

PRACTICAL CLINICAL COURSES

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Career Development Program

V4783

Top Insurance Coding Strategies

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Sources of Products Discussed in

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Presented by: Charles Blair, DDS & Gordon J. Christensen, DDS, MSD, PhD

1. **Administration with Confidence: The "Go To" Guide for Insurance Administration (Book)**
Practical Clinical Courses
3707 N. Canyon Rd, Ste 3D
Provo, UT 84604
(800)223-6569
(801)226-6569
www.pccdental.com/products/insurance-coding-manuals/
2. **Arestin by OraPharma**
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3. **Caries Risk Assessment Form**
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3M Center
Building 275-02-SE-03
St. Paul, MN 55144
(800)634-2249
(651)575-5144
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4. **CDT Coding Companion: Help Guide for the Dental Team (Book)**
American Dental Association
211 East Chicago Avenue
Chicago, IL 60611-2678
(312)440-2500
www.ada.org
5. **Coding with Confidence: The "Go To" Dental Coding Guide (Book)**
Practical Clinical Courses
3707 N. Canyon Rd, Ste 3D
Provo, UT 84604
(800)223-6569
(801)226-6569
www.pccdental.com/products/insurance-coding-manuals/
6. **Medical Dental Cross Coding with Confidence (Book)**
Practical Clinical Courses
3707 N. Canyon Rd, Ste 3D
Provo, UT 84604
(800)223-6569
(801)226-6569
www.pccdental.com/products/insurance-coding-manuals/

Product names, the products themselves, and company names change rapidly. Please contact the companies shown to confirm current information.

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PROGRAM

V4783 Top Insurance Coding Strategies

CLINICIANS RESPONSIBLE:

Charles Blair, DDS

CEO, Dr. Charles Blair & Associates, Inc.
Dentistry's Leading Authority on Insurance Coding
Author of Several Publications on Coding

Gordon J. Christensen, DDS, MSD, PhD

CEO, Practical Clinical Courses
CEO, CR Foundation
Practicing Prosthodontist, Provo, Utah

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss the importance of knowing the correct codes for dental procedures.
2. Discuss the frequency of code additions and changes.
3. Identify and discuss the several codes for exams.
4. Define palliative code and what types of procedures can be coded with this code.
5. Discuss when a narrative should accompany your claim.
6. State how many words are maximum for a narrative on a claim.
7. Define a "stand-alone" code.
8. Define the "dirty-mouth" code.
9. Discuss fluoride application codes, the frequency of use, and the age limitations.
10. Discuss caries assessment codes and the chance of payment for this procedure.
11. Define the characteristics necessary in the prep for an onlay code.
12. Define the characteristics of tooth structure present to qualify for a build-up code.
13. Discuss the scaling and root planing code and what qualifies for it.
14. Discuss the two types of abutment codes.
15. Discuss the different codes for crowns that are cemented to implants vs. connected to implants.
16. Compare two codes for bone grafting, socket, vs. bone replacement.
17. Discuss the levels of codes for tooth extraction.
18. Define the three codes for occlusal guards.
19. State procedures that can be identified by the non-ionizing diagnostic code.
20. Conclude if your office needs to update and refine coding procedures.

OVERVIEW

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Coding is an everyday procedure in dental offices, and the American Dental Association treatment codes receive additions and changes every year. Dentists and business personnel need to know the most common codes and have access to the constant changes and additions.

The following and other concepts are included in this video presentation:

1. The importance of knowing the correct codes for dental procedures.
2. The frequency of code additions and changes.
3. Codes for exams
4. Palliative code and what types of procedures can be coded with this code.
5. When a narrative should accompany your claim.
6. The word maximum for a narrative on a claim.
7. "Stand-alone" codes
8. The "dirty-mouth" code
9. Fluoride application codes, the frequency of use, and the age limitations.
10. Caries assessment codes and the chance of payment for this procedure.
11. Characteristics necessary in the prep for an onlay code.
12. Characteristics of tooth structure present to qualify for a build-up code.
13. Discuss the scaling and root planing code and what qualifies for it.
14. Types of abutment codes
15. The different codes for crowns that are cemented to implants vs. connected to implants.
16. Bone grafting codes, socket, vs. bone replacement
17. The levels of codes for tooth extraction.
18. The three codes for occlusal guards.
19. Procedures that can be identified by the non-ionizing diagnostic code.
20. And many more coding topics

You should be able to conclude if your office needs to update and refine coding procedures.

REFERENCES

V4783 Top Insurance Coding Strategies

1. Blair, Charles. *CODING WITH CONFIDENCE: THE "GO TO" DENTAL CODING GUIDE*. Belmont: Dr. Charles Blair & Associates, Inc., 2016.
2. Blair, Charles. *ADMINISTRATION WITH CONFIDENCE: THE "GO TO" GUIDE FOR INSURANCE ADMINISTRATION*. Belmont: American Dental Support, LLC, 2016.
3. Blair, Charles. *MEDICAL DENTAL CROSS CODING WITH CONFIDENCE*. Belmont: American Dental Support, LLC, 2016.
4. Bulnes, Christopher; Gordon, Douglas; Hill, Steven; Mihalo, Mark; Pak, Sammy; Riggins, Ronald; Rives, Robert; and Snyder, Steven. *CDT 2017 Coding Companion: Help Guide for the Dental Team*. Chicago: American Dental Association, 2016.

POST-TEST

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1. A “problem focused” exam is:
 - a. always a “Stand-Alone” code.
 - b. subject to 2 per year or 1 per six months rule.
 - c. “not paid with definitive procedure” limitation.
 - d. all of the above.

2. A palliative code:
 - a. does not need a narrative.
 - b. is one of the least reported codes.
 - c. is a major procedure.
 - d. is typically allowed up to 5 times per year.

3. The “dirty-mouth” code:
 - a. is generalized slight gingival inflammation with bone loss.
 - b. does not need documentation with intraoral camera and charting.
 - c. must be followed by prophylaxis in one week.
 - d. none of the above.

4. Some fluoride application limitations are:
 - a. payable only once or twice per year.
 - b. fluoride cannot be in prophylaxis paste.
 - c. payable only up to 16-17-18 years.
 - d. all of the above.

5. The code for a class IV restoration *involving the incisal angle* should be coded as surfaces:
 - a. MIFL or DIFL.
 - b. MI or DI.
 - c. FL.
 - d. any of the above.

6. Criteria for being considered for an onlay code are:
 - a. missing cusps.
 - b. fractured cusps.
 - c. endodontic tooth.
 - d. all of the above.

7. Characteristics necessary for a core build-up are:
 - a. can be coded for any amount of tooth structure missing.
 - b. must be for “retention” of the crown.
 - c. must have 25% or more of the coronal tooth structure missing.
 - d. none of the above.

POST-TEST (CONT'D)

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- 8. Characteristics for quadrant scaling and root planing (SRP D4341) are:
 - a. 4-5 mm pocket depth.
 - b. evidence of bone loss.
 - c. 4 teeth or more (quadrant).
 - d. all of the above.

- 9. Mini implant-supported overdenture procedure:
 - a. has the same overdenture code as conventional-diameter implants.
 - b. considers mini implants to be 1.8 to 2.9 mm in diameter.
 - c. has the same implant placement code as conventional-diameter implants.
 - d. requires 6 implants in an edentulous mandible.

- 10. Occlusal guards:
 - a. have the same code as TMD.
 - b. are for bruxism and perio stabilization only.
 - c. have only one code.
 - d. do not have any code for adjustment of the guard.

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