

# Decoding the Codes

by Ramona Colbert

Do you get confused by the multitude of codes and/or want to expedite payments? There are a few things to know that can make your claims go more smoothly.

Many payers limit evaluations (of any type) to “two evaluations per year/12 months” or “one per six months.” This type of evaluation (**D0140**) is often denied as an “extra” evaluation. There are exceptions to this general rule. Some payers will reimburse a problem focused evaluation (**D0140**) or evaluation with a specialist in addition to the two annual periodic oral evaluation visits per year.

In addition, there are a few plans that allow up to three limited oral evaluations per year. Some plans have no frequency limitations. Sometimes a consultation (**D9310**) is reimbursed for a visit to a specialist in addition to the typical “two oral evaluations per year.” Thus, the reimbursement for **D0140** or **D9310** is highly variable.



Some payers will not reimburse **D0140** in conjunction with a definitive procedure (e.g., extractions, fillings, etc.) on the same service date. For example, the extraction and periapical diagnostic images are typically reimbursed, while **D0140** performed on the same service date may be denied. However, **D0140** is a stand-alone code and may be charged in addition to the clinical procedure provided. If the doctor is out-of-network, the patient can be expected to pay out-of-pocket for the **D0140** evaluation under this scenario.

## Ready for more? Following are a few other tips to help you:

Some offices charge for **D0140** in conjunction with an extraction when the patient is not a patient of record, as the new emergency patient requires additional time and effort to process and set up a chart. This being the case, the office policy and protocol should be consistent for both insured and non-insured patients.

Palliative (**D9110**) and periapical diagnostic images (**D0220/D0230**) go hand-in-hand for emergency evaluations when the situation involves a minor (not definitive) procedure. Conversely, even a single bitewing image reported/billed at the problem focused evaluation (**D0140**) or emergency visit may apply toward the typical “once per year” Bitewing x-ray limitation. See **D0270/D0272/D0273/D0274** for further details. Even so, always report what you do; never change a code for reporting purposes or to gain higher reimbursement.

Pulp vitality test (**D0460**) is a stand-alone code. The UCR fee for **D0460** is often a little less than **D0140**. Some payers limit the benefits to either **D0140** or the pulp vitality test (**D0460**) reported on the same service date. When the “two evaluations per year” are exhausted, **D0460** may possibly be reimbursed on a “stand-alone” basis. See **D0460** for further details on reporting this code on a “stand-alone” basis at the emergency visit.

Consider limiting the use of problem-focused limited oral evaluations (**D0140**), as they often count toward the “one evaluation per six months” or “two evaluations per year/12 months” limitation. Consider reporting palliative treatment of dental pain (**D9110**) along with any necessary periapical radiographic images as an alternative, when a minor procedure is performed to relieve the pain. See **D9110** for comments about the proper usage of the palliative code, **D9110**. **D0140** can always be reported in conjunction with **D9110**, but payers often have limits that apply to the payment of **D0140**.

These guidelines should help you collect, with more skill and intention than prayers for good luck.



**Ramona Colbert** is the founder and CEO of 1 Source Solutions and has more than twenty-five years of dental practice management strategy consulting experience.

**FMI:** [www.1sourcedentalsolutions.com/](http://www.1sourcedentalsolutions.com/) or [info@1sourcedentalsolutions.com](mailto:info@1sourcedentalsolutions.com)



## Ask the Consultant

**Q:** We are a contracted provider with a handful of insurance companies. Sometimes we have to do a procedure where the contracted fee is so low that it hardly covers the lab fees. Is there a way to charge “parts” or “incidentals” to help with fees?

**A:** The doctor has agreed to the network fee in these situations; however, some plans will allow dentists to charge more for enhanced materials or for the use of better laboratories. I recommend the doctor contact these companies to determine if and/or which will allow this and if so, what kind of financial consent is needed from the patient.

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

Check out [trojanonline.com](http://trojanonline.com) for some of our favorite “classic” Trojan Today articles:

6/15 **Positive Resolutions**  
by Linda Miles

6/25 **To Give is to Gain:**  
Unscheduled  
Treatment  
by Phyllis Waite

## Quote-Worthy

“ Do your duty and a little more and the future will take care of itself. ”

— Andrew Carnegie

## Let Your Patients Know!

*Dentists always put good hygiene first. But in these most exceptional of times, it may be appropriate to check the following and notify your patients of extra precautions you're taking towards their health and safety:*

### Specifically, patients may be asked to:

- **Answer screening questions** both before appointment and upon arrival at the office.
- **Wear a face mask** into the office.
- **Wash hands** with soap and water or **use hand sanitizer**.
- Understand waiting rooms will **no longer offer magazines, children's toys, and other items** difficult to clean.
- Understand **fewer scheduling options** for appointments may be available to allow more physical distancing between patients.

*Remember, your patients may be more nervous than ever, so offer up the above with abundant care, concern, and compassion.*



## Service Savvy

### The Magic of Linking!

Do you have Trojan Benefit Service with the ability to attach Trojan Benefit Plans to your patient's coverage table? If you answered yes, you need to know this!

For every Trojan Benefit Plan you link, you stand the chance of those patient insurances and coverage tables being updated without your even knowing it!

#### HERE'S AN EXAMPLE:

Each Trojan Benefit Plan has its very own Trojan Plan Number. Let's say, you have linked Trojan Plan Number 12345 to five of your patients in your practice management system.

#### These five patients all have three things in common:

1. Same employer
  2. Same group/policy number
  3. Same Trojan Plan Number linked to their file in the practice management system
- Next, you or maybe even another Trojan client asks Trojan to update Trojan Plan Number 12345 for just ONE PATIENT.
  - While only ONE PATIENT was researched by Trojan, when you process your update, ALL FIVE OF THOSE PATIENTS WILL BE UPDATED. Same Trojan Plan Number, same employer, different insurance and/or different benefits are populated into the patients' files in your practice management system!

We'd say that's pretty magical!! Each time you process your weekly update, many of your patients are being updated behind the scenes!

#### To make the best use of your time, prioritize the patients for linking in this order:

1. New Patients
2. Patients of Record with new insurance
3. Patients whose coverage hasn't changed.  
(These patients can wait until their insurance has changed.)

Don't forget to link! Take a little time today to save time in the future.

**FMI: To learn how to link properly, please contact Software Support at 800-451-9723, ext. 1. Or, visit [trojanonline.com](http://trojanonline.com) and click on the TRAINING button to schedule a training time to learn the linking process.**

**FUN!**  
**Fact**



**There are more bacteria in the human mouth than there are people on Earth.**

**Check registration websites  
for updates or changes.**

## Seminars



### Dental Team Training Workshops

*Presented by Laura Hatch*

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*Presented by LCP Dental Team Coaching*

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*Presented by Katherine Eitel Belt*

**NOVEMBER 5–6, 2020**  
Sky Room, Trojan Office  
Los Alamitos, CA

*Registration Information coming soon!*



## Meeting Place

*Learn more about your peers!*

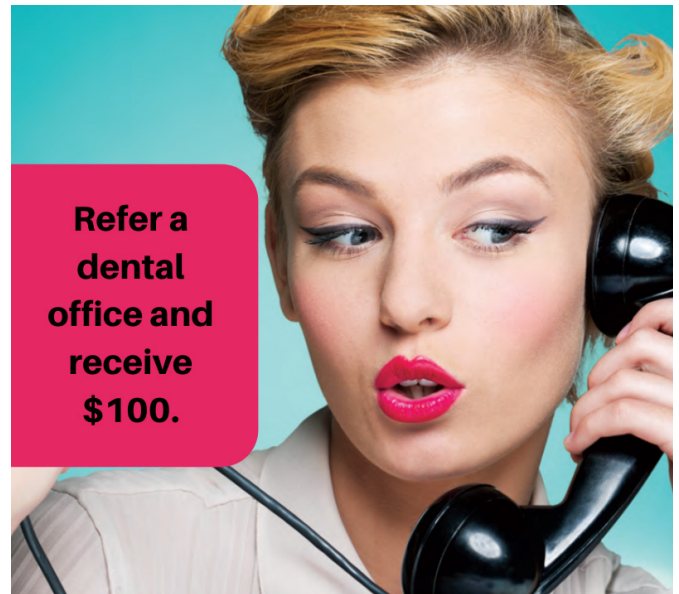
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Educational events near you.

[Click here for more information!](#)

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