



Insurance Reimbursements

Codes and Coverage

This is a guide about coding. It's important to understand that coding and coverage are not the same. The existence of a code does not mean a patient has coverage under a policy. Yet without a code, no coverage could be offered. This is often where confusion lies. Codes and coverage are related but not the same. Codes serve as the most accurate documentation and *possible* coverage under a policy. Dental professionals are obligated to use the most accurate code available. However, accurate coding does not guarantee coverage under a particular policy.

Dental/Medical Necessity

CDT codes are risk- and diagnosis-based, not product-based. Documenting dental/medical necessity in Box 35 Remarks can optimize coverage under a policy. Below are the following codes that best apply when implementing the CariFree program.

Steps 1, 2, 3: Assess, Test, Diagnose

Caries Risk Assessment (CRA) Form

CariFree CRA form documents accurate risk assessment. This information is part of the dental/medical necessity.

These can be considered modifier codes to support WHY for other care. There may/may not be coverage for these codes but should be submitted *in conjunction with* other codes.

- > D0601 caries risk assessment and documentation, with a finding of low risk
- > D0602 caries risk assessment and documentation, with a finding of moderate risk
- > D0603 caries risk assessment and documentation, with a finding of high risk
 - o Description for all 3 codes: Using recognized assessment tools.

CariScreen Test (if applicable)

A numeric score provides specific documentation for patient, practice and 3rd-party payers. This information is part of the dental/medical necessity.

- > D0425 caries susceptibility tests
 - o Not to be used for carious dentin staining

Evaluation Codes

Diagnosis and treatment planning is a required part of all Evaluation codes.



General description for all evaluation codes: "...the evaluation, which includes diagnosis and treatment planning..." Legal precedence-if not documented, not done.

- > **D0120 periodic oral evaluation - established patient**
 - An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated, and may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.
- > **D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver**
 - Diagnostic services performed for a child under the age of three, preferably within the first six months of the eruption of the first primary tooth, including recording the oral and physical health history, evaluation of caries susceptibility, development of an appropriate preventive oral health regimen and communication with and counseling of the child's parent, legal guardian and/or primary caregiver.
- > **D0150 comprehensive oral evaluation - new or established patient**
 - Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extra oral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions(including periodontal screening and/or charting), hard and soft tissue anomalies, etc.
- > **D0171 re-evaluation – post-operative office visit**
- > **D0190 screening of a patient**
 - A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis.
- > **D0191 assessment of a patient**
 - A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment

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Step 4, 5: Recommend, Reassess

Codes for In-office Treatment: CAMBRA

- > **D1206 topical application of fluoride varnish**
- > **D1310 nutritional counseling for control of dental disease**
 - Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.
- > **D1320 tobacco counseling for the control and prevention of oral disease**
 - Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.
- > **D1351 sealant - per tooth**
 - Mechanically and/or chemically prepared enamel surface sealed to prevent decay.
- > **D1352 preventive resin restoration in a moderate to high caries risk patient – permanent tooth**
 - Conservative restoration of an active cavitated lesion in a pit or fissure that does not extend into dentin; includes placement of a sealant in any radiating non-carious fissures or pits.
- > **D1353 sealant repair – per tooth**
- > **D2940 protective restoration**
 - Direct placement of a restorative material to protect tooth and/or tissue form. This procedure may be used to relieve pain, promote healing, or prevent further deterioration. Not to be used for endodontic access closure, or as a base or liner under a restoration.
- > **D2941 interim therapeutic restoration – primary dentition**
 - Placement of an adhesive restorative material following caries debridement by hand or other method for the management of early childhood caries. Not considered a definitive restoration.
- > **D9910 application of desensitizing medicament**
 - Includes in-office treatment for root sensitivity. Typically reported on a "per visit" basis for application of topical fluoride. This code is not to be used for bases, liners or adhesives used under restorations.
- > **D9911 application of desensitizing resin for cervical and/or root surface, per tooth**
 - Typically reported on a "per tooth" basis for application of adhesive resins. This code is not to be used for bases, liners, or adhesives used under restorations.

Codes for Patient Counseling and Home Therapy Recommendations

- > **D1330 oral hygiene instructions**
 - This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.
- > **D1999 unspecified preventive procedure, by report**
 - Used for procedure that is not adequately described by another CDT Code. Describe procedure.
- > **D9630 drugs or medicaments dispensed in the office for home use**
 - Includes, but is not limited to oral antibiotics, oral analgesics, and topical fluoride; does not include writing prescriptions.

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- > **D9920 behavior management, by report**
 - o May be reported in addition to treatment provided. Should be reported in 15-minute increments.
- > **D9993 dental case management – motivational interviewing**
 - o Patient-centered, personalized counseling using methods such as Motivational Interviewing (MI) to identify and modify behaviors interfering with positive oral health outcomes. This is a separate service from traditional nutritional or tobacco counseling.
- > **D9994 dental case management – patient education to improve oral health literacy**
 - o Individual, customized communication of information to assist the patient in making appropriate health decisions designed to improve oral health literacy, explained in a manner acknowledging economic circumstances and different cultural beliefs, values, attitudes, traditions and language preferences, and adopting information and services to these differences, which requires the expenditure of time and resources beyond that of an oral evaluation or case presentation.

Twitter-Style Dental/Medical Necessity

Dental/medical necessity is the reason why a test, a procedure or an instruction is given. Twitter-Style writing is to cut unnecessary words and allows documentation to fit in Box 35 Remarks on claim forms.

35. Remarks

Sample Case Submission with Twitter-Style Dental/Medical Necessity for CAMBRA

Johnny is a 6 year old boy who is not a dental patient of record. He was screened in a school-based program. He has had many ear infections. He lives in a low socioeconomic community. His mom works 2 jobs, 16 hours/day, and isn't able to afford quality nutritious food, so consequently, Johnny has poor unsupervised dietary habits. His mouth shows heavy plaque, tissue bleeding, white spot lesions, and a high level of active cavitated lesions.



The dental/medical narrative is a concise 156 characters as follows:

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	31. Fee											
1	10/01/2018				D0120			periodic oral evaluation - established patient												
2	10/01/2018				D1206			topical application of fluoride varnish												
3	10/01/2018				D1310			nutritional counseling for control of dental disease												
4	10/01/2018			S	D2941			interim therapeutic restoration – primary dentiti												
5	10/01/2018			T	D2941			interim therapeutic restoration – primary dentiti												
6	10/01/2018				D0603			caries risk assessment and documentation, wit												
7	10/01/2018				D0425			caries susceptibility tests												
8	10/01/2018				D1330			oral hygiene instructions												
9	10/01/2018				D9630			drugs or medicaments dispensed in the office f												
10	10/01/2018				D9920			behavior management, by report												
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier			(ICD-9 = B; ICD-10 = AB)	31a. Other Fee(s)											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)	A	C	32. Total Fee	\$0.00
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")	B	D		
35. Remarks										High risk written form and test score 2411. 20 minutes instruction on pH-neutralizing, nano-hydroxyapatite paste, antimicrobial rinse, diet & good nutrition										

(Note: Sample only-does not reflect complete treatment plan)

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