

Wellness Centered Practice:

2016

*Links*2*Success*

Christine Taxin

Christine Taxin is the founder and president of Links2Success, a practice management consulting company to the dental and medical fields. Prior to starting her own consulting company Ms. Taxin served as an administrator of a critical care department at Mt. Sinai Hospital in New York City and managed an extensive multi-specialty dental practice in New York. With over 25 years' experience as a practice management professional she now provides private practice consulting services, delivers continuing education seminars for dental and medical professionals and serves as an adjunct professor at the New York University (NYU) Dental School and Resident Programs for Maimonides Hospital.



Ms. Taxin is passionate about helping dental practices reach their highest potential and increase their profitability. In her consulting work she focuses on helping practices strengthen their communication skills, their ability to work as a team and their capacity to set goals. She helps team members develop their latent strengths and improve their effectiveness and job performance. Ms. Taxin's specialties are creating highly efficient administrative systems, consulting on valuable internal and external marketing efforts, providing strategies for successful financial planning and educating practices on advanced dental and medical billing techniques.

As a provider of continuing dental education, Ms. Taxin has been a guest speaker for Henry Schein, Kodak Dental, Sirona and Goetze Dental. She has presented programs to the American Association of Dental Office Managers, the Pennwell Dental Group and the New York Academy of General Dentistry. The AGD has approved her company Links2Success as a national provider of PACE continuing education credits.

Since she collaborates with many of the country's top management consultants and lecturers, Ms. Taxin's powerful networking ability directly benefits her clients and seminar attendees. She stays well informed on key issues at the forefront of dentistry and medicine and passes this information on to her clients. In her monthly e-newsletter, The Ultimate Office Planner, Ms. Taxin offers subscribers practice management tips, help with insurance billing, marketing aids and webinars – all crafted with the goal of providing doctors and their teams with the essential tools and knowledge to obtain the practice of their dreams.

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Medical-Dental Cross-Coding: A Smart Solution for Your Practice

Should you add medical insurance to your dental practice? The answer is simple: Absolutely. While you may be wary of launching your team into the throws of the medical insurance storm, trust me when I tell you it will pay off in dividends. The learning curve can be steep however, so knowing the basics and where to go for help is where every office needs to begin.

The Difference between Medical and Dental Insurance

If your practice has only been accepting dental plans, you may not be familiar with the differences between the two types of policies. Medical insurance is a traditional form of insurance where policyholders contribute monthly premiums. These premiums are used to pay for any statistically unlikely events that arise, such as catastrophic medical expenses. It is a safety net program, and pays large amounts of money when needed. The amount of money a policyholder needs to pay in the form of deductibles and co-pays is relatively small in comparison.

Dental insurance, on the other hand, is an employer benefit or personal benefit a person buys for themselves. It is not designed to pay for statistically unlikely events. Rather, it is made to help people offset the cost of their dental expenses. Therefore, most dental insurance plans have yearly caps on what they will pay, usually around \$1,000 or \$2,000 a year. This means your patients have to be judicious with how they spend their dental dollars. Accepting medical insurance may make it possible for them to get treatments they need that their dental policy would not pay for, as long as the circumstances of their dental condition fall under one of the medical billing codes for dental procedures.

What Types of Dental Procedures Does Medical Insurance Cover?

There are four medical billing code categories that dental procedures can fall under. Depending on your individual patients' circumstances, you may be able to bill a medical insurance policy under these codes, whereas you would not be able to bill under a dental policy (or the dental policy would not pay enough to cover the procedure).

1. Diagnostic Procedures

Any diagnostic procedures that are medically necessary to determine a cause of pain, whether an infection is present, whether some other dental disease is present, or whether the patient has congenital dental deformities can usually be billed to medical insurance as medically necessary procedures using medical billing codes.

2. Dental Surgery

Tooth extractions due to injuries or underlying diseases can be billed using medical codes if you accept medical insurance. Biopsies and excisions of hard and soft tissues in the mouth are usually done for medical reasons and can be billed under surgical codes on medical insurance. Implant surgery and surgery involving hard or soft mouth tissues are also medically billable. The only surgeries that are not billable under medical insurance are cosmetic procedures.

3. Medical Treatment of Dental Issues without Surgery

Treatment for abscesses and infections can be billed under this medical coding group. Tooth restoration treatment for people with eating disorders can also be billed this way. Appliances for TMJ, sleep apnea, and teeth grinding are also considered medically necessary and can be billed medically, when most dental policies will not pay for these things.

3. Treatment of Oral Injuries

Teeth and surrounding tissues that are injured in any kind of accident are usually considered medical issues and are billed as such. This includes restoration of teeth, placement of implants, and tissue repair.

If you are wondering whether a procedure can be covered by medical insurance, ask yourself the following questions:

- Is surgery required?
- Is there an injury?
- Does a medical condition need to be diagnosed?
- Are the patient's teeth, soft or hard mouth tissues, or jaw working improperly to the impairment of normal function to the patient?
- Is there an infection?
- Is there inflammation?

If the answer to any of these questions is yes, then the procedure can usually be billed under medical.

Medical-Dental Cross-Coding

When you add medical insurance acceptance to your practice, you will be faced with cross-coding medical and dental procedures in order to properly bill. You will be using codes found in the Current Procedural Terminology book as well as the International Classification of Disease 9th Edition book (and soon, the ICD-10). There are also comprehensive resources available that will augment your training. If you plan to add medical billing for implants, CT scans or other general procedures make sure you have done your homework in order to see successful reimbursement.

The procedures, medicines, diagnostics, and other services performed by the dentist must be carefully analyzed and the appropriate billing codes selected. In complex cases, some codes may be purely dental and be billed to the patient's dental policy. Others that are deemed medically necessary can be coded and sent to the patient's health insurance. Calling the health insurance ahead of time for a list of benefits the policy will pay for will assist you greatly in selecting the correct codes and billing the correct insurance. The most important element when medical billing is to let the insurance company know why and how the procedure will affect the patient's overall health and wellbeing.

The process can seem complicated at first, and often teams feel the 'hassle' of learning to cross-code is not worth the benefit. However, with the proper training—any team can learn the basics and start saving their patients significant amounts of money.

Links2Success.com, a leading cross-coding consulting group has helped many teams realize the benefit of cross-coding. Christine Taxin can train any dental team how to bill properly in order to see the success.

Can Your Practice Accept Medical Insurance in the First Place?

Yes. Any dental practice can choose to accept medical insurance. Many do not, because of the time and training in new codes involved in accepting medical insurance. However, accepting it is a smart move for dental practices. Not only will you be able to adequately serve all or most of your patients, you will increase your client base by making medical insurance an available option.

Further, most dental insurance policies are actually recommending dental offices bill to medical for the following things:

- Extractions
- TMJ treatment
- CT scans
- Sleep apnea treatment
- Any patient who needs collaborative treatment between a dentist and a medical doctor for a dental-related issue

Accepting Medical Insurance Helps Your Practice and You're Patients

Not only does accepting medical insurance benefit your practice by bringing you more clients, it also helps your clients' lead healthier, happier lives. As a dentist, you know that excellent and regular oral care prevents a wide variety of diseases. Treatment is more affordable when conditions are caught quickly, which is more likely when someone is getting regular dental care.

Not every employer offers dental insurance. It is a highly requested benefit, because people generally recognize the need for good dental care. While many employers do not offer dental insurance, most do offer medical insurance. Many dental procedures can be coded medically if they are deemed medically necessary. The most common are:

- Extractions due to infections or abscesses
- Treatment of injuries to teeth or tissues in the mouth
- Treatment of dental problems due to underlying medical conditions
- Repairing teeth with congenital deformities or enamel problems
- Treatment of sleep apnea or TMJ
- Periodontal procedures caused by or worsening because of a medical condition

Additionally, if you start learning the ropes now, you will be way ahead of the game when (as experts foresee) all dental practices will be required to cross-code in order to stay in business. As medical benefits are required by law for everyone under the age of 19 and more and more companies are purchasing embedded plans with 'family deductibles' it is only a matter of time before billing medical for certain dental procedures will be the way it has to be.

The bottom line: An office proficient in billing medical insurance will be sought after by smart patients. You will see more reimbursements and best of all; improve the oral and physical health of your patients.

RECORD OF SERVICES PROVIDED																						
24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Modifier	29b. Qty.	30. Description														
1					D0150	A	1	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED														
2					D0274	A	1	BITEWINGS – FOUR RADIOGRAPHIC IMAGES														
3					D1110	A	1	PROPHYLAXIS – ADULT														
4					D0330	A	1	PANORAMIC RADIOGRAPHIC IMAGE														
5					D1206	B	1	TOPICAL FLUORIDE – VARNISH														
6					D0603	A	1	CARIES RISK ASSESSMENT – HIGH RISK														
7																						
8																						
33. Missing Teeth Information (Place an "X" on each missing tooth.)											34. Diagnosis Code List Qualifier AB (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	Z01.20	C		32. Total Fee
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")		B	Z41.8	D		

- K00 Disorders of tooth development and eruption (excludes embedded and impacted teeth – see K01.)
 - K00.0 Anodontia
 - K00.1 Supernumerary teeth
- K02 Dental Caries
 - K02.5 Dental caries on pit and fissure surface
 - ❖ K02.51 Dental caries on pit and fissure surface limited to enamel

- Some dental plans may cover specific dental procedures that may minimize the risks associated with the connection between the patient's oral and systemic health conditions
 - Example: Patients with health conditions such as pregnancy, diabetes, chronic heart disease, and certain cancer treatments may be eligible for an additional prophylaxis
- Not all plans may cover additional benefits for these conditions

- Let's examine a case involving a diabetic patient
 - The dentist's primary diagnosis is periodontal disease with complications resulting from Type 2 diabetes
 - Without diagnosis codes, the dentist either has to include supporting documentation in the form of x-rays, chart information, and/or by-report procedures to obtain increased benefit allowances
 - Collecting, submitting and tracking the additional information costs both providers and payers time and money

Example

- If the patient is diabetic and is eligible for an additional prophylaxis per year, the claim may include
 - Procedure code D1110 – *prophylaxis – adult*
 - ICD-9-CM Diagnostic code – 250.0 *Diabetes mellitus*
- If the ICD-10-CM codes are implemented
 - It may be possible to use E08.630 *Diabetes due to underlying condition with periodontal disease*

Refusal of Recommended Treatment

Patient Name: _____

Date: _____

You have the right and the obligation to make decisions regarding your healthcare. Your dentist can provide you with the necessary information and advice, but as a member of the healthcare team, you must participate in the decision-making process. This form will acknowledge your refusal of treatment recommended by your dentist.

Dr. _____ has recommended the following treatment to me: _____

This treatment has been recommended to me for the purpose of:

The possible benefits of proceeding with the recommended treatment include:

The possible risks and complications of refusing the recommended treatment could include but are not limited to:

These potential risks and complications could result in additional medical or dental treatment or procedures, tooth loss, hospitalization, blood transfusions, or, very rarely, permanent disability or death.

I have chosen to refuse this treatment after considering both the recommended and alternative forms of diagnosis and/or treatment for my condition. Each of these alternative forms of diagnosis or treatment has its own potential benefits, risks and complications.

I have chosen to have the recommended treatment after being educated as to the risks and complications will arise without treatment.

I certify that I have read or had read to me the contents of this form. I understand the possible advantages of proceeding with the recommended treatment and the possible risks and consequences of refusing the recommended treatment.

I have decided to refuse the treatment recommended by my dentist. I hereby release Dr. _____ and his/her employees, partners, agents or corporation from any liability for any and all injuries and damages I may sustain as a result of my refusing recommended dental treatment. I attest that I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Patient signature declining treatment _____ Date _____

Patient signature accepting treatment _____ Date _____

Printed name if signed on behalf of patient & relationship) _____ Date _____

Witness signature _____ Date _____

Dentist signature _____ Date _____

Dear (new patient),

Dr. (name) and staff at (practice name) welcome you to our Oral Health and Wellness Center. This new concept in oral health care is based on emerging scientific evidence of the connection between dental and whole-body health.

Some details about your care at our Oral Health and Wellness Center:

- Practice hours are_____.
- New patients are always welcome!
- Emergencies are addressed or seen immediately.

We look forward to meeting you at your new patient appointment on_____.

Dr. (name) has advanced training in the connection between overall health and the health of the oral cavity. Our Oral Health and Wellness Center promotes top notch preventive care, drawing patients from our community and surrounding counties and states for consultations. Our staff prides itself on establishing excellent communication with our patients' health care providers. This collaboration about your health ensures that you receive the best possible care and can make informed health choices.

At your new patient appointment, you will receive a complete oral examination by Dr. (name). He/she will make you fully aware of all your dental needs. He/she conducts testing to provide more complete information about how to treat your individual smile. Dr. (name) will fully discuss your treatment options, using an interactive program to review his/her recommendations for getting you the best possible outcome for health and wellness.

Our practice offers a wide range of services including:

- Regular preventive check-ups
- Fillings
- Crown & bridge restorations
- Implants
- Full and partial dentures
- Laser gum treatments
- TMD and sleep apnea treatments
- 6 Month Smiles orthodontia

Please keep in mind that *before* treatment for any illness or condition it's advisable to visit our Oral Health and Wellness Center. We can provide treatment that protects your teeth and prevents long-term oral health issues. We can also recommend a home-care package to assist you in maintaining good oral health throughout your treatment.

Patients with diabetes, heart disease, sleep apnea, TMD and pregnancy all have special oral care needs. Please inform us if you have one of these conditions on your health history forms, and bring the contact information for your doctors and specialists, and a list of your medications and dosages, to your first appointment. Our team takes ongoing training and has the most advanced equipment on the market. If you have any questions about your upcoming visit, please call our office at (phone number). If you want more information about our Oral Health and Wellness Center, please visit us on the Web at (web site address) or on Facebook at (FB fan page address).

Thank you for your time. We look forward to meeting you and helping you stay healthy!

Sincerely,

The Wellness Team at (practice name).

Team Hand-Off “Wellness Team”

Scientific Process

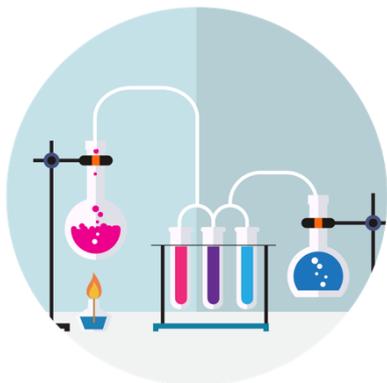


Hypothesis

Implementing New Job Roles

Administration: Ask new questions on phone, follows up with questions in person, and starts the risk assessment Medications, Medical Insurance, Health History Questions

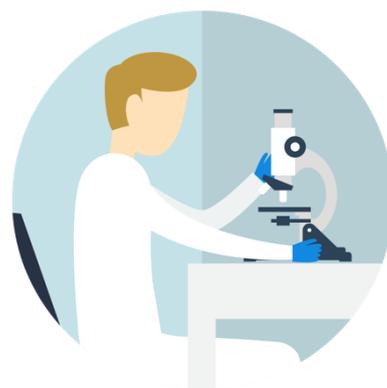
Assistants: Ask the same questions since some patients do not think they need to disclose medical information. Make sure everything important towards patient care is repeated to provider before you leave room.



Materials

What new tests will our office include?
What treatments will our office provide?

Risk Assessments
Saliva Tests
Oral DNA
Oral Cancer
Irrigation
Blood Tests
Referral to MD or Sleep Lab



Procedure

Handoff to doctor:

Before any work is provided a doctor must do exam and order tests to develop a diagnosis for treatment plan Assistant can then perform within the scope of state rules any of the following:

Blood Pressure
Saliva Tests
Oral DNA
Weight Intra Oral Diagnostic Walk
X-rays

Have all of this ready for doctor to set up treatment plan with hygienist.



Observations

After Subjective, Objective, Assessment is completed with proper handoff we are ready to provide patient with a complete treatment plan.

If patient is low risk and will need just hygiene for regular treatment hygienist can provide treatment with a signed consent and financial form.



Conclusions

Planning treatment:

Always add what the outcome of treatment will be if they receive treatment and what the outcome is if they do not.

Let them know that the fee of treatment will be higher and that the infection or issue will not just go away.

Make sure to have patient sign consent form.

Do not let patient leave without a follow up appointment to either talk on phone, do a join me with Guru or to come back to office.

Damage to dental structures, from simple erosion of the enamel to deeper injury involving the dentin and pulp, can be caused by several conditions. Examples include:

1. Gastroesophageal reflux disease (GERD) and bulimia
2. Xerostomia
3. Side effects of medication prescribed during tooth formation
4. Sjögren's syndrome and dry mouth
5. Side effect of methadone use
6. Recreational drug use

GERD AND BULIMIA

GERD, or acid reflux disease, is a systemic problem typically associated with the regurgitation of stomach acids up into the esophagus and, frequently, into the mouth. Bulimia is a condition in which the patient is driven to self-induce vomiting by a psychological or mental disorder, such as a severe fear of weight gain or body dysmorphic disorder. In both conditions, the teeth are repeatedly exposed to stomach acids that can cause an "etching," of the tooth structures over time, leading to eventual breakdown of the enamel, which, when left untreated, can progress into the dentin. A personal history of GERD would be reported with the diagnosis code.

V12.79	
Z87.19	Personal history of other diseases of the digestive system
Bulimia would be reported as (V11.8)	
Z86.59	Personal history of other mental and behavioral disorders In either case, the specific condition should be identified in the LMN

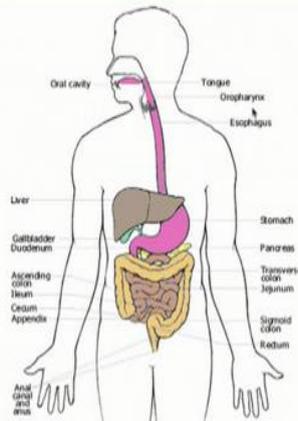
CIGNA Dental Oral Health Integration Program®



THE ORAL CAVITY IS PART OF THE DIGESTIVE SYSTEM



Digestive System (K00-K95)



Understanding the body and how we connect!

THANK YOU!

Links2Success

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