Filing Insurance for Oral Surgery Procedures

In order to help you receive payment from insurance companies faster and easier, we offer three levels of support to you and your team. This FREE service is available as a courtesy to your office for any claims generated as a result of treatment performed by Dr. Greene.

**Level One Support:** Contact our Insurance Help Desk for answers to individual questions and to receive information about specific procedure/diagnosis codes, insurance forms and clinical narratives. You can reach us at ins@vipsdental.com

**Level Two Support:** Individual training and troubleshooting for oral surgery claims processing. Our team has decades of experience with oral surgery claims. We can provide you and your team with a variety of resources to help you file claims more accurately and get paid faster. Request an insurance guide from our Insurance Help Desk by emailing ins@vipsdental.com

**Level Three Support:** Our team can help do anything you need from providing customized narrative reports to filling out claim forms. Contact us to receive full service insurance support as needed.

*Contact our Insurance Team any time.*
ins@vipsdental.com
972-677-7825

Or
Dena Rathbun
dena@vipsdental.com
cell: 214-334-8416
An Insurance Troubleshooting Guide for General Dental Offices

Insurance can be a little tricky sometimes, especially with new plans being added all the time. Insurance coverage criteria vary plan to plan. To make it easier and more predictable to get paid by insurance companies, we offer this handy guide to filing claims for oral surgery procedures.

Should more detailed information be needed, or help with individual claims, you can contact our Insurance Help Desk at ins@vipsdental.com any time. Our team is available to assist in any way necessary to help file claims, provide special documentation and assist in securing claim payment.

It is our hope that this guide will provide useful information to help streamline the claims process and relieve insurance headaches.

Getting the Right Information
Getting the right coverage information is the first step in getting claims paid quickly. There are a few key questions that should be added to your insurance verification inquiry in order to ensure accurate coverage information.

Consider adding these questions to your verification record:
- Are surgical extractions covered under the dental plan?
- Are impacted extractions covered under the dental plan?
- Is IV sedation covered under the dental plan? If so, what are the criteria for coverage (ie: 2 or more surgical extractions, one or more impacted extraction, narrative required, etc).

If there is time between diagnosis and scheduled surgery, you may want to file a pre-determination of benefits in order to obtain the most reliable and detailed coverage estimates available.

Ask all surgery patients for a copy of their medical insurance cards, just in case you need it.

Proper Reporting on the Claim Form
All dental claim forms should be filed to insurance with properly reported provider information. This will help prevent hold-ups in claims processing.
- The billing entity is your office and tax identification number. Use your office NPI number for the billing entity information.
- The rendering provider is your surgical provider. Use your surgical provider’s license number and NPI number to report the rendering provider.
- Always use your own tax id number on the claim to prevent improper payment of the claim.
- If you have not filed a surgery claim to a particular insurance company before, it is a good idea to send an ‘add provider’ letter on your office letterhead, along with the first claim. This letter reports that your surgical provider is now seeing patients in your location as an out-of-network provider. A sample letter is attached at the end of this guide. For in-network surgical providers, contact us.
- Most claims for oral surgery require a copy of the panoramic x-ray and operative record with anesthesia time. It is a good idea to send this information with the original claim to prevent delays.

When a Narrative is Required
Some insurance plans will cover IV sedation. When covered, a clinical narrative describing the medical necessity for IV sedation may be required. When you verify coverage, the insurance company can tell you if a narrative will be required. Our insurance support team can provide a custom narrative to accompany the claim form.
**Medical Claims Filing**
Infrequently, a dental insurance company will request that a claim be filed to the patient’s medical carrier prior to the claim being paid by the dental carrier. If an insurance company makes this request, you will need to file a claim to medical on the patient’s behalf. In most cases, you can do this preemptively because you are informed properly about the requirement when you verify benefits.

Filing a medical claim for surgical extractions is relatively simple. The claim must be filed on a medical claim form, (HCFA CMS1500-2/12), which is attached at the end of this guide. Also included, is a sample of a properly completed form along with a manual for completing the form.

**Points of Interest:**
In box 14, enter Qualifier code ‘454’ to indicate date of initial treatment, and use the date of surgery.
In box 17, put your office information as the referring provider and put code “DN” in front of your doctor’s name.
In box 21, input the diagnosis code (ICD-9, or ICD-10 beginning 10/15). See attachment at the end of this guide for specific codes most often used. In the space ‘ICD ind’ in box 21, put a 9 or a 0 to designate whether you are using an ICD-9 code or an ICD-10 code.
Section 24 is for reporting the services rendered using the appropriate CPT (medical procedure) codes. A list of common CPT codes is attached at the end of this guide. The blank area above each service reporting line is for the inclusion of supplemental claim information, such as tooth #’s and corresponding CDT codes. Enter ‘ZZ’ then the CDT code followed by ‘JP’ and the tooth number in this section.

In column ‘B’ indicate the place of service using service code “11” which indicates the procedure was done in the office.
In column ‘D’ indicate the CPT procedure code being billed.
In column ‘E’, place a ‘1’ to indicate that the CPT code is associated with the diagnosis code listed above in section 21.
In column ‘F’, indicate the line item charges.
In column ‘G’, indicate the number of units. If you are billing for 2 extractions, you can enter a ‘2’, if billing for only one extraction, you can enter a ‘1’. Anesthesia CPT codes MUST be reported using minutes in this field. Enter minutes in column ‘G’ for anesthesia codes (30 for code 99144 and 30 for code 99145 if billing for one hour).
In column ‘I’, enter the RENDERING provider’s NPI number

Send all medical claim forms with a panoramic x-ray and operative record. Once you receive the response/denial/EOB from medical, send a copy of it with the dental claim to the dental carrier for payment.

**NOTE:** Most medical insurance carriers will NOT pay for dental related oral surgery claims. You simply need the denial letter from medical insurance to accompany the dental claim form in order for the dental insurance to pay the claim.

**IMPORTANT**
If you need assistance in the event that a dental carrier requests a claim be filed to medical before it will pay for covered dental surgery, please contact us. You can email your request for assistance to our Insurance Help Desk at ins@vipsdental.com or contact Dena Rathbun at 214-334-8416 or dena@vipsdental.com
Down-Coding

As dental insurance plan coverage limitations broaden, we often find ourselves faced with challenges in securing accurate claim payment. One trend which has increased in frequency is the “down-coding” of procedure codes by insurance, which results in a lower reimbursement for a given procedure. This is becoming more common with extraction codes (7210-7241). Should a procedure be down-coded by insurance, please follow these guidelines.

Please understand, your surgical provider will never code an extraction to a higher code than necessary for any patient. He will assign procedure codes that are supported by the radiographic and clinical facts along with the technique and surgical procedure required to remove each tooth with as little trauma and bone loss as possible. Insurance company dental consultants do not have the luxury of visualizing the entire clinical circumstance and the consultants have only the radiograph to base their determination on. For this reason, the assignment of a lower procedure code will occur from time to time.

Be aware that surgical services provided by us are not considered contract services, or “in-network”. If an insurance company assigns a lower code to a procedure, it does not mean that your office is required to adjust the fee to match the new code. In the event that an extraction is “down-coded”, we recommend contacting our Insurance Help Desk at ins@vipsdental.com in order to obtain a clinical narrative, which can be filed in an effort to appeal the decision and receive additional claim payment.

In the event that an appeal is not granted, and the lowered code stands, please be aware that your office is under no obligation to accept the lowered fee. The communication from the insurance plan clearly states that the determination is “Not a Determination of Medical Necessity”. In fact, it is illegal for an insurance company to dictate treatment or billed procedure codes. It is however, legal for the insurance company to pay for a lesser treatment under certain criteria. Please also be aware that the dental insurance company cannot tell the patient that their doctor has billed the wrong code, and that is the reason why the code and reimbursement amount were changed.

In cases where a billed code is reduced, it is left to the discretion of your office to decide whether to balance bill the patient or reduce the fee to the lesser code. We recommend asking the patient to pay the difference.

In the event that you encounter a case like this, please allow our insurance team to assist.
Free Resources available:

1) Personal Instruction on the medical claims process and how to complete the form
2) Self-tutorial on the medical claims process and how to complete the form (step by step guide)
3) Common procedure codes and diagnosis codes document
4) Sample medical (HCFA1500) form
5) Option to have our team complete the form for you and send back to you for filing
6) Dental surgery claims troubleshooting guide
7) Insurance narrative letter templates
8) Insurance helpline ins@vipsdental.com

Please utilize all resources available to you for insurance claims help. It is our goal to assist in any way possible in order to facilitate a seamless and stress-free relationship for all.
Medical Claim Procedure Codes and Diagnosis Codes
(Wisdom Teeth)

CPT Codes

41899 (surgical extraction, put the dental code in the description)
99144 (iv sedation 30 minutes)
99145 (iv sedation additional 15 minutes)
96375 (therapeutic drug injection)
99241 (consultation)

ICD-9 (Diagnosis Codes)

520.6 (impacted teeth)
521.0 (unspecified dental caries)

ICD-10 (Diagnosis Codes)
K01.1 (Impacted teeth)
K02.9 (Dental caries, unspecified)
**Sample of Medical Claim Form (Completed)**

```
<table>
<thead>
<tr>
<th>MEDICARE</th>
<th>TRICARE</th>
<th>CHAMPION</th>
<th>GROUP HEALTH PLAN</th>
<th>HIC</th>
<th>other</th>
</tr>
</thead>
</table>

**Patients Information**

- **Name:** Doe, John
- **Date of Birth:** 01 01 1965
- **Sex:** M
- **Relationship to Insured:** Child
- **Address:**

**Insurance Information**

- **Company:**
- **Address:**

**Claim Details**

- **Identification Number:** 123456789
- **Date of Service:** 08 05 2015
- **Diagnosis Code:** S20.6
- **Procedure Code:** ZZ 7240 JP16
- **Billable Amount:** 500.00

**Total Amount:** 2164.00

**Provider Information**

- **Provider Name:**
- **Address:**

**Other Information**

- **Surgical Provider:**
- **Office Phone:** 972 office phno

**Notes:**

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED CMB-0598-1197 FORM CMS-1500 (02-12)
Sample Letter to Add Non-Participating Provider

To Whom it May Concern:

The purpose of this letter is to request that Dr. ________ be added as a non-participating provider in our office. Dr. _____ is a virtual associate providing prn oral surgery services in our location. Although our full time doctors will remain participating network providers, Dr. _____ will be treating patients in our office on an out-of-network basis.

If there are any questions regarding this request, please do not hesitate to contact us at:
Your Dental Office Info
Address
City, State Zip
Ph#

Thank you for your prompt attention to this matter, which has delayed proper payment of claims on several patients. Those claims are also attached to this correspondence in an effort to facilitate timely claim processing.

Sincerely,

Your Surgical Provider
**Insurance Help Desk Contact Information**

E-mail all support requests to

ins@vipsdental.com

Be sure to include

Your name
Your office info
Your patient info
Your surgical provider’s name
A copy of the patient’s insurance info
Copies of any existing claim forms or EOB’s

Our goal is to make filing insurance for oral surgery simple and easy. Let our Insurance Help desk provide assistance.

Alternate contact info:

Dena Rathbun
Cell:  214-334-8416
dena@vipsdental.com