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DECODING THE CODES:

Pedo Codes

Properly Charging Exams in a Pediatric Dental Practice

by Lilly Cortez-Pona

Pediatric dentists often see many types of exam appointments, including new patients, second opinions, consultations, and early childhood visits. This makes it challenging to know which dental exam code to bill. Incorrect billing of exams can result in lower production and collections through reduced reimbursement from insurance companies.

When incorrect codes are overused, it could potentially alert the insurance companies and result in an audit, which is stressful and time-consuming. To improve production, collections, and your insurance billing system, ensure your team is thoroughly trained on the different types of exam codes and when they are to be charged.

D0120 – Periodic oral evaluation, established patient

The periodic oral evaluation code is one of the most used codes in the dental practice. For existing pediatric patients that are seen regularly, this code should be charged out at each preventive care visit. This exam code would not apply to patients who are coming in for their first visit, an emergency, or consultation.

When you should charge this code:

- An established patient coming in for their scheduled 6-month preventive care visit

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D0140 – Limited oral evaluation, problem-focused

The **D0140** code should be charged to any patient, new or existing, who schedules a visit to focus on one problem area in the mouth. Although there is typically a frequency limitation on this code, it should still be billed when the service is provided, regardless of insurance coverage.

When you should charge this code:

- A new or existing patient who is seen for an emergency visit including pain, bleeding, swelling, or urgent dental care need

D0145 – Oral evaluation for a patient under three years of age and counseling with primary caregiver

Many times, the **D0145** is either underutilized, or offices may not know about it. Typically, a new patient under 3 years of age would be billed the **D0145** code. At each subsequent visit, offices may again charge the **D0145** code or charge out the **D0120** code, depending on the services provided. Keep in mind that insurances may limit the frequency of the **D0145** code so when checking benefits, the front office team member must ask for frequency for this code specifically.

When you should charge this code:

- A new patient under 3 years old who is seen for the first time in the practice
- An existing patient under 3 years old who is returning for their 6-month preventive care visit

D0150 – Comprehensive oral evaluation, new or established patient

The comprehensive oral evaluation code is to be charged to any new patient over the age of 3 at their first visit. This exam code also applies to any existing patient who has not been at the practice for at least three years. Returning to the practice after three years would mean the doctor would need to do a full comprehensive examination on the child and will no longer be considered a periodic exam.

You should charge this code when:

- A new patient over 3 years old is seen in the practice for the first time
- An existing patient reaches 3 years of age and is seen for their 6-month preventive care visit (some insurance may downgrade this to a **D0120**)
- An existing patient has been inactive for at least 3 years (reimbursement for this depends on the specific insurance plan)

D9110 – Palliative treatment of dental pain – minor procedure

D9110 is for palliative care (minor procedures) on emergency visits. **D9110** should be used when performing non-definitive procedures and can only be billed out with x-rays on the same date of service. You cannot use **D9110** in conjunction with definitive procedures such as a filling or extraction. Often, dental offices use code **D0140** for these procedures, which can count against the patient's allowable exam benefit for the year. When used properly, **D9110** could provide higher reimbursement for your services and limit the out-of-pocket expense for your patient. When checking benefits, be sure to ask how this procedure is covered as some insurances may consider this a basic service, and the deductible may apply. Many insurance companies may require a narrative when reporting **D9110**.

You should charge this code when:

- A patient reports to the office with dental pain. An x-ray may or may not be taken, and no definitive treatment is needed. For example, it might include smoothing a sharp corner of a tooth, adjusting occlusion for pain relief, desensitizing a tooth, or aphthous ulcer relief.
- A patient reports to the office with dental pain. An x-ray may or may not be taken, and treatment is scheduled for a later date.

Regardless of insurance company reimbursement, it is important to charge the code specific to the type of exam that was provided. Many times, doctors are influenced by reimbursement rates; charging, or not charging, the correct codes out for any procedure provided is insurance fraud. Even without dental insurance involved, it is not okay to charge the patient for a service not provided. To reduce billing errors, all team members must be trained on dental codes with annual updates to review changes to the CDT dental codes.

** Disclaimer: This information is to be used as a guide and is in no way legal advice. For questions on insurance billing, please contact the insurance company directly.*

***Lilly Cortes-Pona** is the owner and president of LCP Dental Team Coaching, a nationally recognized coaching firm specializing in pediatric dentistry since 1996.*

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Trojan Today provides a forum for industry professionals to offer a diversity of information and to provide ideas and suggestions in the area of dental practice management. These articles are meant to be informative and do not necessarily represent the opinions of Trojan Professional Services, Inc.

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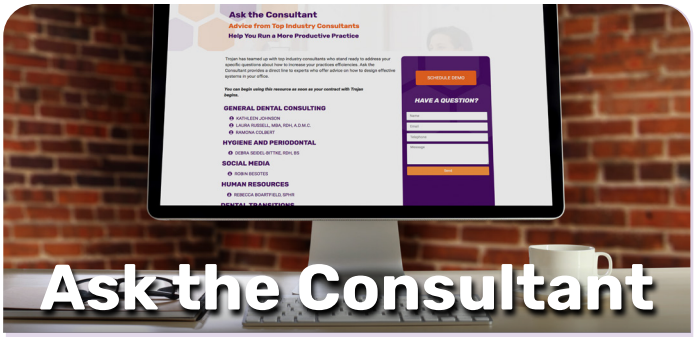


Ask the Consultant

Q: Are we allowed to hold X-rays until account balance is cleared?

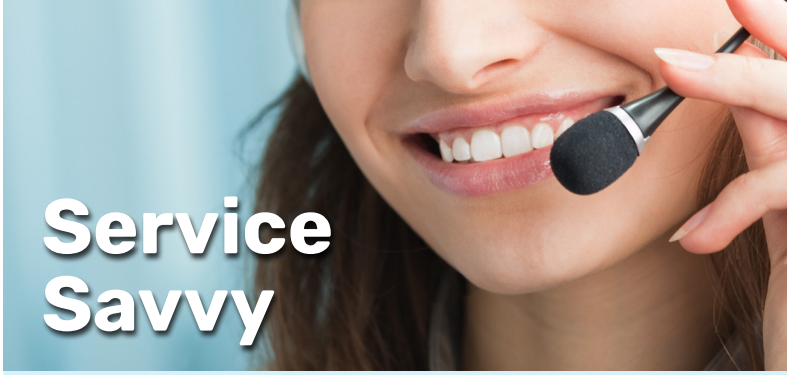
A: You are not allowed to withhold any patient records from a patient, as long as they pay the reasonable copying charges. Patient records belong to the patient, not the doctor.

*Response provided by **Kathleen Johnson,***
President of Kathleen Johnson Consulting, Inc.

Quote-Worthy

"Keep your face always toward the sunshine—and shadows will fall behind you."

—Walt Whitman



Service Savvy

Late Entrant Penalties vs. Group Waiting Periods

A late entrant is a person who did not enroll in the plan on the date they first became eligible for benefits under their employer's plan. Because they enrolled at a later date, in some cases, penalties are placed on their benefits. Trojan does not list late entrant penalties because they are specific to the individual patient. Late entrant penalties may include waiting periods as well as frequency restrictions.

Group waiting periods apply to all employees on the plan regardless of when they enrolled. Trojan plans always contain group benefits, not individual benefits. For this reason, only the group waiting periods are listed on Trojan plans.

Before treatment, it is recommended that you verify any waiting periods for your individual patient. Be sure to ask specifically about Late Entrant Penalties.

If you have any questions or need assistance, please call Trojan's Client Service Department at 800-633-3060. We are available Mon-Thurs, 6:00 AM to 5:00 PM and Friday 6:00 AM to 4:00 PM (PST).

FUN! Fact

The hippo has the longest canine of any animal.

With teeth three feet long, it can bite through boats.

That said, the hippo is primarily a herbivorous creature, feeding mostly on grasses.

"Hippo mouth" by Olivier Brdn is licensed under CC BY 2.0

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Automating Eligibility and Verification with Virtual Assistants

Presented by Christine Taxin and Jodie Pearson

JUNE 11, 2021
10:00 PST / 1:00 EST

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