PERIO EDUCATION EXPERIENCE: HOW TO PUT PERIO INTO PRACTICE

PRESENTED BY: CHARLES BLAIR, D. D. S.

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PERIO EDUCATION EXPERIENCE: HOW TO PUT PERIO INTO YOUR PRACTICE

PRESENTED BY: CHARLES BLAIR, DDS

WHY PERIO PROGRAMS FAIL…

- Everyone is <u>NOT</u> on the same page
- DDS /Staff doesn't buy into Perio Disease
- Don't have DDS/RDH commitment
- Don't have staff (BA/DA) commitment
- Don't want to fight patients/insurance companies
- Don't understand Periodontal coding/Santa Claus Perio
- Don't have a protocol for Perio diagnosis
- Don't have a protocol for the treatment's end point
- Don't have a protocol for when to refer

WHY PERIO PROGRAMS FAIL… *(CONT.)*

- Inadequate diagnostic equipment
- Inadequate treatment equipment
- Don't have treatment capacity; operatories not available
- Restrictive state laws
- Don't have formal scripting
- Don't know how to fee position
- Excessive broken appointments
- Poor recall system

WHAT'S YOUR PERIO PROGRAM STATUS?

"YOU ARE WHERE YOU ARE BECAUSE OF YOUR ACTIONS OR LACK OF ACTIONS!"

…CHARLES BLAIR, DDS

PURPOSE OF THIS COURSE

"TO GET EVERYONE ON THE SAME PAGE"

THE PERIO "CURE" REQUIRES

- Consciousness
- Commitment and Time
- Training/Scripting
- Systems/Software/Equipment
- Spend Money

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DIAGNOSING PERIO IN HYGIENE:

DO YOU KNOW WHAT IT IS?

WHERE ARE YOU?

PERIODONTAL DIAGNOSIS REQUIREMENTS (INSURANCE)

- 4-5 MM Pocket Depth

- Bleeding on Probing (BOP)

  - Indicates active Periodontal Disease

- Some evidence of bone loss, in order to get on the root for root planning.

PERCENTAGE NEEDING TREATMENT?

WHAT PERCENTAGE OF ADULT PATIENTS NEED PERIODONTAL TREATMENT?

WHAT IS HYGIENE PERIODONTAL TREATMENT*?

1. SRP D4341/D4342 (Quad, 1-3 Teeth)

2. Perio Recall D4910

3. Chemotherapeutic D4381 (Arestin®)

4. Laser D4999

*Gross debridement to <u>enable</u> comprehensive evaluation and diagnosis (D4355) is NOT periodontal treatment.
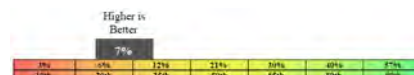

PERIO DOCUMENTATION FOR INSURANCE

- Probing and Charting

- X-Rays (Full Series, Vertical Bitewings)

- Intraoral/Digital Camera photos

GLOBAL PERIO ANALYSIS

ADULT PROPHY D1110	$122,502	93%
PERIO TREATMENT (SRP, D4910, D4381)	9,499	7%
	$132,001	100%

Higher is Better

7%

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HYGIENE DEPARTMENT (DAYS REQUIRED)?

- Enough days to support adequate doctor busyness (1 ½ weeks booked solid)

- To properly treat Perio

DOCTOR BUSYNESS

- New Patients (Production ÷ $4,500)

- Hygiene Day to Doctor Ratio (DDS Production ÷ $115,000 + 1)

- Service Mix Breadth (93 Average Services)

- Clinical Treatment Intensity (CTI)

- Case Acceptance

HYGIENE REPLENISHMENT RATE

ENOUGH NEW PATIENTS TO REPLACE HYGIENE PATIENTS GOING OUT THE BACK DOOR.

PATIENT LOSS IN HYGIENE

- More turnover in Urban, less in Rural areas

- More turnover with younger population, less with older

- Much higher turnover in startups

- Loss is function of <u>effectiveness</u> of recall system

REPLENISHMENT RATE CALCULATION

$$\text{REPLENISHMENT RATE} = \frac{\text{NEW PATIENTS}}{\text{PROPHY COUNTS}}$$

$$\frac{300 \text{ N. P.}}{3,000 \text{ PROPHYS}} = 10\% \text{ REPLENISHMENT RATE}$$

NOTE: D4910 COUNTS ÷ 2 = 1 PROPHY COUNT

REPLENISHMENT RATE REQUIRED

MAINTENANCE	6%-7% *
GOOD	8%-9%
GROWTH	10%**

*NEEDED TO TYPICALLY KEEP EQUILIBRIUM
** CAN ADD HYGIENE DAY(S)

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HYGIENE DEPARTMENT ECONOMICS

WHERE ARE YOU?
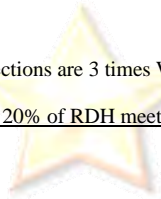

HYGIENE BUSYNESS STATUS?

- ☐ Open Slots (This is NOT broken appointments)*

- ☐ Booked Solid (Equilibrium of slots available)

- ☐ Overloaded (Too many patients for slots available)

  *Broken appointments are a totally different issue!

HYGIENE GOLD STANDARD

- ❖ Collections are 3 times W-2 (33%)
- ❖ Only 20% of RDH meet "gold standard"

RDH COMPENSATION EXAMPLE

$60,000 W-2 X 3	=	$180,000 Collections*

(EXCLUDE DDS EXAM FEE)

*COLLECTIONS INCLUDE PROPHY, FLUORIDE, X-RAYS, SEALANTS, LASER, AND PERIO

RDH ROUTINE DUTIES?

1. Use Intra-Oral Camera
2. Use Patient Education Software
3. Enter Treatment Plan
4. Scale and Polish; SRP, Other
5. Post Charges Via Function/Explode Keys
6. Book Next Appointment

OPTIMIZING THE HYGIENE PERIODONTAL PROGRAM

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OPTIMUM SCHEDULING TIME LINE*

CATEGORY	TIME
ADULT NEW PATIENT	1-1 ¼ Hour
CHILD PROPHY D1120	30 Minutes
ADULT PROPHY D1110	45-50 Minutes
EXTENSIVE ADULT PROPHY	1 Hour (↑ Fee)
SRP D4341	1 or 1½ Hours/Quad
PERIO RECALL D4910	1 Hour

SCHEDULE ADDITIONAL PROPHY TIME

- Communication Time (Enter separately on Schedule)
- Full Series Time (Enter separately on Schedule)
- Panographic Film (No Extra Time Needed)
- Charting and Probing (With Technology, No Extra Time)
  - Can do over two visits, not all at one time.
- Bitewings (No Extra Time)
  - Don't do Charting on this Appointment

OPTIMUM SCHEDULING WILL FAIL WITHOUT TECHNOLOGY

NEW PATIENT SCENARIO

1. On-Time performance
2. Establish baseline of mouth
3. Use fast "education" efficiency software
   a) Guru (Education)
   b) PreViser (Risk Assessment)

MINIMUM BASELINE EVALUATION
MALPRACTICE/INSURANCE/STATE BOARD

- Digital Camera /Intraoral Camera
- Full Series or Pan and BWX Combination
- Study Models (only for complex or ortho case)
- Documented Diagnosis and Clinical Notes
- Probing and charting (six point probing/tooth)
- Informed Consent Forms signed

PATIENT EDUCATION EFFICIENCY

- PreViser; Very Fast Entry, Result, and Communication
- Guru; Very Fast Patient Education Software
- Digital Camera/Intraoral Camera
- Digital X-Rays/Panoramic; 8 seconds
- Demonstration Study Models; Implant, Partial, Etc.
- Brochures/Internet Articles
- Automated Charting & Probing; No Assistant Necessary

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SEQUENCE OF NEW PATIENT FLOW (TWO METHODS)

- See DDS/RDH First

- See DDS/Assistant First

  - Usually see more comprehensive treatment and more SRP.

OPTIMUM HYGIENE CLINICAL TREATMENT INTENSITY (CTI)

- VELscope (D0431)
- X-Rays
- Sealants (D1351)
- SRP (D4341/D4342)

- Recall (D4910)
- Tooth Whitening(D9972-Arch)
- Fluoride
  - Child (D1203 or D1206)
  - Adult (D1204 or D1206)

OPTIMUM CLINICAL INTENSITY *(CONT.)*

- Arestin (D4381)
- Nitrous Oxide (D9230)
- OHI (D1330)
- Saliva Test; DNA, etc. (D0417)
- Laser D4999; Where Used
- Whole Mouth Desensitizer (D9910)
- Irrigation (D4999)

OPTIMUM CLINICAL INTENSITY *(CONT.)*

- Blood Testing; A1C, etc.
- Subantimicrobial dose Doxycycline
- Occlusal Guard Therapy (D9940)
  - Tobacco Cessation (D1320)
- Bad Breath Program

PERIODONTAL CODING AND TREATMENT SEQUENCE

GET THE KEYS TO THE KINGDOM…

…FULL CONTRACT

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INSURANCE CODING ISSUES

- □ Use (D0150 or D0180) for all <u>new</u> patients
- □ Use (D0120) or (D0180) for checkups.
  - ▪ D0180 requires Probing and Charting but typically downgraded to (D0120) for reimbursement at checkups.
- □ Doctor <u>must</u> examine patient <u>and</u> do Oral Cancer Exam (where indicated) to report all evaluation (exam) codes.

INSURANCE CODING ISSUES *(CONT.)*

- □ Prophylaxis (D1110) - <u>Scaling and Polishing</u> - includes gingivitis (removal of irritational factors) is <u>above</u> and <u>below</u> gum line but <u>not</u> on root.

GROSS DEBRIDEMENT

- □ Gross Debridement to enable Comprehensive Oral Evaluation (D4355); not Perio Treatment.
  - ▪ Only paid 30% of the time.
  - ▪ Preliminary procedure, <u>NOT</u> Perio Treatment
    - ▪ Patient may, or may not be Perio.

PERIODONTAL DIAGNOSIS (SRP)
(INSURANCE REQUIREMENTS)

- □ SRP D4341 (Quad)
- □ SRP D4342 (1-3 Teeth)
- □ 4-5 MM Pocket Depth
- □ Bleeding on Probing (BOP)
  - ▪ Indicates active Periodontal Disease
- □ Some evidence of bone loss, to "plane" the root.

OPTIMUM SRP TREATMENT
(CLINICAL AND INSURANCE PERSPECTIVE)

- □ Two successive appointment days, one half mouth each day.
- □ 1 ½ or 2 hours booked per ½ mouth, depending on Perio severity

INSURANCE CODING ISSUES *(CONT.)*

- □ **Periodontal Recall (D4910):**
  - ▪ Follows SRP (D4341/D4342)
  - ▪ Don't alternate D4910 and D1110
  - ▪ First use of D4910, document SRP/osseous surgery history
  - ▪ Always ask for alternate benefit of "prophy", if D4910 is not reimbursed Say, "Prophy included in D4910 appointment."
  - ▪ Enter both D4910/Prophy D1110 <u>always</u> in chart for D4910 visit.
  - ▪ "Recharge" SRP every 24/36 months

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WHAT'S THE DIFFERENCE?

PROPHY (D1110)	PERIO RECALL (D4910)
1. Scaling and Polishing Only	1. Scaling and Root Planing plus scaling and polishing (prophy)
2. Shorter Visit (45 minutes)	2. Longer Visit (one hour)
3. Lower Fee	3. Higher Fee (50% more than prophy)
4. Less Probing and Charting visits	4. More Probing and Charting Visits

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OTHER RECALL ISSUE

DO YOU HAVE A RE-EVALUATION VISIT AFTER SRP?

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SRP → **6 WEEK RE-EVALUATION (OPTIONAL)** → **D4910**
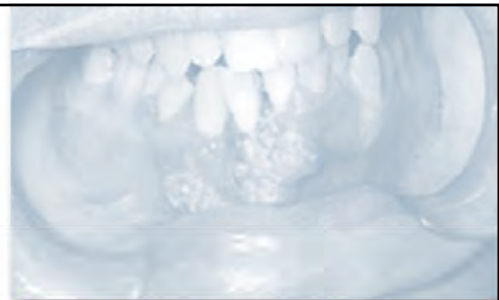
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SIX WEEK RE-EVALUATION OPTIONS

1. Some offices directly go to D4910, no re-evaluation appointment.

2. Majority of offices do six week re-evaluations.

3. Some offices build six week re-evaluation fee into the SRP fee.

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SIX WEEK RE-EVALUATION *(CONT.)*

4. Some charge at six weeks re-evaluation:
   a) D0180 (Doctor must see patient, generally <u>NOT</u> reimbursed; must be thorough).
   b) Probing & Charting D4999; by hygienist. (No Reimbursement)
   c) Final Prophylaxis (D1110); often payable. However, a few payors will not reimburse D4910 if prophy is done at six week re-evaluation. If used, wait 90 days <u>after</u> prophy for the <u>first</u> D4910.
   d) D4910 <u>will</u> <u>not</u> be payable due to no 90 day wait after SRP date, but is permitted to be charged at the re-evaluation.

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ORAL CANCER IS DEADLY

WWW.ORALCANCERFOUNDATION.ORG

PICTURE: ©S. SILVERMAN, JR., D. D. S.

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DIAGNOSING ORAL CANCER:

WHERE ARE YOU?

ORAL CANCER ADJUNCT (D0431)

- Where are you?

- Over 90% of dentists don't use cancer adjuncts.

- Those that do generally have a low frequency count.

ORAL CANCER IS DEADLY

- Oral Cancer Exam is required to report all evaluation codes.
- D0120, D0150, D0180 specifically require Oral Cancer Exam, where indicated to report the code.
- Fraudulent billing if Oral Caner Exam is not done.

ORAL CANCER ADJUNCTS (D0431)

VELscope	$2,500; $1.00 Disposable
Trimira (Identify 3000)	$3,000; $3.90 Disposable
ViziLite*	$25 per Use
Microlux DL transilluminator*	$350 Purchase/vinegar
*Rinse required	

BEST OVERALL ADJUNCT CHOICE?

- No rinse is nice from patient's standpoint

- VELscope/Identify 3000 is one of the more expensive capital purchases but cheapest overall, on an operational basis (only $1.00 disposal per use).

CHARGING FOR VELscope

ANNUAL CHARGE:

- Over 18 years; annually
- $10 once a year at checkup
- ADA Code D0431*

*Spotty insurance coverage

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X-RAYS (AT STANDARD OF CARE)

- New Patient X-Rays
  - Full Series (Perio and/or C&B Patients)
  - Panoramic Film plus BWX (Age 7 Child/Young Adult)
  - Both (Unusual, just charge for full series.)
- Two vs. Four BWX for an Adult
- BWX Interval; 12-24 Months
- Full Series/Pan Interval; 3/5 Years

PANORAMIC FILM (D0330)

- 8 seconds; no extra appointment time needed.
- Age 7 and up with no perio/extensive C&B
- Ortho, Perio, and Oral Surgery specialists, with understanding of who charges for panoramic films. It's only the GP referring doctor.
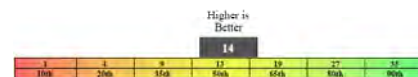
SEALANTS (D1351)

- Diagnose newly erupted molars
- 1st / 2nd Molars; Only ones insurance reimburses
- Use Diagnodent®/Spectra/Sopro
- www.ada.org for Evidence Based Dentistry (EBD)

TOOTH WHITENING (D9972)

Tooth Whitening: 14

FLUORIDE (INSURANCE COVERAGE)

- Reimbursed up to 16, 17, 18 years.
- Reimburse once or twice per year.
- Regular fluoride (includes varnish) child D1203 or adult D1204.
- Moderate-to-high cares risk patient fluoride varnish (D1206); may pay better.

ADULT FLUORIDE STRATEGY

(OVER 18 YEARS)

$10 FLUORIDE VARNISH D1204 OR D1206*

*D1206 CODE REQUIRES MODERATE-TO-HIGH CARIES RISK. SAME CODE APPLIES TO BOTH ADULTS AND CHILDREN

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ARESTIN® (D4381) PER TOOTH

- Requires 5-6-7 MM Pockets
- BOP (Bleeding-On-Probing)
- Full Mouth Charting
- Charge per Tooth, <u>Not</u> per site
- Charge Flat Rate $30 or Sliding Scale-$30-$55-$70
- Pays better at six week re-evaluation or D4910 visit than at the initial Scaling and Root Planing (SRP) appointment.

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ORAL HYGIENE INSTRUCTION (D1330)

- **Most don't charge, value added**

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SALIVA SAMPLE (D0417)

- DNA
- Perio Detection

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OTHER PERIO TREATMENTS

- Laser (D4999)
- Low dose drug

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OTHER TREATMENT

- Bad Breath Program
- Nutritional Supplementation

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PATIENT COMFORT ADJUNCTS

- Piezoelectric Scaler; Less Discomfort
- Oraqix®; Other
- Two Quadrants Per Visit; Pre-Paid with Third-Party
- Nitrous Oxide (Where Permitted)
- Oral Sedation (Where Permitted)

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PROBING AND CHARTING STRATEGY

- Standard of Care should be set by DDS.
  - Annual basis, or by periodontal severity.
- Always six point probing per tooth.
- Don't do at BWX appointment
- Do half mouth charting, if short on time or routinely.
  - Catch up next time—particularly for non-period patient.

PROBING AND CHARTING EFFICIENCY

- Must use automation, never a dental assistant involved.
- Use voice entry (www.periopal.com), foot pedal (www.dentalrat.com), or controlled-force handpiece (www.floridaprobe.com)
- With the probing depth entry, voice-call "outputs" of probings as "BOP", "pocket depth" and "normal" for patient to hear.

HOURLY YIELD FOR HYGIENE PROCEDURES

Procedure	Fee	Time	Hourly Yield
Prophy	$ 60	50 Minutes	$ 72/Hour
Perio Recall	$ 90	60 Minutes	$ 90/Hour
Quad SRP	$180	60 Minutes	$180/Hour
2X Quad SRP	$360	90 Minutes	$240/Hour
4X Quad SRP	$720	180 Minutes	$240/Hour
4X Quad SRP	$720	120 Minutes	$360/Hour

APPOINTMENT VISIT ADD-ON

- Adding adjuncts to an appointment greatly increases profitability since little extra time is needed for the procedure. Such procedures are:
  1. Adding adult fluoride (fluoride varnish)
  2. Adding Arestin®
  3. Adding a sealant to the child's appointment visit.

OSHA/TURNOVER CONSIDERATIONS

- Adequate tray count to avoid leaving patient to sterilize.
- Unbooked Operatory Available

UNBOOKED OPERATORY AVAILABILITY

- Adds capacity for same day dentistry
- Can add RDH days with more Perio needed
- Enhances on-time performance

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RECALL APPOINTMENT SEQUENCE*

- □ Take intraoral (reason to return/treatment not accepted)
- □ Update medical, any complaint
- □ Take X-Rays
- □ Probe and chart if applicable (mouth/half mouth)
- □ Always probe and chart at first D4910 appointment for any change in insurance/employment , or patient returning from the Periodontist, or after SRP treatment.
- □ Start Scaling, then polishing

*Doctor interrupts hygienist for check.

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METHODS TO INCREASE EFFICIENCY

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DIAGNOSTIC TECHNOLOGY ESSENTIALS
(PROBING AND CHARTING)

- □ Voice Entry (www.periopal.com /www.dentirx.com)

- □ Foot Pedal Entry-RATT (www.dentalrat.com)

- □ Automated probing & charting (www. floridaprobe.com)

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CLINICAL TREATMENT TECHNOLOGY;
(REQUIRED)

- □ DIAGNOdent with Calculus Detector/Spectra
- □ Piezoelectric Scaler
- □ Oraqix® (Topical)
- □ Prophy Jet
- □ Isolite (Sealants)
- □ Automatic Scaler Sharpener
- □ Shade Guide; manual or automatic technology

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EXTENDED PROPHYLAXIS

- □ New Patient
  - ▫ Two prophy appointments, if "lots of calculus" and PPO member.
  - ▫ With "mild calculus" extended prophy time (higher fee), if not member of a plan.

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STRATEGIES TO ACCOMMODATE PERIO WITH LIMITED HYGIENE SLOTS

- □ Extend clean mouth prophy to 8-9 months.
- □ Add part-time RDH.
- □ Go to assisted hygiene, some days of the week; avoid RDH burnout.
- □ Hygienist works while doctor is out of the office.
- □ Switch children to assistant (see next slide)

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CHILD POLISH BY ASSISTANTS

□ Polishing by dental assistant; where permitted.

□ Scaling by doctor; <u>must do</u> to properly report prophylaxis.

□ Enter "doctor did scaling" into clinical record.

EFFICIENCY STRATEGIES

□ Ten minute increment appointments

□ Block schedule (New Patient and SRP)

□ Alternate A,B,C difficulty patients

□ Book time for needs of the mouth

□ Book communication time separately

□ Book full series update time separately

EFFICIENCY STRATEGIES *(CONT.)*

□ 10 minute scheduling offset

□ Interruptible hygiene check by doctor

□ Function keys for procedure code entry at front desk/work stations

□ Use of unbooked operatory

  ▫ Hygiene Patient Conversion

  ▫ When Running Behind

  ▫ For Assisted Hygiene

SCRIPTING IS <u>EVERYTHING</u>

□ Scripting ensures the topic is discussed with the patient.

□ Scripting ensures a consistent message by <u>all</u> staff.

□ Formally developed scripting should be developed for each script utilized.

ORAL CANCER SCRIPTING

"ORAL CANCER IS A KILLER! WE ARE COMMITTED TO THE BEST DETECTION OF ORAL CANCER AVAILABLE AND USE THE LATEST DETECTION TECHNOLOGY CALLED A VELSCOPE TO HELP US; WE USE THIS ANNUALLY."

INSURANCE COVERAGE SCRIPTING

□ Patient has silent disease linked to the rest of the body.

□ Perio disease is episodic; comes and goes.

□ Diagnosis here is strictly scientific-based.

□ Coding is strictly reported under HIPPA federal laws.

□ Coverage varies tremendously from plan-to-plan.

□ Need treatment regardless of insurance coverage.

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SALES SCRIPT: HALF-MOUTH TREATMENT
TWO SUCCESSIVE DAYS OF TREATMENT

- Prevents re-infection/cross-contamination of mouth

- Numb up one time for half of the mouth; may only need topical

- Gets it out of the way in two days; sore two days

- Insurance friendly; as one half mouth is generally reimbursed.

THIRD-PARTY FINANCING

USE THIRD-PARTY FINANCING TO ACCOMPLISH HALF-MOUTH APPOINTMENTS, INCREASE PATIENT ACCEPTANCE, AND CUT BROKEN APPOINTMENTS.

PERIO RECALL (D4910) SCRIPTING

"MRS. JONES, UNDER FEDERAL LAW AND HIPPA, WE MUST REPORT THE D4910 CODE CORRECTLY, BUT WE WILL ABSOLUTELY TRY TO GET YOU COVERAGE. WE ALL ASK FOR THE ALTERNATIVE BENEFIT OF THE PROPHYLAXIS, WHICH IS GENERALLY COVERED TWO TIMES A YEAR."

SEALANT SCRIPTING*

"MRS. JONES WE ARE TOTALLY COMMITTED TO PREVENTION OF CARIES IN CHILDREN. THE ADA RECOMMENDS SEALANTS."

*GO TO WWW.ADA.ORG EVIDENCE BASED DENTISTRY SECTION FOR DOWNLOAD.

TOOTH WHITENING SCRIPTING

"HAVE YOU EVER HAD A SHADE TAKEN OF YOUR TEETH? (SHOW SHADE GUIDE TAB MATCH). WOULD YOU LIKE TO BRIGHTEN YOUR TEETH SEVERAL NUMBERS?"

ADULT FLUORIDE SCRIPTING*

- USEFUL FOR CARIES RISK PATIENTS

- USEFUL FOR PATIENTS WITH SALIVA PROBLEMS

- USEFUL TO PREVENT ROOT CARIES

- USEFUL WITH EXTENSIVE CROWN AND BRIDGE

- USEFUL WITH BRACES

*GO TO WWW.ADA.ORG EVIDENCE BASED DENTISTRY SECTION FOR DOWNLOAD.

DOCTOR IMPACT FROM MORE PERIO

- Less doctor checks, unless RDH days added; cuts doctor busyness.

- Temporarily ties up insurance benefits shutting out restorative.

BROKEN APPOINTMENTS

BROKEN APPOINTMENT ISSUES

- Killer of efficiency

- Difficult to control

- Demoralizer

BROKEN APPOINTMENT STRATEGY

- New Patients

- DDS Patients

- Recall Patients

NEW PATIENT BASICS

- Get in quick
- Block schedule new patients
- Look at last 24 months to establish block schedule N.P. counts.

DDS PATIENT STRATEGY

- Get Deposit

- Use Third-Party Financing

- Patient Contact Software

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HYGIENE PATIENT STRATEGY

RDH BROKEN APPOINTMENT RATE

- Typical – 15%

- Goal – 6%

HYGIENE BROKEN APPOINTMENT CONTROL

- Run "On Time"
- "Reason" to Return
- "Professional" Cleaning
- Card/E-mail Two Weeks Ahead
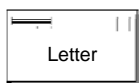- Don't Pre-Book "C" Patients

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HYGIENE BROKEN APPOINTMENT CONTROL *(CONT.)*

- Professional card with notification policy
- Ask, "Are you sure you can't come today?…six weeks to get you in a prime appointment."
- For broken appointment, send statement marked "Broken appointment, less professional courtesy." Charge thereafter
- Require pre-payment after 1st broken appointment – Visa/MasterCard

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BROKEN APPOINTMENT CONTROL

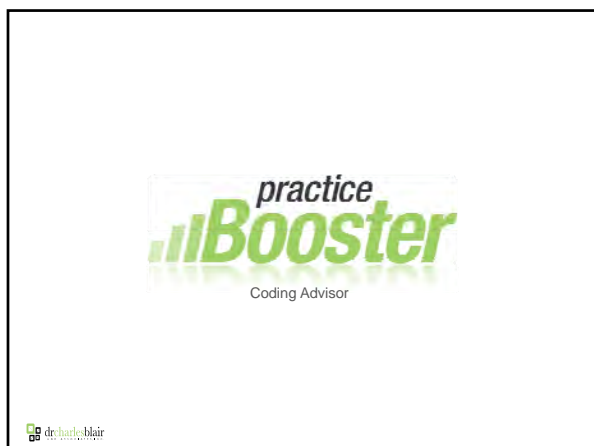Letter → Invoice

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PATIENT CONTACT

CALL LISTS	PATIENT CONTACT SOFTWARE
1. Quick Call List	1. DemandForce
2. Routine Call List	2. Smile Reminder
3. Selling Call List	3. Other

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