

Medical Billing in the Dental Office

When? How? And Why?

Overview

- ▶ WHEN?
- ▶ HOW?
- ▶ WHY?

When Can I Bill My Claim to Medical Insurance?

- ▶ In order to bill a dental procedure claim medically- it must be:
- ▶ The traumatic result of an accident

And/Or

- ▶ Medically Necessary

Trauma

- ▶ Trauma- a non-biting injury to a sound natural tooth. Teeth must be free from decay, periodontal disease and bone loss prior to the accident.



Things to Keep in Mind When Billing Trauma Related Injuries-

- ▶ **There may be time limits.** Some insurance companies require the patient to be seen within 24 hours of the accident, others require 72 hours. There may also be limits on the amount of time allowed to complete treatment.
- ▶ **Document!** Ask the patient for any pertinent documentation. Accident reports, emergency room visit reports, etc.
- ▶ **Request Authorization.** Call the insurance carrier and get as much information as possible. It may be a good idea to have the patient call their insurance company as well.
- ▶ **Have all of the facts.** You will need to know all of the accident details-how, where, when, with whom. Was this auto-related, work-related? Often, liability carriers,(homeowners insurance, automobile insurance, workers comp, etc.) will be primary to medical carriers.



Am I Missing a Tooth?

Medical Necessity

- ▶ “Accepted health-care services and supplies provided by health-care entities, appropriate to the evaluation and treatment of a disease, condition, illness or injury and consistent with the applicable standard of care.”



Examples of Medically Necessary Procedures-

- ▶ Treatment of Blocked Salivary Glands
- ▶ Obturator devices
- ▶ Construction and Follow-up of a Sleep Apnea appliance
- ▶ Soft tissue Biopsies, (except for gums)- tongue, cheeks, lips, floor of mouth
- ▶ Treatment of pathologically confirmed Malignancies
- ▶ Hospital ER treatment for serious conditions, such as an Abscess
- ▶ TMJD treatment
- ▶ Orthognathic procedures
- ▶ Pre-transplant evaluation and sometimes treatment
- ▶ Oral cancer screenings

Billing for a Sleep Apnea Device

- ▶ Claims for Sleep Apnea Devices will require a diagnosis of Sleep Apnea. Diagnosing sleep apnea will begin with the patient's physician. It will normally require a sleep study for proper diagnosis.
- ▶ Request Authorization. Some insurance companies may require this and some may not. Play it safe and call first.
- ▶ You will need a written order from the treating physician. The written request should contain the following:
 - ▶ Patient's Name
 - ▶ Physician's Name, Signature, NPI number and Date signed
 - ▶ Date of the Order and Start Date, if different from order date.
 - ▶ Detailed Description of the requested device.



How Do I Bill a Medical Claim?

Don't be afraid- it's not that bad.

Where to Begin-

- ▶ **Obtain the patient's Medical Insurance information.** Take a photo copy of the patient's insurance card. It is likely the patient's medical insurance company will differ from their dental insurance company.
- ▶ **Contact the Medical Carrier. Check Eligibility, Benefits, and Carrier Specific Requirements for a Dental Provider to bill a Medical Claim.** These requirements will vary greatly. There are some plans who will not allow a dental provider to bill a medical claim. Some plans will require the dental provider to sign a medical contract in order to bill a medical claim.
- ▶ **Gather all documentation.** These claims may be subject to review for medical necessity. You will need to provide detailed examination notes, as well as all other supporting documentation.

What is a CMS 1500 Form?

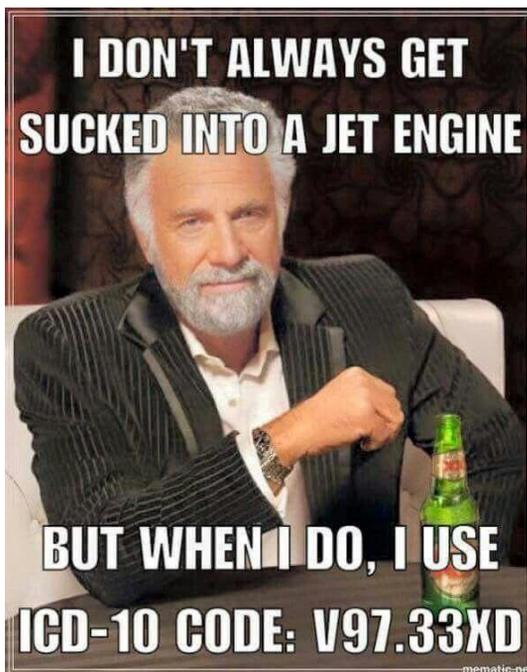
The image shows the CMS 1500 Health Insurance Claim Form, which is a standardized form used for submitting medical claims to health insurance carriers. The form is divided into several sections:

- Section 1:** Patient Information, including name, address, date of birth, sex, and date of service.
- Section 2:** Insurance Information, including the name of the insurance carrier, policy number, and type of insurance (e.g., Medicare, Medicaid, Commercial).
- Section 3:** Provider Information, including the name of the provider, address, and type of provider (e.g., Doctor, Nurse Practitioner).
- Section 4:** Billing Information, including the name of the billing entity, address, and type of billing entity (e.g., Hospital, Physician Office).
- Section 5:** A table for listing services, including procedure codes, dates, and charges.
- Section 6:** Additional Information, including the name of the referring physician, the name of the patient's primary care physician, and the name of the patient's insurance agent.

The form is titled "CMS 1500 HEALTH INSURANCE CLAIM FORM" and includes a header with the text "APPROVED BY NATIONAL LIABILITY CLAIM CONTRACTORS ASSOCIATION".

Diagnosis Codes-

- ▶ Medical billing requires diagnosis codes as well as procedure codes.
- ▶ At least one diagnosis code will be required.
- ▶ These codes are known as ICD-10 codes.



Why Bill Medically-

- ▶ Help patients get the care they need!
- ▶ Improve the Bottom Line!