TANDEM IN-PRACTICE SOLUTIONS
FOR DENTAL MEDICAL BILLING

Question & Answers
CariFree Webinar
November 17, 2020

Question: Could you explain what the numbers past the period in an ICD10 codes, ex Z23.01
Answer: The numbers past the period further explain the diagnosis… give greater detail.

Question: What are the most commonly used diagnosis codes and CPT codes?
Answer: Z12.89 Maxillofacial Cancer Screening
Z12.81 Oral Cancer Screening
G50.1 Atypical Facial Pain
Infection of the bone-multiple codes
Atrophy of the bone-multiple codes
G47.33 Obstructive Sleep Apna
You can search for code at ***icd10data.com*** it is a great resource.

Question: I keep getting from Medical insurance that NO dental is a benefit. Do they ever make exceptions if it is medically necessary?
Answer: It could be that you're not establishing medical necessity with the diagnosis codes that you are using with the procedures that your rendering. If they are willing to pay another provider type for the same services, and the doctor is practicing withing their scope of practice, they cannot not pay your provider type…. If the patient has benefits for the services rendered. I am unsure what codes your trying to bill out, if it is dental (tooth) procedures, they do not pay unless there is an underlying systemic condition.

Question: "11/16/2020 per automated system preauthorization is not required. Ref # 1070493055. Per Michelle all codes are non-covered (D7953 D7952 D9239 D6010 (21248) D7210 D6114 & D6115) except D4266 (41870) & D7310 (41874) which would be covered at 60% after $2,000.00 deductible has been met. $0.00 have been applied toward the deductible. Ref #1-17714559375 IBO/ad
Full mouth extraction, implant and over denture"
Answer: These are all dental codes; I would never suggest sending dental codes (CDT) for medical review/prior authorization. You should only use medical (CPT) codes when discussing treatment with medical. The only exception I have used CDT is with wisdom teeth extractions or sometimes a TMJ splint.

Question: If we diagnosed a patient with caries, and source of treatment is restorative can this be billable to medical?
Answer: This is a dental (tooth) procedure unless there is an underlying medical condition causing the decay.

Question: What would be the procedure code for like an occlusal splint??!!
Answer: There a couple that can be used, depending on the insurance carrier. You will want to ask what they want used. This is sometime written in their global policies on TMJ treatment.
21085, 20999, E1399 (UHC), and sometimes D7880

Question: Does the fee change if you are a PPO for like Regence or Premera that have medical and dental?
Answer: I am unsure if your referring to the fee or the reimbursement. Or are you talking about the fee you submit to medical and dental… if this is the questions, the fee you submit to medical and dental needs to be the same. I am unclear what the question is, need some clarification.

Question: Can we bill both medical AND Dental?
Answer: Absolutely. They are both different policies, paid for by the patient, that can be billed and often paid separately by both policies. The exception would be if there is coordination of benefits, then you would not see reimbursements from both. I do not see this often. You can bill to both; however, you cannot keep more than the total fee you charged out for the services rendered.

Question: Do we need to pre d even if it's an emergency?
Answer: Often not. Most insurance carriers, when coded out as an emergency, will not require a pre-auth. I have seen HMO/EPO or closed networks not pay on emergencies… however, I push them back, stating it was an emergency and they often will pay.

Question: How can you approach a hospital and ask them to refer pts to us
Answer: Meet with their director or whoever is in charge of their physicians. It may be different in every hospital system. Inquire about becoming a referral source for emergencies or have privileges at their facility.

Question: When you go in -network can you then preauthorize like we do with dental?
Answer: Being in or out of network does not really matter. You can do a preauth if you are in or out of network, it is the same process. Some procedures will simply require a prior auth. I feel the biggest difference is payment as an in vs out of network provider. In network providers will have a fee schedule, much like you do in dental when your contracted with the carrier.

Question: If we are in-network with dental is it necessarily to get in-network with medical? (I missed the information stated by Kandra)
Answer: You would need to check with the carrier. In some states, for example with BCBS, if you're in-network on the dental side your automatically in-network on the medical side. Some BCBS will only allow oral surgeons in-network. I would recommend contacting the carriers credentialing dept to find out… just make sure they understand that you want to go in-net on the medical side, that you provide procedures that are beyond the teeth and are considered medical in nature. This is usually a very interesting conversion and interaction.

Question: Where do you suggest we can get more information on how to implement medical billing in our practices?
Answer: Feel free to reach out to me, I would love to help make you successful at this process.

Question: How do I start with medical billing. I am in network with dental insurances
Answer: Define your goals and why you want to implement this process. It really does not matter if you are in-network with dental or not, unless in your state you would automatically be in-network with medical if your already in-network with dental. If your interested, please do not hesitate to reach out to me, I am here to help.

Question: Where do we get the forms to submit to medical?
Answer: You will use a CMS 1500 Claim form. You can order the paper forms on Amazon or simply Google and order. You will need to type your information onto the claim form. I use Speedy Claims software to do this if I need to generate a paper claim. I find them reasonably priced and a good way to track which claims you have generated.

Question: One example you showed was an overpayment of an exam. How do they track that. Years ago when you had dual dental, tracking was in place for that.
Answer: Over payments are based on the encounter for the date of service, not the individual procedures.

Question: Do you always bill medical first? And then send to dental with what medical paid?
Answer: Ideal to send to medical first as they pay more for most procedures than dental, this preserves the minimal dental benefits for dental related items. You can bill to either one first. You would send the EOB to both, and state that you have an EOB. Dental wants to see the EOB from medical, and I find medical does not really care about the dental EOB. The problem billing to medical first, if you are an out of network provider, it can take longer than 30 days to get paid and your A/R can get out of control. That is something I am overly cautious of with my clients.

Question: What about dental sleep medicine? How do we bill medical for it? Maybe I missed that point already.
Answer: You would bill to medical using a CMS 1500 claim form. The diagnosis code for obstructive sleep apnea is G47.33 and the sleep appliance is E0486. If you want a great book on sleep billing, go to successfulmedicalbilling.com. This is Dr. Chris Farrugia's site, he wrote an amazing book about just sleep billing, I would highly recommend this resource. If you want help with implementation, please feel free to reach out to me.

Question: Unfortunately, I missed most of this valuable information because our office had a medical emergency with a staff member, is there any way we could get the recorded version?
Answer: CariFree will have the recording on their website.

Philip Rich 08:55 AM

Question: It would be helpful for all attendees to receive the questions and the answers especially if we do not get to it in video. Thanks
Answer: You got it!

Question: Is there any real benefit to billing medical in a pediatric dental practice?
Answer: I have one pediatric practice and we bill their exams, Panorex and fluoride. If you are in-network with dental, therefor writing off part of your fees because you have accepted the dental fee schedules per carrier, you can bill to medical and recouped some of this write off.