

PREVISER

This Guide is designed to help the general dental practice appropriately code for insurance reimbursement while providing the highest standard of care to patients.

The experience of PreViser dentists following the guidance outlined here is enhanced insurance reimbursement that is consistent with the high level of care they are providing their patients. Depending on the size and disease characteristics of the patient population as well as current coding practices, implementing these recommendations may increase practice revenue by many thousands of dollars.

PreViser is dedicated to maximizing the clinical outcomes for patients worldwide, and it is our belief that this objective is more likely to be met when dentists are correctly reimbursed for the care they provide.

We hope this document will help the PreViser practice maximize the benefits of using our analytic system for disease risk and status, and we would like to extend our thanks to Teresa Duncan of Odyssey Management for help in navigating what can be a confusing subject and in the preparation of this guide.

For more information on how to effectively use this guide, just give us a call.

888.854.0007

www.previser.com

Dental Coding for PreViser™ Assessments

Developed by Teresa Duncan, M.S. of Odyssey Management, Inc. for PreViser Corporation.

The exam codes detailed in this guide are intended to accurately describe the treatment provided to your patients. These codes were designed to not only provide a guideline for reimbursable procedures but to establish an accepted level of dental care. The use of PreViser's risk and disease assessment technology in your practice not only ensures that you are meeting the standard of care, but will elevate your practice to a level of exceptional care. When discussing PreViser's assessments with your patients, you are communicating with them on a very personal level with information they easily understand.

The codes are clinical in nature but patient understanding of the information contained in these codes is important in establishing a private partnership with your patient with a common goal: optimal oral health. I recommend that your office conduct team meetings to discuss these codes and the accompanying flowcharts. When all team members are clear on the use and purpose of PreViser, implementation will be seamless and easy. Congratulations on your decision to bring PreViser into your practice – your patients are truly fortunate to receive treatment from such a forward-thinking clinician.

Teresa Duncan, M.S.

Odyssey Management, Inc.

www.OdysseyMgmt.com

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Codes Associated With PreViser™ Risk and Disease Analysis

D0150: Comprehensive Oral Evaluation (includes the gathering of diagnostic information such as full mouth probing, charting of existing restorations, intra- and extra-oral hard and soft tissue examination and oral cancer evaluation). To facilitate payment after performing this code, submit a PreViser oral cancer patient report, a caries clinical risk assessment report, and a clinical periodontal risk and disease assessment report with this code. Generally only performed on new patients or patients of record not examined for at least three years.

D0120: Periodic Oral Evaluation (assessment of patient's oral health since the last comprehensive or periodic evaluation) including but not limited to a periodontal and oral cancer screening. For patients with PreViser disease scores of 4+, this code could alternate with an annual comprehensive periodontal evaluation, code D0180.

D0180: Comprehensive Periodontal Evaluation (indicated for patients at risk for periodontal disease or for those with current signs or symptoms, as evidenced by a PreViser periodontal disease score of 4+). The code can include evaluation of occlusal relationships, periodontal probing, charting of missing or restored teeth and an oral cancer evaluation. To facilitate payment after performing this code, submit the PreViser periodontal risk and disease assessment clinical report with your claim. Note that this procedure includes periodontal probing, not just screening.

D9310: Consultation Specialists should use this when a patient has been referred by a general dentist for assessment of periodontal disease. Submit a clinical report from a PreViser periodontal risk and disease assessment with this code.

**These codes may be subject to contract limitations. Plans typically reimburse 2 examinations per year. Some plans restrict exam payment to once every six months. Check your patient's benefit booklet for specific language regarding frequency limitations or exclusions. If a code is not specifically excluded then resubmit the claim with a narrative and the clinical copy of the patient's PreViser assessment.*

Frequently Asked Questions

QUESTION: Our office has never billed for periodontal exam code D0180. Is this code only for specialist use? How is it different from comprehensive exam code D0150?

ANSWER: Any dentist can bill code D0180 – it is not specialty-specific. The criteria of the code must be met however: a full periodontal exam must be performed in the presence of signs or symptoms of periodontal disease. If the patient exhibits a PreViser periodontal disease score of 4+, the patient has definitively exhibited these signs and symptoms and the examination that generates this score is appropriately billed out as a D0180. This is what distinguishes code D0180 from D0150. A new patient without periodontal symptoms would not be coded as D0180 unless the clinician feels that the patient is at risk due to other conditions.* It can also include charting of missing teeth, caries and an oral cancer evaluation. In essence, D0180 incorporates all elements of a comprehensive exam but with an added focus on periodontal evaluation.

Frequently Asked Questions *Continued*

Most carriers will reimburse D0180 subject to exam frequency limitations. For patients with a history of periodontal treatment, many offices evaluate periodontal health regularly. If you generate a PreViser periodontal risk and disease assessment on a patient, you are - by definition - performing a complete periodontal evaluation including probing and consideration of risk factors. Therefore it is appropriate to bill code D0180 instead of D0120. Be advised however that some carriers will reimburse D0180 at the periodic exam fee allowance and some carriers may not reimburse for D0180 more than one time per year.

**Medical conditions such as diabetes, heart disease, cancer or the patient's history of smoking can affect a person's risk for periodontal disease. Certain prescription medications can increase risk for periodontal disease. All of these factors should be included on the D0180 narrative.*

QUESTION: Can I bill a comprehensive exam D0150 for a long-time patient?

ANSWER: Possibly – since a patient's oral health changes over time, it can be appropriate to perform a more detailed and lengthy oral examination even though your patient has been under your continuous care. Many offices have treatment guidelines that call for patients to undergo a comprehensive examination every two to three years that is similar to a new patient evaluation. If a patient has had any significant medical changes, a comprehensive exam is also indicated. Medical conditions such as diabetes, heart disease or eating disorders can greatly impact oral health in a short period of time. Certain prescription drugs can cause changes in oral health. For patients in these categories, it is appropriate to perform a comprehensive examination. The narrative should note the patient's medical changes. Provide a copy of the clinical report for a PreViser assessment for periodontal disease and caries, as well as a patient oral cancer report with your claim to facilitate payment.

QUESTION: On a recent explanation of benefits, our code for D0180 was changed to code D0120. How can they do this?

ANSWER: You may have come across the "alternate benefit" clause of a patient's contract. The insurance company is usually not denying the charge of D0180 – they are replacing the code with a periodic exam which may be the only exam code reimbursable under the patient's plan. The patient's contract with the insurance company may specifically exclude code D0180 and so the code was replaced with another exam code. Unfortunately, the allowable amount for a periodic exam (D0120) is usually lower than the cost of a periodontal exam (D0180). The patient typically is responsible for the remaining balance. **If you find that code D0180 is denied and not replaced with an alternate exam, or you feel that the D0180 code was improperly denied, we recommend that you appeal the claim. Generally when a PreViser clinical report establishing periodontitis is attached, these claims will be paid. If not, resubmit with the PreViser clinical report along with a narrative indicating that you spent additional time gathering risk assessment data and explaining your findings to the patient. A sample narrative is available from PreViser by request. Circle or highlight the patient's scores for both risk and disease state.

***For offices that have contracted with preferred provider organizations (PPOs) or dental maintenance organizations (DMOs), refer to your provider manual for specific limitations. Your contract may require you to write off the patient portion of an exam fee.*

Frequently Asked Questions *Continued*

QUESTION: How often can I code for D0180?

ANSWER: When you provide the services described under the code you can bill D0180, generally once per year, for patients with PreViser disease scores of 4+. Individual insurance companies may have different policies regarding how they process D0180 for payment. While not typical, some reported insurance carrier limitations on reimbursement for this code have included:

- Conversion to code D0120 for processing purposes
- Limitation of reimbursement for D0180 to once every 24 months rather than every 12 months
- Request for additional narratives

Most of these limitations appear at this time to be resolved when the PreViser clinical report is attached to the initial claim simply because the report so clearly demonstrates that the code requirement was met.

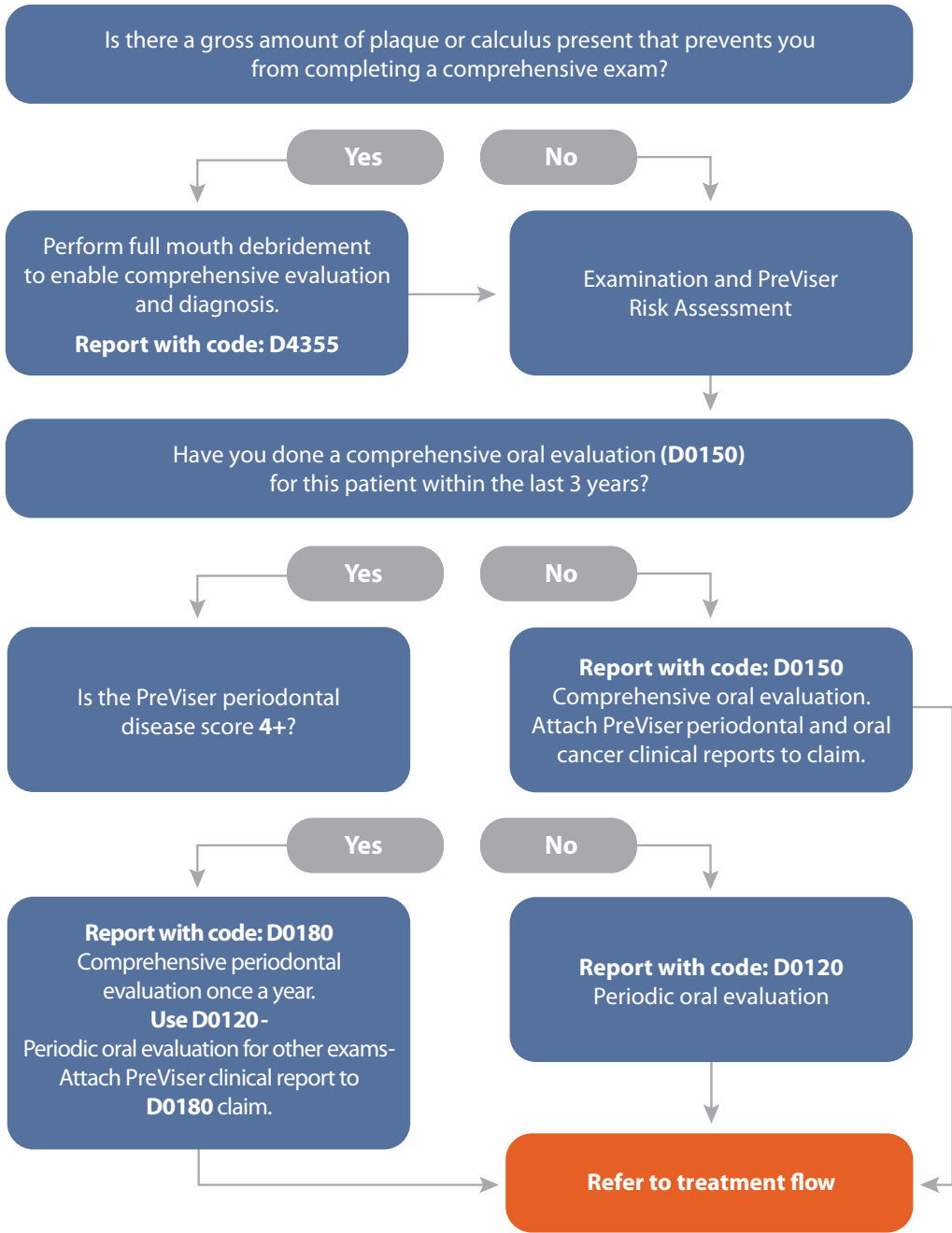
QUESTION: Is it appropriate to alternate between a prophylaxis (D1110) and periodontal maintenance code (D4910)?

ANSWER: No. If the patient has undergone scaling and root planing (either by quadrant or by specific sites), he or she is now considered to be a periodontal patient. Any soft tissue therapy (including periodontal maintenance visits) is now considered to be part of periodontal disease management, and should be billed for reimbursement as code D4910. Code D1110 is intended for patients that have not been diagnosed with periodontal disease. For dentists using PreViser, this will be all patients with a periodontal disease score of 3 or less. Some patients may ask you to alternate between the two codes but this is not clinically possible. You cannot provide a preventive cleaning on tissue that is already in a disease state. The ideal time to educate the patient about the use of code D4910 and what it means is at the scaling and root planing visit. Coverage for this code is usually provided at the basic level (typically 80%) after application of the deductible. However many plans are waiving the deductible for this procedure code – we expect this trend to continue. In the event that a patient's plan limits the number of D4910 codes allowable in a single year to fewer than your recommended recare frequency, submit for D4910 regardless. Some plans may reprocess the code as D1110 so that they may determine available benefits. This does not make it correct – it is simply the way the plan chooses to process the claim.

QUESTION: Can we ask for reimbursement under code D0180 when we perform a PreViser screening on an existing patient of record?

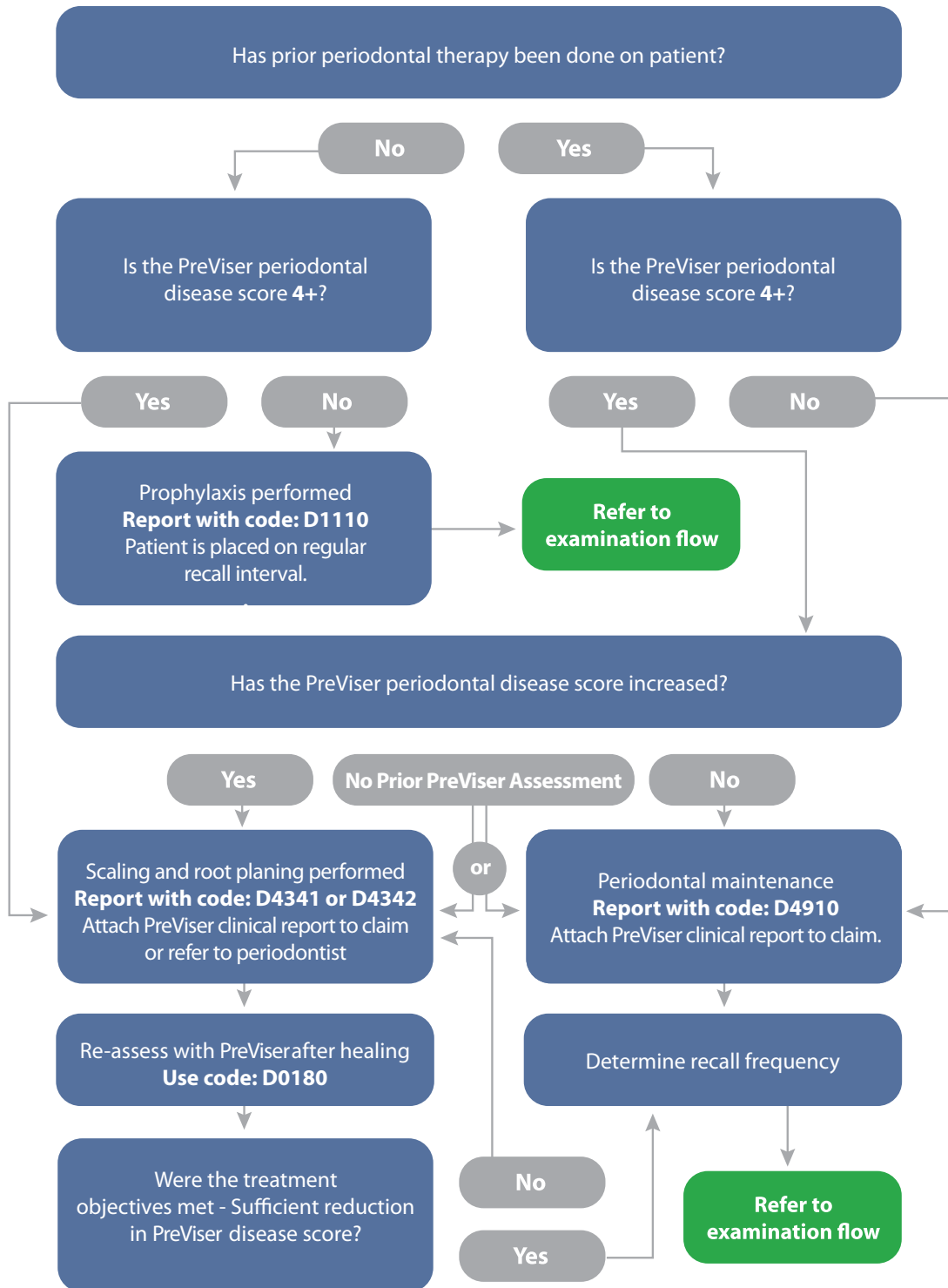
ANSWER: Yes. We recommend that you perform PreViser assessments on all patients – existing and new. If the assessment is done during a periodic exam and the patient's scores show an increased risk for periodontal disease (PreViser risk score of 3+), or the existence of periodontal disease (PreViser disease score of 4+), we encourage you to submit for a comprehensive periodontal evaluation (D0180). Attach the clinical copy of the PreViser periodontal risk and disease assessment to the claim form. Circle or highlight the patient's scores for both risk and disease state.

Examination of Patient, New or Existing



Disclaimer: This information has been provided to your practice as a guideline. Clinicians are advised to code only for provided services. Benefit allowances and insurance coverage should not be considered when recommending treatment to patients.

Treatment of New or Existing Patient



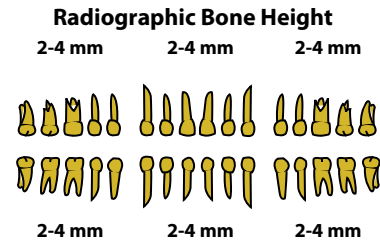
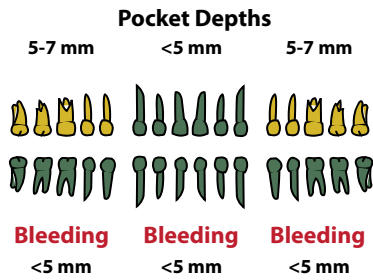
CLINICAL REPORT: PERIODONTAL RISK AND DISEASE ASSESSMENT

PREPARED BY:

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 Phone: 360.941.4715
 Email: calf@previser.com
 Exam Date: 3/7/2008

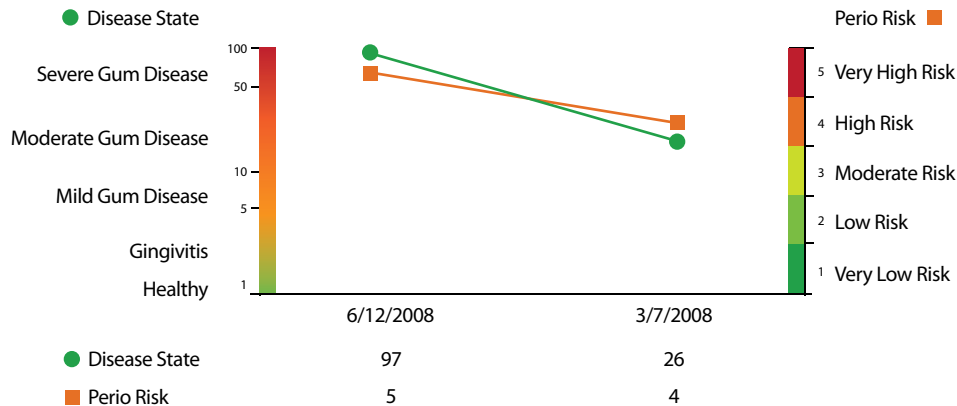
PREPARED FOR:

James Testpatient
 Age: 42
 Risk Assessment ID: 96981ed7-259o-4fa1-9cb9-fd9oed880f2c
 PreViser Patient ID: E879D7F6-7D05-4ED9-A2F4-F4AEA44CE902



Risk Score **4**
Disease State **26**
Generalized mild to moderate periodontitis

What Changed?



Active intervention

- Generally Most Effective
- May Be Most Effective
- Less Likely to be Most Effective

Reduce pockets 5-7 mm



Pockets in the 5-7 mm depth range cannot be cleaned with a toothbrush and floss, and professional tooth cleaning tools don't always reach the bottom of the pocket. Incomplete removal of plaque and calculus results in deeper pockets and tooth loss.

- SRP with adjunctive therapy as indicated unless not expected to be effective
- Surgery when SRP with adjunctive therapy as indicated is not or is not expected to be effective
 - Osseous Surgery
 - Gingival Flap Surgery
 - Regenerative Therapy (special circumstances)
- Extraction (special circumstances)
- Prophy or maintenance without SRP or surgery
- Medicaments alone (special circumstances)
 - Locally Applied Anti-microbials
 - Systemic Antibiotics
 - Host Modulators