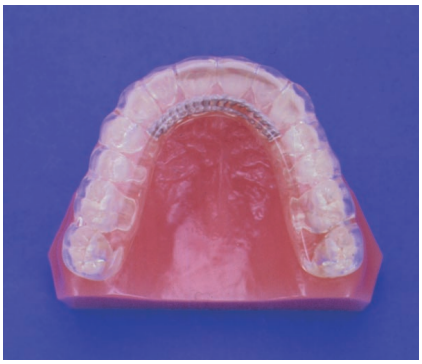
THE REIMBURSEMENT GAME

After completing periodontal therapy on a patient, you decide to make a splint to stabilize the dentition and control the excess mobility. Would you know how to accurately report your treatment to obtain reimbursement for this splint from a third party payer?

One of your patients is complaining that he seems to be grinding away his lower teeth. Upon examination you notice that the patient's maxillary anterior porcelain bridge is causing abnormal wear of the lower anteriors. In an effort to protect these teeth, you decide to make the patient an occlusal guard. Although this appliance looks exactly like the splint used in the previous example, its usage is different. Would you use the same insurance code to try to gain payment or choose another?



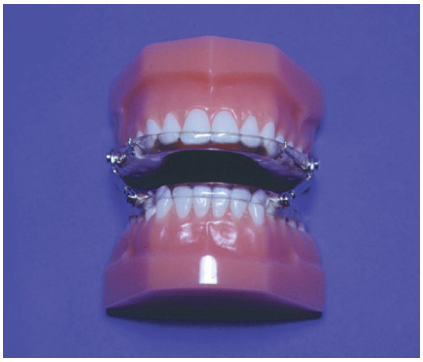
When this appliance is used as a periodontal provisional splint, the proper CDT code is 04321. When a removable appliance is designed to minimize the effects of bruxism, the proper CDT code is 09940.

INDICATIONS:

In 1995, the second edition of Current Dental Terminology (CDT-2) was released. This manual was specifically developed for two reasons: as a tool to assist the dental office staff in accurately reporting treatment provided by dentists to patients and as a comprehensive guide to accurate claims reporting to third party payers.

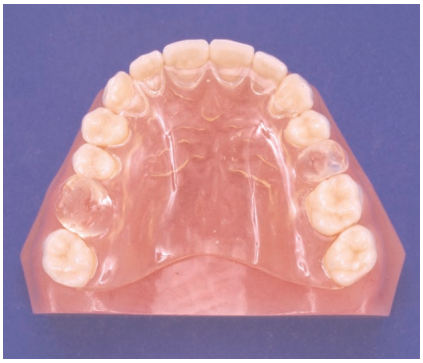
Around the same time that the CDT-2 was released, Space Maintainers created the ***Manual of Appliance Therapy for Adults and Children*** to help you integrate the use of appliances into your practice.

In today's dentistry, appliances are used through every phase of a patient's treatment because we now understand that preventing and treating dental disorders such as caries and periodontal disease are just a small part of our job. In fact, most of us are actively involved in a variety treatment modalities including oral reconstruction, sports medicine, interceptive orthodontics, facial orthopedics, growth and development problems, TMJ therapy, dental cosmetics, implant therapy, and even sleep medicine.



The Modified Herbst Sleep Appliance CPT code 99002-22. This is a medical code. Request for coverage must be accompanied by a report.

Whether you are placing implants, treating a snoring/apnea problem, performing periodontal surgery, or simply placing an interim bridge or partial, you will need to use appliances to help control and direct your patients' treatment.



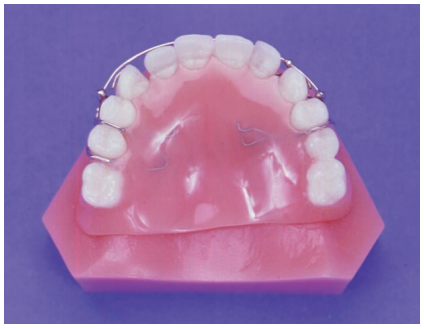
A Surgical Stent for implant placement code 05982.

Although the ***Manual of Appliance Therapy for Adults and Children*** has made it easy for you to select, design and use appliances, many of you have requested assistance in selecting appropriate insurance codes to get reimbursed for your work. After carefully reviewing the CDT-2 manual and the recommendations for its use, we have selected codes for all the appliances in the manual.

DESCRIPTION:

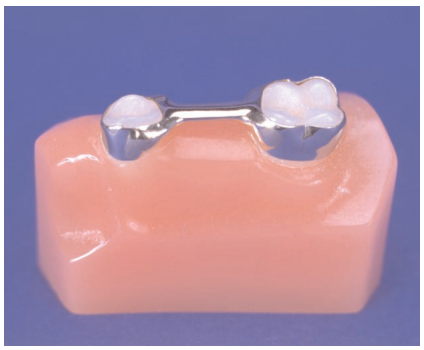
1. Every appliance in the ***Manual of Appliance Therapy for Adults and Children*** has been given a code number based on a code description from the CDT-2 user manual.

2. The Space Maintainers' appliance codes, along with the appliance name and the appropriate CDT-2 code, have been divided by the same chapter headings as they are seen in the manual.



A Temporary Partial code 05820.

3. When an appliance can be used for more than one purpose, multiple codes may be assigned to it. **You will have to choose the appropriate code for the procedure you are performing**. For example, an occlusal bar space maintainer is commonly used to maintain space after the premature loss of a primary molar in a growing child. When it is used for this purpose, the correct reporting code is 01510. This code describes a unilateral space maintainer that is designed to prevent tooth movement. When treating adults, this same appliance can be used as an extra coronal provisional splint. The CDT-2 code for this usage is 04321 as it describes an appliance that is used for the interim stabilization of mobile teeth.



An occlusal bar space maintainer can be used for more than one purpose. As a Space Maintainer the CDT code is 01510. As an extra coronal provisional splint, the CDT-2 code is 04321.

continued

4. Many of the appliances used for orthodontic therapy have been marked with *"❖" (signifying "See Appendix.").* This is because selecting an appropriate code for an orthodontic appliance is usually dependent upon your overall treatment objective and the patient's stage of dental development. The CDT-2 basic definitions and descriptions of possible treatment objectives are outlined below. Some examples of how to use this information are also included.

DENTITION DEFINITIONS:

Primary Dentition: The teeth developed and erupted first in order of time.

Transitional Dentition: The final phase of the transition from primary to adult teeth, in which the deciduous molars and canines are in the process of shedding and the permanent successors are emerging.

Adolescent Dentition: The dentition that is present after the normal loss of primary teeth and prior to the cessation of growth that would affect orthodontic treatment.

Adult Dentition: The dentition that is present after the cessation of growth that would affect orthodontic treatment.

TREATMENT:

Limited Orthodontic Treatment: Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed at the only existing problem, or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy.

08010 limited orthodontic treatment of the primary dentition
08020 limited orthodontic treatment of the transitional dentition
08030 limited orthodontic treatment of the adolescent dentition
08040 limited orthodontic treatment of the adult dentition

While most general dentists do not provide comprehensive orthodontics, they often perform limited orthodontic treatment. An example of this would be the alignment of a single cuspid, which is sitting high. Moving one tooth is often done to improve the facial esthetics for a teenager who is unwilling to go through comprehensive care. The proper code for this procedure would be 08030 - limited orthodontic treatment of the adolescent dentition

An example of limited orthodontic treatment for an adult would be the alignment of upper or lower anteriors prior to placing veneers. The proper code for this procedure would be 08040 - limited orthodontic treatment of the adult dentition

Interceptive Orthodontic Treatment: An extension of preventive orthodontics that may include l*ocalized tooth movement in an otherwise normal dentition.* Such treatment may occur in the primary and transitional dentition. The key to successful interception is the *intervention in the incipient stages of a problem* to lessen the severity of the malformation and eliminate its cause.

Examples of procedures that are considered interceptive are the re-direction of ectopically erupting teeth, the correction of an isolated dental cross-bite or recovery of recent minor space loss where overall space is adequate.

NOTE: The presence of complicating factors such as skeletal disharmonies, overall space deficiency, or other conditions requiring present or future comprehensive therapy are beyond the realm of interceptive therapy. Even though early phases of comprehensive therapy may utilize some procedures that might also be considered interceptive, ***such procedures are not considered interceptive when they are part of a comprehensive treatment plan.***

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08050 interceptive orthodontic treatment of the primary dentition
08060 interceptive orthodontic treatment of the transitional dentition

Comprehensive Orthodontic Treatment: The coordinated diagnosis and treatment leading to the improvement of a patient's craniofacial dysfunction and/or dentofacial deformity including anatomical, functional and esthetic relationships.

Treatment usually, but not necessarily, utilizes fixed orthodontic appliances. Adjunctive procedures, such as extractions, maxillofacial surgery, nasopharyngeal surgery, myofunctional or speech therapy and restorative or periodontal care, may be coordinated disciplines. Optimal care requires long-term consideration of patients' needs and periodic re-evaluation. ***Treatment may incorporate several phases with specific objectives at various stages of dentofacial development.***

08070 comprehensive orthodontic treatment of the transitional dentition
08080 comprehensive orthodontic treatment of the adolescent dentition
08090 comprehensive orthodontic treatment of the adult dentition

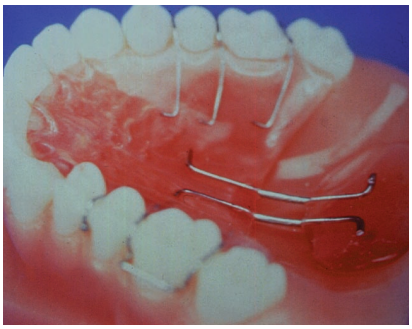
CONTRA-INDICATIONS AND CONCERNS:

A few basic rules will help you get paid for your hard work.

1. **Remember, regardless of a patient's insurance coverage, it is the patient who is responsible for paying you for your treatment.** If your patients are counting on their insurance to cover any portion of your fee, predetermining their benefits prior to initiating treatment is essential. In fact, certain dental benefit plans require pre-determination when covered charges are expected to exceed a certain amount

2. Even though it is the responsibility of the patient to know what is covered and what is excluded from his/her dental plan, most patients expect their dental office to at least help them file their insurance claim. Therefore selecting the correct CDT codes that appropriately describes a procedure is essential.

3. The existence of a code listed in the CDT-2 does not mean that the procedure is a covered or reimbursable benefit in a dental plan.



The soft palatal lift Sleep Appliance needs a medical CPT code 99002-22. Request for coverage must be accompanied by a report. It is inappropriate to use the oral surgical code for a palatal lift appliance (05958) when using this appliance as a sleep apnea device.

4. Do not try to interpret the CDT-2 codes in an attempt to maximize a patient's coverage at the expense of accurately reporting your treatment. For example, it is inappropriate to use the oral surgical code for a palatal lift appliance (05958) when using this appliance as a sleep apnea device. To this date there are no CDT-2 codes for sleep appliances. The codes listed in the sleep apnea section of this bulletin are taken from the physicians' Current Procedural Terminology manual.

5. We strongly recommend that you purchase a copy of the CDT-2 manual. Although we have done our best to help you select appropriate codes, the CDT-2 manual contains additional information or explanations to help clarify the best use of each number.

6. Every office will find occasions to report a procedure that is unusual or that is not accurately described in the CDT-2 manual. When this is the case, a narrative description (by report) with reference to the proper 999 number may be the most appropriate way of explaining treatment to the third party payer.

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The Practice Building Bulletin is a special service of Space Maintainers Laboratory produced solely for the private use of our clients.

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