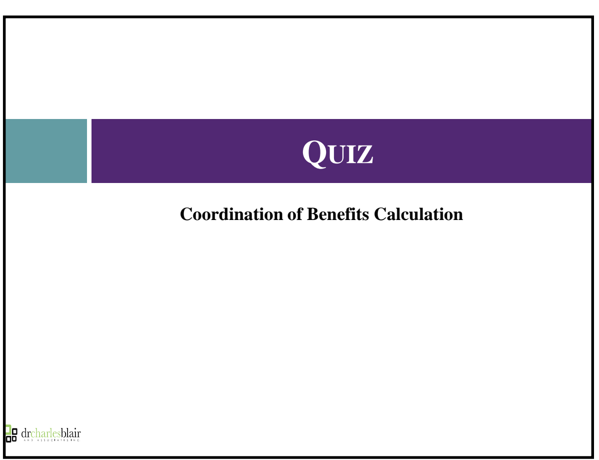
Anti-Fraud Law Language

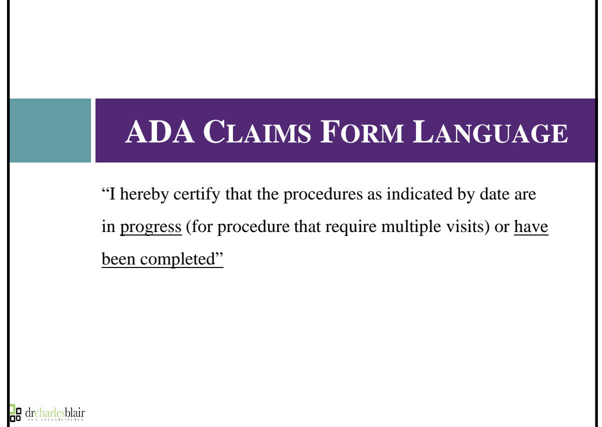
(Typical State Law)

"Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud." (Ohio Law)

drcharlesblair

© 2016 All rights reserved -



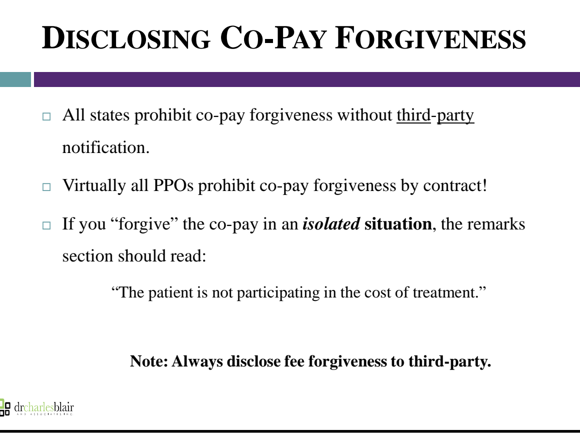


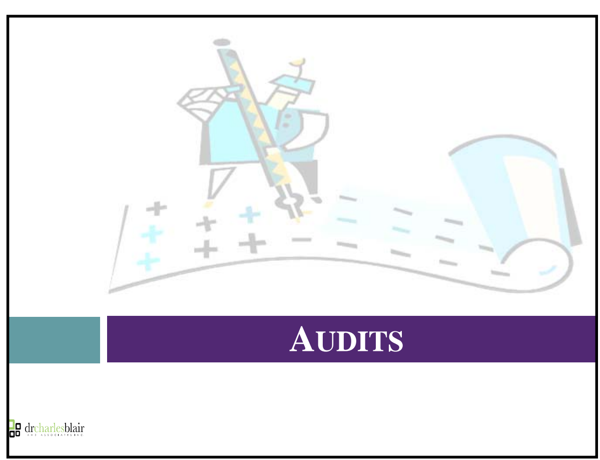
DISCOUNTED FEE FOR PRE-PAYMENT

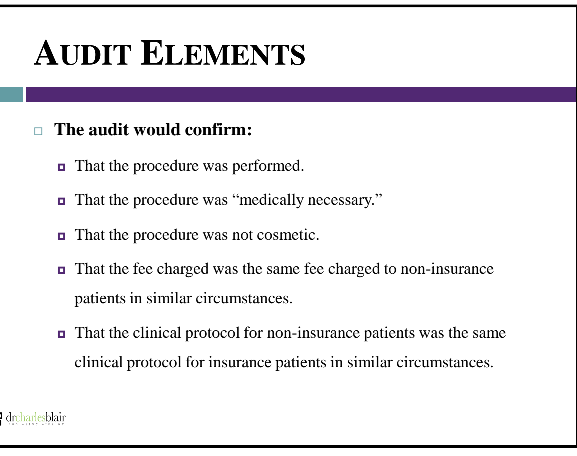
TREATMENT PLAN	$1,000
5% CASH DISCOUNT	$ 950

What goes on the form? $1,000 or $950?

drcharlesblair



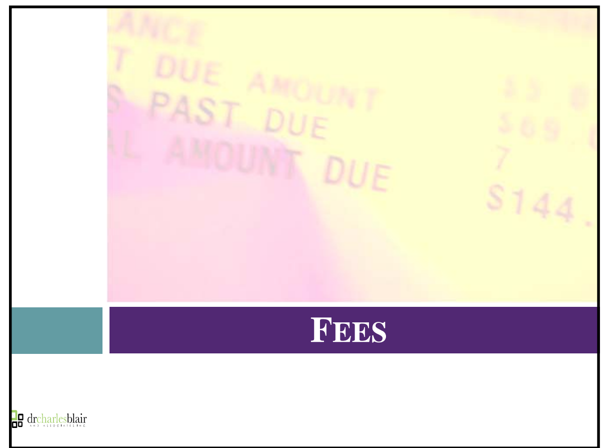




© 2016 All rights reserved - drcharlesblair AND ASSOCIATES, INC.

Audit Elements (*continued*)

- That the procedure is not up-coded
  - Example: A surgical extraction (D7210) is charged instead of a routine extraction (D7140).
- That the claim form was accurate.
- That the procedure was properly represented by the current CDT code reported.



Fees

Can you legally. . .

- Charge different fees for different people?
- Charge different fees for different plans?
- Charge different fees for same procedure code?

Full Fee On Claim Form - Always

Submit full unrestricted fee. Why?

- For calculation of coordination of benefits for proper patient reimbursement.
- So you don't miss a PPO increase in fee reimbursement.
- For purposes of UCR setting by insurance companies with claims filed, not fees registered.
- Determine write-offs for each plan to compare.

Managed Care Assessment

- Fees
- Quality of Patient
- Administrative Hassle
- Managed Care Penetration
  - Percentage of Current Practice
  - Percentage of New Patients

Administration Basics

1. Coding is the same for in-network and out-of-network practices.
2. Summary Plan Description vs. Plan Document
3. PPO Contract vs. Processing Policy Manual
4. PPO Contract requires:
   a) Must report all charges (tooth whitening, veneers, 10 crowns) – can fee cap the non-covered procedures.
   b) Cannot forgive co-pay/deductible.
   c) Must give PPO the practice fee if lower.
   d) Must treat PPO the same clinically and financially.
   e) Can require all procedures to be completed to bill.
   f) Control of optional services via the processing policy manual.

© 2016 All rights reserved -

Types of Dental Insurance Plans

1. Traditional dental insurance plan where the insurance company is at risk and is regulated by the state insurance commissioner and includes PPOs.
2. A self-funded plan by the employer has no state oversight. A third-party administrator (TPA) may administer the plan by providing administrative services only (ASO) without the assumption of financial risk. Self-funded plans are large employers, unions, and hospitals controlled by ERISA rules.

drcharlesblair

ERISA Type Plan

- Employment Retirement Income Securities Act (ERISA) – a Federal Law.
- Controls accident and health plans and retirement plans of self-employed and employer's benefit plans.
- Self-funded, not insured plans, are under ERISA. Self-funded plans are often larger employers.
- Can fee cap for non-covered procedures.

drcharlesblair

Predetermination

- A treatment plan is submitted prior to treatment.
- Payer may notify: eligibility, amounts payable, co-payment, maximums, and covered services.
- However, a predetermination is not binding for payment of the claim.
- Many offices do not file a predetermination but is useful to determine patient responsibility.
- A "must" for optional services.

drcharlesblair

Overbilling

- Reporting a fee higher than actually charged.
  - Patient pays cash up-front for a discount but the claim form is reported with the full-fee listed.
- Patient pays cash for a new patient discount package but the insurance company is charged the full-fee. The excess is given as a credit against the new patient's account.
- Doctor gives neighbor a 25% discount but full fee goes on the claim form.
- Crown is billed on the prep date, but not delivered.

drcharlesblair

Claims Form Fraud

drcharlesblair

Claims Payment/Reported Fraud

- Intentional manipulation or alteration of facts, which results in a higher insurance payment.

drcharlesblair

© 2016 All rights reserved -

National Practioner Identifier (NPI)

- Type 1: Individual or Sole Proprietorship Provider (can be billing entity also)
- Type 2: Corporation or Partnership (billing entity *only*)
  - Associate's claim form submitted always has personal NPI at the bottom of the claim form, not the practice owner/entity NPI.
  - Address of service rendered by the Associate is at the bottom of the claim form, if different from the practice billing address.

Misleading: NPI Number

- Associate's treatment reported under the owner's NPI number for all services – misleading/fraud.
- Associate is not PPO credentialed or Medicaid registered.
- Locum Tenans treatment, reported under the owner's NPI number for all services - misleading.

Misleading: Place of Service

- List the billing address on claim to the left of the claim form.
- At the bottom of claim form, report the place of service, if different from the billing address. Payers set the reimbursement level according to the zip code at the bottom of the claim form. If none, the billing address zip code determines the reimbursement level.

Unbundling of Procedures

- CDT 2016 Glossary: "The separating of a dental procedure into component parts with each part having a charge so that the cumulative charge of the components is greater than the total charge to patients who are not beneficiaries of a dental benefit plan for the same procedure."

Unbundling Examples

- Charging extra for a base, liner, or etching for a filling (Amalgam or Composite).
- Charging for an Alveoloplasty in conjunction with a simple extraction.

Upcode

- CDT 2016 Glossary: "Reporting a more complex and/or higher cost procedure than was actually performed. Also known as overcoding."
- Examples:
  - Reporting a surgical extraction instead of an extraction.
  - Reporting a cast post rather than a prefabricated post.

© 2016 All rights reserved -

Misleading: Coding Core Build-ups

- One-piece CAD/CAM crown with a "foot" is improperly reported as a separate crown and core build-up.

drcharlesblair

Primary-Secondary Insurance

- Only determines the sequence of insurance billing.
- Make no adjustment to patient's account until after secondary has paid.
- Primary-secondary status does not determine the patient's responsibility. The patient's responsibility is determined by the lower of the contracted fee schedules.
- Primary payer for a child is determined by which parent whose birthday comes first in the calendar year. The birthday rule can be overridden by a court order (Divorce Agreement).

drcharlesblair

Consumer Fraud

- If a practice participates with two PPOs with family coverage, then the patient is responsible for the lower of the two PPO's contracted fees. Primary-secondary insurance is immaterial in this "patient responsibility" calculation.
- The practice cannot keep the primary-secondary reimbursements above the practice's full fee. With overpayments above the practice's full fee, check with secondary. If secondary doesn't want the practice's overpayment, then it goes to the patient, which is not a common event.

drcharlesblair

Multi Plan Benefits

- Coordination of Benefits
  - Secondary pays in addition to primary.
- Non-Duplication of Benefits
  - Secondary does not pay if primary pays equal to secondary payment or greater.

drcharlesblair

Prompt Payment Laws

- Passed by all states but only applies to insured plans.
- "Clean Claim" is one with all fields completed and complies with payer's filing (published) requirements.
- "Clean Claims" must be paid in 30/60 days, according to state law.
- Prompt Payment Laws do not apply to self-funded (ERISA) plans.
- Some PPO self-funded contracts spell out the prompt payment policy, however.

drcharlesblair

Insurance "Overbilling"

- Billing a crown on prep-date but never delivered is overbilling.
- Prep-date billing is commonly a violation of a PPO contract. Read all the contracts!
- Prep-date billing is ok, according to the ADA claim form, if not a contracted provider. If a contracted provider, then the payer determines the report date for a crown.
- Always notify, in writing, the payer that the crown was not delivered and why.

drcharlesblair

© 2016 All rights reserved -

If a crown is reported on the prep-date and never delivered, what will the payer do, when notified?

- Either they want payment returned or don't care.
- Depends on the "incurred liability date" of the contract.
  - If "seat date", then they want money back - - the liability is not satisfied.
  - If "prep-date" then the liability is satisfied and no refund is required.
- Send the refund amount requested, less the lab bill. Enclose a copy of the related lab bill; some payers will accept the lower payment.

drcharlesblair

Patient Gifts for Referral

- Prohibited by many state's law.
- Prohibited by Medicaid or government-funded program.
- Both patients and staff may apply to these laws.

drcharlesblair

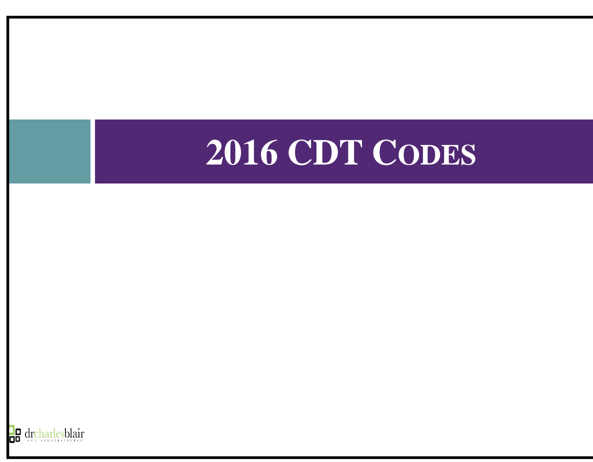
Unclaimed Property

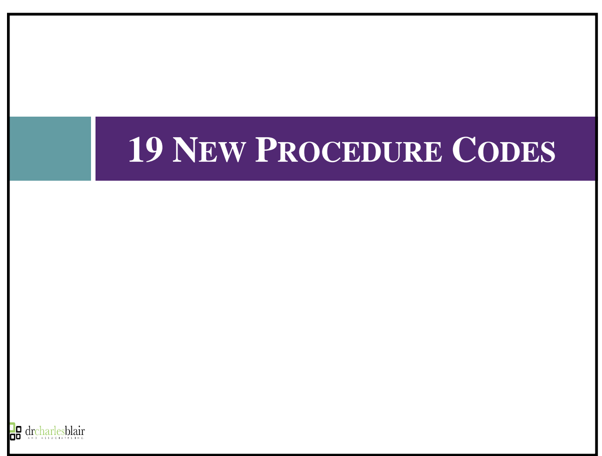
drcharlesblair

Unclaimed Property Laws

- Unclaimed property (bank accounts, stock accounts, receivables, etc.) if abandoned, must be turned over to the state
- All dentist are subject to the state
- If a patient cannot be contacted after 1-3 years (depends on state law) the money must be sent to the state's Unclaimed Property Office
- The patient can petition (with identification) the property office for their money back

drcharlesblair





© 2016 All rights reserved -

2016 CDT CODES

- D0251 – Extra-Oral Posterior Dental Radiographic Image
- D0422 – Collection and Preparation of Genetic Sample Material for Laboratory Analysis and Report
- D0423 – Genetic Test for Susceptibility to Diseases – Specimen Analysis
- D1354 – Interim Caries Arresting Medicament Application

drcharlesblair

2016 CDT CODES

- D4283 – Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same Graft Site
- D4285 – Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical and donor material) – Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position in Same graft Site

drcharlesblair

2016 CDT CODES

- D5221 – Immediate Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth)
- D5222– Immediate Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth)
- D5223 – Immediate Maxillary Partial Denture – Cast Metal Framework with Resin Denture bases (including any conventional clasps, rests and teeth)
- D5224 – Immediate Mandibular Partial Denture – Cast Metal Framework with Resin Denture bases (including any conventional clasps, rests and teeth)

drcharlesblair

2016 CDT CODES

- D7881 – Occlusal Orthotic Devise Adjustment
- D8681 – Removable Orthodontic Retainer Adjustment
- D9223 – Deep Sedation/General Anesthesia – Each 15 Minute Increment
- D9243 – Intravenous Moderate (Conscious) Sedation/Analgesia – Each 15 Minute Increment
- D9943 Occlusal Guard Adjustment

drcharlesblair

2016 CDT CODES

- D9932 – Cleaning and Inspection of removable Complete Denture, Maxillary
- D9933 – Cleaning and Inspection of removable Complete Denture, Mandibular
- D9934 – Cleaning and Inspection of removable Partial Denture, Maxillary
- D9935 – Cleaning and Inspection of removable Partial Denture, Mandibular

drcharlesblair

8 DELETED CODES

drcharlesblair

© 2016 All rights reserved -

2016 Deleted Codes

- D0260 – Extra Oral – Each Additional Radiographic Image
- D0421 – Genetic Test for Susceptibility to Oral Diseases
- D2970 – Temporary Crown (fractured tooth)

drcharlesblair

2016 Deleted Codes

- D9220 – Deep Sedation/General Anesthesia – First 30 Minutes
- D9221 – Deep Sedation/General Anesthesia – Each Additional 15 Minutes
- D9241 – Intravenous Moderate (conscious) Sedation/Anesthesia – First 30 Minutes
- D9242 – Intravenous Moderate (conscious) Sedation/Anesthesia – Each Additional 15 Minutes
- D9931 – Cleaning and Inspection of a Removable Appliance

drcharlesblair

12 Revised Codes

Note: Full nomenclature may not be illustrated.

Also, editorial revisions are not included in this list.

drcharlesblair

2016 Revised Codes

- D0250 – Extraoral 2D Projection Radiographic Image (must use stationary radiation source and detector)
- D0340 – 2D Cephalometric Radiographic Image (must use Cephalostat – not CBCT)

drcharlesblair

2016 Revised Codes

- D4273 – Autogenous Connective Tissue Graft (clarifies that D4273 reports the *first* tooth, implant, or edentulous tooth position in graft. There is a donor and recipient site.)
- D4275 – Non-Autogenous Connective Tissue Graft (clarifies that D4275 reports the *first* tooth, implant, or edentulous tooth position in graft. There is a donor and recipient site.)

drcharlesblair

2016 Revised Codes

- D4277 – Free Soft Tissue Graft Procedure (added "implant" to nomenclature and clarified two surgical sites are involved [donor and recipient].)
- D4278 – Free Soft Tissue Graft Procedure (added "implant" to nomenclature and clarified two surgical sites are involved [donor and recipient]. Also clarified, D4278 is used in conjunction with D4277.)

drcharlesblair

© 2016 All rights reserved -

2016 REVISED CODES

- D5130 – Immediate Denture – Maxillary
- D5140 – Immediate Denture – Mandibular (clarified that immediate dentures do not include second denture.)
- D5875 – Modification of Removable Prosthesis Following Implant Surgery (clarified that attachment assemblies are reported using separate codes.)
- D5630 – Repair or Replace Broken Clasp – Per Tooth
- D5660 – Add Clasp to Existing Partial Denture (clarified that procedure is reported, “per tooth”.)

drcharlesblair

2016 REVISED CODES

- D6614 – D6794 – Inlays, Onlays, and Crowns (added the word “retainer” to clarify that the codes were retainers of fixed partial dentures.)
- D9248 – Non-Intravenous – Conscious Sedation (clarified that D9248 includes non-IV minimal and moderate sedation.)

drcharlesblair

© 2016 All rights reserved -

CDT 2016 HANDOUT

NEW, REVISED, AND DELETED PROCEDURES FOR CDT 2016	
NEW PROCEDURES (NINETEEN)	
CODE	
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE - Image limited to exposure of complete posterior teeth in both dental arches. This is a unique image that is not derived from another image.
D0422	COLLECTION AND PREPARATION OF GENETIC SAMPLE MATERIAL FOR LABORATORY ANALYSIS AND REPORT
D0423	GENETIC TEST FOR SUSCEPTIBILITY TO DISEASES – SPECIMEN ANALYSIS - Certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE - Used in conjunction with D4273.
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT SURGICAL SITE AND DONOR MATERIAL) – EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE - Used in conjunction with D4275.
D5221	IMMEDIATE MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).
D5222	IMMEDIATE MANDIBULAR PARTIAL DENTURE – RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).
D5223	IMMEDIATE MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).
D5224	IMMEDIATE MANDIBULAR PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH) - Includes limited follow-up care only; does not include future rebasing / relining procedure(s).
D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT
D8681	REMOVABLE ORTHODONTIC RETAINER ADJUSTMENT
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH 15 MINUTE INCREMENT - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.

CONTINUED
NEW PROCEDURES

D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH 15 MINUTE INCREMENT - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetics effects upon the central nervous system and not dependent upon the route of administration.
D9932	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MAXILLARY - This procedure does not include any adjustments.
D9933	CLEANING AND INSPECTION OF REMOVABLE COMPLETE DENTURE, MANDIBULAR - This procedure does not include any adjustments.
D9934	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MAXILLARY - This procedure does not include any adjustments.
D9935	CLEANING AND INSPECTION OF REMOVABLE PARTIAL DENTURE, MANDIBULAR - This procedure does not include any adjustments.
D9943	OCCLUSAL GUARD ADJUSTMENT

CODE REVISIONS (TWELVE)

CODE	
D0250	EXTRA-ORAL – 2D PROJECTION RADIOGRAPHIC IMAGE CREATED USING A STATIONARY RADIATION SOURCE, AND DETECTOR - These images include, but are not limited to: Lateral Skull; Posterior-Anterior Skull; Submentovertex; Waters; Reverse Tomes; Oblique Mandibular Body; Lateral Ramus.
D0340	2D CEPHALOMETRIC RADIOGRAPHIC IMAGE – ACQUISITION, MEASUREMENT AND ANALYSIS - Image of the head made using a cephalostat to standardize anatomic positioning, and with reproducible x-ray beam geometry.
D4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT - There are two surgical sites. The recipient site utilizes a split thickness incision, retaining the overlapping flap of gingiva and/or mucosa. The connective tissue is dissected from a separate donor site leaving an epithelialized flap for closure.
D4275	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT (INCLUDING RECIPIENT SITE AND DONOR MATERIAL) FIRST TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN GRAFT - There is only a recipient surgical site utilizing split thickness incision, retaining the overlaying flap of gingiva and/or mucosa. A donor surgical site is not present.
D4277	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) FIRST TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN GRAFT
D4278	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING RECIPIENT AND DONOR SURGICAL SITES) EACH ADDITIONAL CONTIGUOUS TOOTH, IMPLANT OR EDENTULOUS TOOTH POSITION IN SAME GRAFT SITE - Used in conjunction with D4277.
D5130	IMMEDIATE DENTURE – MAXILLARY - Includes limited follow-up care only; does not include required future rebasing / relining procedure(s).
D5140	IMMEDIATE DENTURE – MANDIBULAR - Includes limited follow-up care only; does not include required future rebasing / relining procedure(s).
D5630	REPAIR OR REPLACE BROKEN CLASP - PER TOOTH
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE - PER TOOTH

CONTINUED
CODE REVISIONS

D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY - Attachment assemblies are reported using separate codes.
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION - This includes non-IV minimal and moderate sedation. A medically controlled state of depressed consciousness while maintaining the patient's airway, protective reflexes and the ability to respond to stimulation or verbal commands. It includes non-intravenous administration of sedative and/or analgesic agent(s) and appropriate monitoring. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.

CODE DELETIONS (EIGHT)

CODE	
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES - Sample collection for the purpose of certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for oral diseases such as severe periodontal disease.
D2970	TEMPORARY CROWN (FRACTURED TOOTH) - Usually a preformed artificial crown, which is fitted over a damaged tooth as an immediate protective device. This is not to be used as temporization during crown fabrication.
D9220	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.
D9221	DEEP SEDATION/GENERAL ANESTHESIA – EACH ADDITIONAL 15 MINUTES
D9241	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – FIRST 30 MINUTES - Anesthesia time begins when the doctor administering the anesthetic agent initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties. The level of anesthesia is determined by the anesthesia provider's documentation of the anesthetic's effects upon the central nervous system and not dependent upon the route of administration.
D9242	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH ADDITIONAL 15 MINUTES
D9931	CLEANING AND INSPECTION OF A REMOVABLE APPLIANCE - This procedure does not include any required adjustments.

CDT 2016 Codes - © 2015 American Dental Association

NOTES

© 2016 All rights reserved- drcharlesblair AND ASSOCIATES, INC.