

TROJANTODAY

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A NEWSLETTER FOR CLIENTS OF TROJAN PROFESSIONAL SERVICES, INC.



Scheduling Challenges due to

Insurance Processing Policies

by Belle DuCharme

Most of us in productive dental practices have learned that getting multiple services performed in one visit is much better for the patient in terms of scheduling appointments in a busy life. Many patients ask to have as much done as possible in one visit for convenience and comfort.

In the real world, we do what we can to make the patient happy. If it doesn't compromise the standard of care or put the patient at risk, we comply with their requests.

Doing as much for the patient as possible is also advantageous to the clinical team because the use of materials and chair time is more cost-effective. Sometimes, however, an insurance policy provision dictates when you can perform certain procedures and when you cannot. The patient certainly doesn't want to pay for a service that would have been covered had it been delivered according to the rules of the policy.

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There are countless dental claims that are disallowed because of policy provisions that don't allow for combining two procedures on the same day. The following represents three examples of this situation:

1. Cerec or same-day crowns and core build-ups.

For many policies, billing the core build-up the same day as a traditional crown prep (if the claim pays on the prep date) leads to a denied claim. Since Cerec or same-day crown implies the procedures are completed that first day, how will you get this claim paid?

First, make sure the build-up is necessary for the retention of the crown. Along with a good diagnostic x-ray, you will have to supply a narrative to establish that the separate procedure was performed because the crown will be seated the same day as it was prepped. Record the length of time the core build-up took and why it was necessary. Description could read: "60% of the tooth structure is missing." (This must be supported by clinical documentation unique to this patient.)

2. Four quadrants of scaling and root planing (SRP) performed on the same day.

This is a frequent reason for denial for some policies such as Delta Dental. Delta's policy is to provide two quadrants and to disallow (cannot balance bill the patient) the other two regardless of whether all meet the criteria for reimbursement. It would make sense the patient would desire this one appointment over two or three and the staff would have to set up the room only once and sterilize fewer instruments.

This claim can be appealed if the patient's medical history provides a good reason why all four (D4341) must be completed in one appointment. One medical reason that supports the appeal is if the patient is on a blood thinner which must be stopped prior to the SRP appointment. The patient needs to be informed policy restrictions may cause the claim to be denied which means it is better to abide by the rules. Coordinating another hygiene visit within a couple of weeks is difficult in many pre-booked practices. It is wise to be proactive and hold some hygiene times for patients needing SRPs.

3. Patient hasn't been to the dentist in a couple of years and now presents with lots of plaque, calculus and puffy, bloody gum tissue to the point where a thorough evaluation is not possible.

A full mouth debridement would be the course along with a complete evaluation, but the insurance policy dictates you must do the full debridement and then schedule the complete evaluation in ten days. The patient is not happy but when you explain their policy dictates this in order to pay, they will usually understand.

The second appointment would be for a full evaluation using either D0150 or D0180 (if the patient has symptoms of periodontal disease) and then the patient can receive a D0110 prophylaxis or D4346 or D4341 (if there is evidence of bone loss—loss of attachment, 4mm pocket depths, etc.)

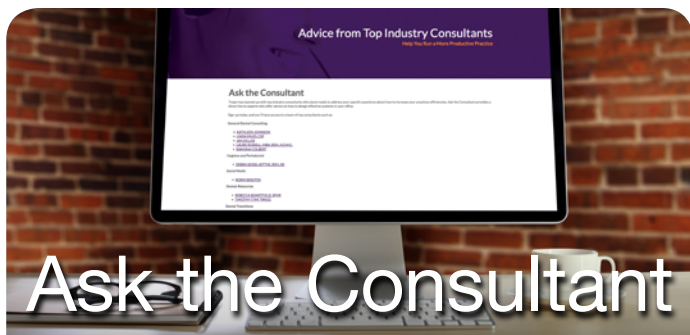
Many offices are busy with large numbers of patients but are disappointed at the end of the day because their production numbers are poor. When a practice must produce a certain amount daily to pay the overhead, there is pressure to maximize time with the patients to increase production and use fewer materials and chair time in the process. Good clinical practice points to eliminating waste, saving money on overhead expenses, and making improvements to the practice equipment and technology.

When insurance policies dictate that covered benefits must be delivered a certain way in order for payment to be granted, this affects the efficiency of the practice and the moods of patients. It is better to be proactive and get a copy of the policy provisions so that proper scheduling can eliminate disallowed dental claims.



Belle DuCharme, CDPMA, Dental Training Consultant, is a professional writer, speaker, and instructor/consultant for the dental profession. Her long career includes clinical and business practice management and development of systems customized to each practice's needs.

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Ask the Consultant

Q: Why are we not supposed to write fees in a patient's paper chart?

A: According to the American Dental Association: No financial information should be kept in the dental record. Ledger cards, insurance benefit breakdowns, insurance claims, and payment vouchers are not part of the patient's clinical record. Keep these financial records separate from the dental record.

Response provided by **Kathleen Johnson**,
President of Kathleen Johnson Consulting.

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Quote-Worthy

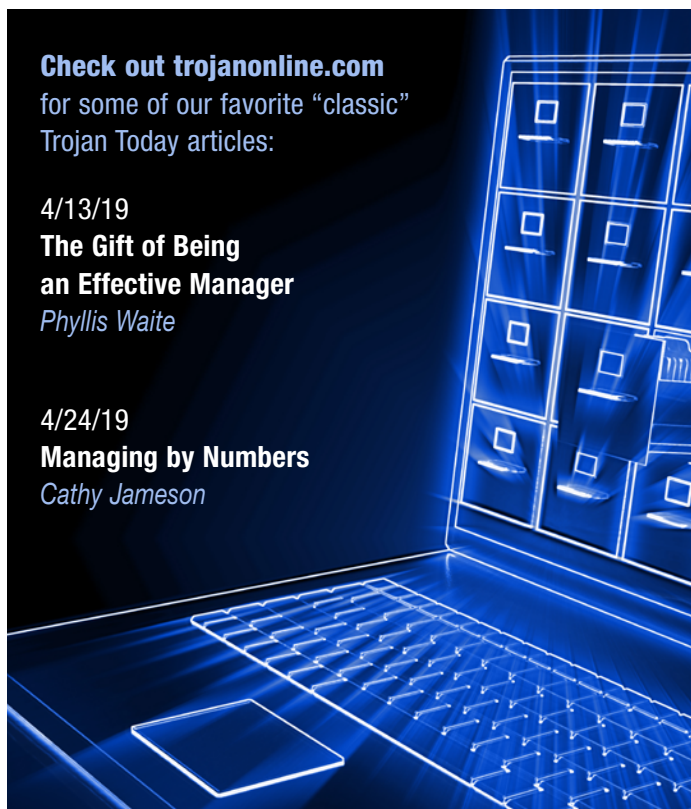
“People who write about spring training not being necessary have never tried to throw a baseball.”

— Sandy Koufax

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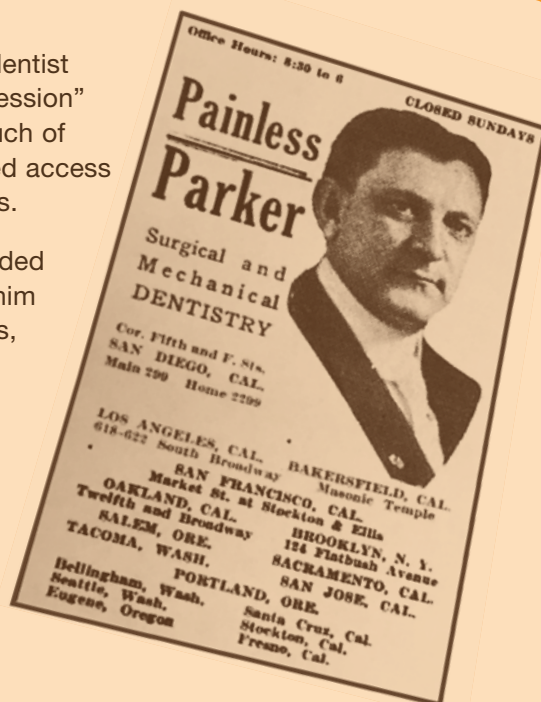


FUN! Fact

Painless Parker was a flamboyant American dentist described as “a menace to the dignity of the profession” by the American Dental Association. However, much of what he championed—patient advocacy, increased access to dental care, and advertising—has come to pass.

At one point, after six weeks without a single patient, Parker decided to advertise. He hired one of P.T. Barnum’s ex-managers to help him take his practice on the road. He created the Parker Dental Circus, a traveling medicine show with his dental chair on a horse-drawn wagon and a band playing. The band attracted large crowds and hid the moans and cries of patients who were given whiskey or a cocaine solution that he called “hydrocaine” to numb the pain.

Parker claimed to have pulled 357 teeth in one day, which he wore on a necklace. He legally changed his first name to “Painless” when he was accused of breaking a false advertisement law by claiming that his dentistry was truly painless.



What Clients Say



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— Elenor M.

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