Dental Insurance Reimbursement: My Paycheck Depends On It!

TO THOSE IN THE PROFESSION
WHO HAVE TAUGHT IN THE PAST,
WHO WILL LEARN IN THE PRESENT
AND WHO SHALL TEACH IN THE FUTURE...
AS ALL OF US MUST REMAIN STUDENTS

What they don't teach in dental school©1984

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Dental Benefit Plan

Any plan is simply a device which those individuals in the work force are using to help offset the cost of dental care

Dental / health plans are not intended to pay for the wants and needs of the patients

National Association of Dental Plans

"The size of the dental benefits market can be reliably estimated at 192 million lives – or 72% of the US population"

Usual Fee

The fee that an individual dentist most frequently charges for a given dental service

Customary Fee

The fee level determined by the administrator of a dental benefit plan from actual submitted fees for a specific dental procedure to establish the maximum benefits payable under a given plan for that specific procedure.

Reasonable Fee

The fee charged by a dentist for a specific dental procedure that has been modified by the nature and severity of the condition being treated and by any medical or dental complication or unusual circumstances.

Coding and Reimbursement Management is Simple

Follow Tom's
Seven Keys to
Reimbursement Success

Rule 1

Evaluations

The codes in this section have been revised to recognize the cognitive skills necessary for patient evaluation. The collection and recording of some data and components of the dental examination may be delegated; however, the evaluation, diagnosis and treatment planning are the responsibility of the dentist.

Evaluations

As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Report additional diagnostic and/or definitive procedures separately.

Evaluations

- D0120 periodic
- D0140 limited
- D0145 under 3 years of age
- D0150 comprehensive
- D0160 detailed and extensive,
  – *by report*
- D0170 re-evaluation – limited
- D0180 comprehensive periodontal

Rule 2

Report of findings

- What is the patients chief concern?
- What is good?
- What needs to be improved?
- What needs to be replaced?

Peter E. Dawson, DDS

"The prime requirement of good treatment planning is to do the minimum required to achieve optimum oral health"

Four phases

- Allow for a triage of patient needs
- Initiate saving as many teeth as possible
- Begin when the demand for restorative dentistry tapers off
- Only be practiced when the patient can demonstrate meticulous home care

Phase 1

- Emergency relief of pain (D9110), routine extractions (D7140)
- Comprehensive evaluation, radiographs and diagnostic casts as needed
- Home care instructions (D1330) demonstrated and evaluated
- Initial perio therapy (D4341 D4342)
- Periodontal maintenance (D4910)

Phase 2

- Periodontal, osseous, and mucogingival surgery, per tooth, as prerequisite for restorative care
- Restorative dentistry – amalgams / resins
- Endodontic
- Complicated, non-emergency extractions (D7210 to D7241)
- Relines and repairs to existing dentures and removable partials

Phase 3

- Space maintainers for children; preventive orthodontics
- Single crowns, inlays, inlays w/ onlays
- New full dentures

Phase 4

- Periodontal, osseous and mucogingival surgery, per quadrant
- New partial dentures
- New fixed partial dentures
- Orthodontic care

Peter E. Dawson, DDS

"Any dentist who makes mouths healthy and keeps them that way is practicing complete dentistry. Furthermore, in providing optimum maintainability, the bonus side effects of better comfort, function, and even esthetics are more easily achieved."

Rule 3

Who Pays What Amount To Whom

Follow the money and you enforce the accountability

Schedule by production

- Production is a measurement in dollars of the actual services performed.
- Current production figures gain meaning as they are compared to those of the same period last year
- Not a financial number because it only represents a potential number

Schedule by collection

- This figure is the total of all monies received by the practice during a specific period.
- Collections are a measurement of the effectiveness of the practice's credit policy and those responsible for its execution.

Rule 4

Plan Provisions

- 90th Percentile
- Alternate Benefit
- Coordination of Benefit
- Maintenance of Benefit
- Non duplication of Benefit
- Date of Incurred Liability
- Birthday Rule
- Predetermination

Benefit Plan Provisions Must Be Confirmed With Each New Series Of Visits

Your office must follow the benefit plan provisions. Providership is not a consideration or excuse.

Secure Specifics In Writing From The Plan Or Make Other Financial Arrangements.

Get The Benefit Booklet From The Patient – The www or Fax Back

Always Confirm Eligibility With Each Appointment

If you file the claim,
it's your responsibility

Eligibility

- Benefit Card
- Call the day of the patient visit
- Reference #
- Name of contact
- Don't forget the employer
- Web based plan access

What is the 90th percentile and how is it computed?

Surcharge

The stated dollar amount paid to the dentist by the beneficiary, in addition to other reimbursements received by the third-party payer(s)

Table of Allowances

A list of covered services with an assigned dollar amount that represents the total obligation of the plan with respect to payment for such services, but does not necessarily represent the dentist's full fee for that service.

Maximum Allowance

The maximum dollar amount a dental program will pay toward the cost of a dental service as specified in the program's contract provision.

Prevailing Fee

Term used by some dental benefit organizations to refer to the fee most commonly charged for a dental service in a given area.

Frequently the 51st percentile

But what fee goes on the claim form?

Your full “USUAL” fee

We will talk about discounts later

Alternate Benefit

A provision in a dental plan contract that allows the third-party payer to determine the benefits based on an alternate procedure that is generally less expensive then the one provided or proposed

with alternate benefit

The plan is not dictating treatment, they are only determining coverage based upon that plans specific contract language

Why the plan does not pay?

Exclusions, limitations and carve outs of coverage

Coordination of Benefits

- A method of integrating benefits payable under more than one plan
- The benefit plans work together
- Benefits from all sources do not exceed 100% of the total charge

Maintenance of Benefits

- A method of restricting benefits payable under more than one plan
- Secondary plan pays no more than if it were primary
- If primary plan pays, secondary plan does not

Nonduplication of Benefits

- A method of restricting benefits payable under more than one plan
- If primary plan pays, secondary plan does not
- If primary plan does not pay, secondary plan may/may not

Rules of Primacy

- The plan covering the patient as anything other than a dependent is primary
- The plan without a COB provision is primary
- Lowest dollar threshold is primary

What is the date of incurred liability

The payer has the right to ask the provider

Prep Date

Impression Date

Seat Date

With most all benefit plans, services are not payable or reimbursable until they are completed

Make this work in your favor

Assignment of Benefits

A procedure whereby a beneficiary authorizes the administrator of the program to forward payment for covered procedures directly to the treating dentist.

Primacy of coverage with dependent children

Birthday Rule
Effective Date Rule
Gender Rule

Preauthorization
Precertification
Predetermination
Prior Authorization

simply defined as:

an indication of the dollar amount to be paid for covered services contingent upon continuing eligibility

First Instance

Important for the patient to know approximately how much their dental benefit plan may pay.

Determines full cost of treatment before treatment is actually started.

Second Instance

Since we have no record of having received a predetermination…

Treatment plan exceeded $250

Benefits are payable for only diagnostic, preventive and palliative services

Third Instance

Uncooperative patient with no printed benefit information

"I have insurance and my husband has insurance. Everything is paid at 100% in full"

Never a guarantee of reimbursement

You can't take it to the bank

Discounts

- Total Fee Charged (Question 53) must be the fee you intend to collect.
- It is illegal to discount based on the patients co-payment.
- Discount must be disclosed when the claim is filed.

Overpayments

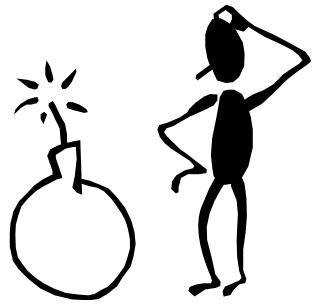
- Eligibility Confirmed Immediately Prior to treatment?
- Coordination of benefits?
- Payer Fraud?
- Payer Error?
- Utilization Review?

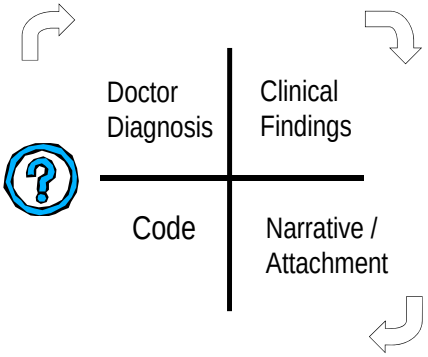
Rule 5

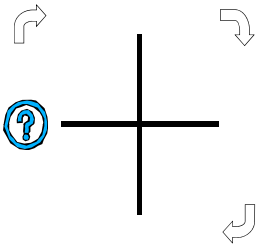
Current Dental Terminology

The Code on Dental Procedures and Nomenclature

Now We Have More Code Changes







Prophylaxis - Adult

A dental prophylaxis performed on transitional or permanent dentition which includes scaling and polishing procedures to remove plaque, calculus and stains.

"coronal" deleted with CDT-2005

with CDT-2005

Descriptor changed to *removal of plaque, calculus and stain from the tooth structure*…

As well as local irritational factors…

Don't bill the benefit plan until the prophy is complete

"Some patients may require more than one appointment or one extended appointment to complete a prophylaxis. Document need for additional time or appointments."

Charge the patient a reasonable fee

Non-Surgical Periodontal Service

- D4355 full mouth debridement to enable comprehensive evaluation and diagnosis

D4355

- The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation.
- This preliminary procedure does not preclude the need for additional procedures.

D4355

When an evaluation, diagnosis and radiographs are not possible.

Not a routine procedure

Rule 6

Dental Benefit Plan

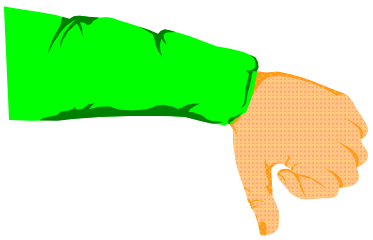
Any plan is simply a device which those individuals in the work force are using to help offset the cost of dental care

Managed care will not solve the inadequacies of a low-profit, mismanaged dental practice.

Look closely at your existing patient base and bank deposit, then determine:

How insurance dependent is your dental practice?

Don't Speak Poorly Of The Employer and Benefit Plan



We must maintain our posture of serving the needs (both clinical and financial) of our patient base.

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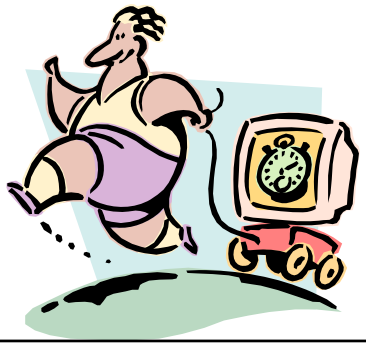
What's good for Managed Care can be great in

Fee-For-Service

But if its not for you, simply get out of the plan



The Patient Must Be Accountable For The Strengths And Weaknesses Of Their Own Benefit Plan

Rule 7