

**Book sampler:**

These are sample pages of the book containing front and back cover, table of contents, explanation of legends, sample full mouth debridement (D4355) code, and index

**Charles Blair, D.D.S.**

# **CODING WITH CONFIDENCE:**

**THE “GO TO” DENTAL INSURANCE GUIDE**

**Dramatically Cut Coding Errors  
and Boost Legitimate  
Reimbursement**

**CDT-2013 EDITION**

## TABLE OF CONTENTS

<b>Copyright/Disclaimer/Error Correction Updates</b>	Preface
<b>Table of Contents</b>	Preface
<b>Introduction</b>	1
Why this Manual is Different	1
Philosophy of Publication	1
<b>Coding Compliance</b>	
The Four Levels of Coding Compliance	2
Why Compliance Can Be Painful	3
Surviving an Audit: The Importance of Good Records and Documentation	3
Insurance Issues	4
Why the Insurance Companies “March to a Different Drummer”	4
Don’t Try to “Get Back” at the Insurance Company	4
The Insurance-Independent Practice	5
<b>Coding and Explanations</b>	
The “F” Word (Fraud!)	5
The Importance of Using Current CDT Codes	5
A Simple Guide to Using this Manual to Search for a Given CDT Code	5
<b>New Procedures, Revisions and Deletions for CDT-2013</b>	6
<b>Legends</b>	9
<b>CDT-2013 Codes with Explanations</b>	10
<b>Index</b>	327
<b>Acknowledgments</b>	368
<b>About the Author and Author’s Services</b>	368

- When a patient requires scaling and root planing on two teeth in the same quadrant and prophylaxis on the remaining quadrants, if both D4342 and D1110 are provided on the same day, reimbursement for the prophylaxis is usually denied. Always appeal with an explanation outlining the circumstances and the time involved, D1110 may be reimbursed.

**D4355**

**FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS**

**CDT-2013**

The gross removal of plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. This preliminary procedure does not preclude the need for additional procedures.



The full mouth debridement code (D4355) should not be reported on every new patient, but only as indicated.



- Full mouth debridement (D4355) is justified when the comprehensive oral evaluation (D0150) or comprehensive periodontal evaluation (D0180) *cannot* be performed due to excessive and bulky calculus, heavy plaque, and debris buildup.
- A comprehensive oral evaluation (D0150 or D0180) should follow the full mouth debridement on a subsequent date giving the debrided area sufficient time to heal/react to the D4355 treatment so that an oral evaluation may be performed. The D0150 or D0180 would follow on the subsequent treatment date. D4355 is *ONLY* a paid benefit in 25-33% of contracts when sequenced *perfectly*.
- D4355 is not a definitive treatment. It is *preparatory* in nature. The procedure is performed to prepare the mouth for a subsequent oral evaluation. The patient may or may not be a patient that will require periodontal treatment. *Either* a prophylaxis (D1110), scaling and root planing (D4341/D4342), or referral to a periodontist follows this *preliminary* D4355 procedure.
- Do not report D4355 as a "first visit prophylaxis". This *preliminary* procedure is provided so that a comprehensive oral evaluation (D0150/D0180) and diagnosis may be completed at the second visit. The patient could be *either* a perio or non-perio patient.
- It is inappropriate to report D4355 following periodontal maintenance D4910, unless the patient has been absent from the practice for such a long period that a new oral evaluation cannot be performed due to excessive plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation. D4910 always follows osseous surgery (D4260/D4261) and generally follows periodontal scaling/root planing (D4341/D4342) or gingival flap surgery (D4240 or D4241). See D4342 for a possible exception where prophylaxis (D1110) follows SRP (D4342) in *very limited* circumstances.
- Full mouth debridement is a *full* mouth, four quadrant procedure and should not be reported when treating one or two quadrants.

**COMMENTS** Full mouth debridement is performed when heavy buildup of plaque and calculus makes the completion of a comprehensive oral evaluation (D0150 or D0180) impossible. It is important to note that D4355 is a *preliminary* procedure. A definitive procedure (D1110 or D4341/D4342) will be necessary after the completion of a comprehensive oral evaluation (D0150 or D0180).

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- LIMITATIONS**
1. The *sole* purpose of full mouth debridement (D4355) is to “pave the way” for the oral evaluation by removing the “roadblocks” and to allow for preliminary healing. The roadblocks being: excessive plaque and calculus that interferes with the dentist’s ability to perform a comprehensive oral evaluation. This *preliminary* debridement should be performed *prior* to the *comprehensive* oral evaluation (D0150) or *comprehensive periodontal* evaluation (D0180). If the evaluation *cannot* be completed due to the plaque and calculus buildup, an evaluation should not be submitted on the same service date as D4355. The evaluation would be completed on a *subsequent* date. *Preliminary* data may be gathered and recorded at the first visit. D4355 is not typically reimbursed by payors when submitted on the same service date as a comprehensive oral evaluation (D0150) or comprehensive periodontal evaluation (D0180). Note: A comprehensive oral evaluation (D0150/D0180) may be submitted on the same service date as the D4355 but D4355 will most likely not be reimbursed.
  2. Proper *sequencing* of D4355 is very important for reimbursement. Improper sequencing results in either a *denial* or a “remapping” to a *different* code. For instance, many payors will remap the full mouth debridement (D4355) to a prophylaxis (D1110). In this scenario, when a subsequent prophylaxis (D1110) is submitted, the payor denies reimbursement, stating a prophylaxis within the typical “one per six-month” limitation period has already been reimbursed. If the comprehensive oral evaluation (D0150) or comprehensive periodontal evaluation (D0180) is performed *prior* to full mouth debridement, many payors will convert the D4355 to a prophylaxis (D1110) for reimbursement purposes and limitations apply.
  3. When D4355 is reimbursed, it may be classified as preventive, basic, or major, but most often D4355 is classified as preventive. In some cases, a plan deductible may apply. Plan limitations are highly variable.
  4. When a comprehensive oral evaluation (D0150 or D0180) cannot be performed due to plaque and calculus that interfere with the ability of the dentist to perform a comprehensive oral evaluation, a full mouth debridement and full series or panoramic diagnostic films (optional) are performed at visit #1. A healing period of 14 to 21 days should follow D4355 to allow resolution of the gingival tissue. The comprehensive oral evaluation is then *completed* at visit #2. Generally, diagnostic films (pan or full series) can be taken at the first visit in *conjunction* with the full mouth debridement (D4355) without effecting reimbursement.
  5. Plan limitations regarding frequency of full mouth debridement (D4355) are highly variable. Limitations vary from “once per lifetime” to once per every three to five years.
  6. Some payors will reimburse full mouth debridement (D4355) when reported as D4999. Some payors may reimburse D4355 by “remapping” the service as Palliative (D9110). See TIPS below and also refer to palliative (D9110) for further details.
  7. Under current nomenclature, there is no *alternate* classification code for a *second* prophylaxis or a “difficult” prophylaxis. To report a “difficult” prophylaxis requiring additional time, simply report D1110 at a higher fee. Note that PPO contracts limit reimbursement for D1110 to the contracted fee regardless of the time required to complete a difficult prophylaxis.
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- NARRATIVES**
1. A narrative should be used when reporting D4355. That narrative might read: “Patient has not seen dentist in *three* years. A full mouth debridement is *necessary* for a *subsequent* comprehensive oral evaluation”. The narrative should describe excessive plaque and calculus. The narrative should be specific as to how condition was *preventing* an evaluation. Include photographs and radiographs showing heavy plaque and calculus.
  2. Sequence properly for best reimbursement.
  3. Palliative (D9110) may *possibly* be reimbursed for *partial* mouth debridement under an acute and spontaneous discomfort scenario. If reimbursed, it generally reimburses at a *lower* fee than D4355. The use of the palliative D9110 code may result in payment for non-PPO contracted offices, since the patient pays any balance of the fee. See D9110 for comments.

**FLOW CHARTS**

**Visit #1**

Full mouth debridement (D4355)

**PLUS**

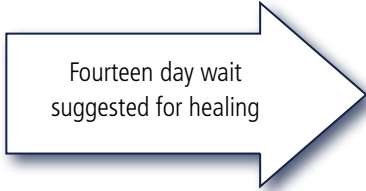
Intraoral - complete series (D0210) (optional at first visit)

**OR**

Panographic film (D0330) (optional at first visit)

Note: At first visit, preliminary oral evaluation data may be gathered but not reported since the comprehensive oral evaluation (D0150 or D0180) is not complete.

**Waiting Period Between Visits**



**Visit #2**

Comprehensive oral evaluation (D0150) or comprehensive oral periodontal evaluation (D0180) would be performed.

**There are three possible scenarios upon the completion of the comprehensive oral evaluation at Visit #2:**

1. A prophylaxis (D1110) is performed.
2. If periodontal problems exist, generally no prophylaxis is performed; fully document and proceed to root planing and scaling (D4341/D4342) for applicable quadrants.
3. Referral to a periodontist to treat a more complex case.

Note: A panographic film on visit #1 and bitewings at visit #2 (different service date) may result in a higher reimbursement than taken on the same service date. See D0330.

Note:

1. If *unable* to perform a comprehensive oral evaluation (D0150/D0180) due to *excessive* buildup of calculus and debris, proceed to a gross debridement to enable comprehensive oral evaluation (D4355).
2. Necessary diagnostic films may be taken on either/both gross debridement (D4355) or comprehensive oral evaluation (D0150/D0180) service dates. For instance, a panoramic film (D0330) on the gross debridement (D4355) service date and four bitewings (D0274) on the subsequent comprehensive oral evaluation (D0150/D0180) date may avoid “remapping” or downcoding to a complete series (D0120), UCR fee.
3. The comprehensive oral evaluation (D0150 or D0180) should follow gross debridement (D4355) on a *subsequent* service date, with a suggested interval of fourteen days or more for healing. Reimbursement for D4355 is only available from about 25% – 30% of insurance contracts, so inform the patient of potential responsibility for out-of-pocket costs. See also palliative D9110 as a possible alternative if the patient has discomfort.

**D4381 REVISED LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH CDT-2013**

FDA approved subgingival delivery devices containing antimicrobial medication(s) are inserted into periodontal pockets to suppress the pathogenic microbiota. These devices slowly release the pharmacological agents so they can remain at the intended site of action in a therapeutic concentration for a sufficient length of time.



1. Do not report D4381 to describe the use of Perio Protect Trays®. D4381 reports the *localized* delivery of antimicrobial agents into the periodontal pocket. The Perio Protect Trays® method utilizes custom trays to facilitate the delivery of antimicrobials to the *entire* upper and lower arch. Use D9999 to report Perio Protect Trays®.
2. Do *not* use D4381 to report chlorhexidine or other irrigation. There is no code to report irrigation. See D4999.

D4381

# INDEX

A	Code	Page
<b>Abscess, incision and drainage, all types</b>	<b>D7510-D7521</b>	<b>272-273</b>
<b>Abutments</b>		
Custom abutment (implant) - includes placement	<b>D6057</b>	<b>204</b>
Interim abutment (implant) - includes placement	<b>D6051 (includes removal)</b>	<b>205</b>
Locator abutment (implants) - includes placement	<b>D6056 or D5862</b>	<b>203/187</b>
Place abutment (previously deleted)	<b>D6020 (previously deleted)</b>	<b>199</b>
Prefabricated abutment (implant) - includes placement	<b>D6056</b>	<b>203</b>
Retainers (bridgework)	<b>D6545-D6795</b>	<b>228-245</b>
Retainers for resin bonded "Maryland Bridge"	<b>D6545/D6548</b>	<b>228/229</b>
Retainers (implant/abutment supported bridgework)	<b>D6068-D6074; D6194</b>	<b>213-216; 217</b>
<b>Accession of tissue</b>	<b>D0472-D0480; D0486</b>	<b>42-42; 46</b>
<b>Access closure (after endodontic treatment)</b>		
Direct restoration (endodontic access closure)	<b>D2140/D2330/D2391</b>	<b>55/58/63</b>
<b>Accident</b>		
Avulsed tooth	<b>D7270</b>	<b>256</b>
Displaced tooth	<b>D7270/D7670</b>	<b>256/257</b>
Evlused tooth	<b>D7270</b>	<b>256</b>
Palliative (emergency) treatment (minor procedure)	<b>D9110</b>	<b>301</b>
Problem focused evaluation (exam)	<b>D0140</b>	<b>11</b>
Re-evaluation (follow-up) limited evaluation	<b>D0170 (should follow D0120/D0140/D0150/D0180)</b>	<b>17</b>
Suture lip/other (small wound)	<b>D7910-D7912</b>	<b>280-281</b>
<b>Acid etch, integral to direct resin procedure</b>	<b>No separate code</b>	
<b>Acrylic hard splint</b>		
Occlusal guard	<b>D9940</b>	<b>318</b>
Occlusal orthotic device	<b>D7880</b>	<b>279</b>
<b>Acrylic (resin) partial (long-lasting, not temporary)</b>	<b>D5211/D5212</b>	<b>163/164</b>
<b>Acrylic (resin) partial (temporary flipper)</b>	<b>D5820/D5821</b>	<b>183/184</b>
<b>Acute pain relief</b>		
Palliative (emergency) treatment (minor procedure)	<b>D9110</b>	<b>301</b>
Problem focused (emergency) evaluation (exam)	<b>D0140</b>	<b>11</b>
Pulpal debridement (open prior to endodontic treatment visit)	<b>D3221</b>	<b>104</b>
Pulpotomy (primary tooth generally)	<b>D3220</b>	<b>103</b>
Sedative filling now termed "protective restoration"	<b>D2940</b>	<b>91</b>
<b>Adhesives, bonding agents</b>	<b>No separate code</b>	
<b>Adjunctive General Services</b>	<b>D9000-D9999</b>	<b>301-325</b>
<b>Adjunctive pre-diagnostic test (cancer screening) ViziLite®/VELscope™/ Microlux DL, Identafi® 3000</b>	<b>D0431</b>	<b>40</b>
<b>Adjustments</b>		
Complete occlusal adjustment (includes multiple visits)	<b>D9952</b>	<b>321</b>



Dr. Charles Blair, a former successful practicing dentist provides consulting services to the dental profession on a full-time basis with Dr. Charles Blair & Associates, Inc., in Belmont, North Carolina. A graduate of Erskine College, he earned his Doctorate at the University of North Carolina at Chapel Hill. Dr. Blair holds degrees in Accounting, Business Administration, Mathematics and Dental Surgery. An author, he has previously written or co-authored five books and numerous articles.

In this publication, Dr. Blair continues the use and application of **Predictive Error Correction<sup>SM</sup>** technology – a simple and easy-to-follow system. Dr. Blair developed **Predictive Error Correction<sup>SM</sup>** technology as the end result of the clinical protocol, code reporting, clinical procedure count and fee analysis of thousands of dental practices across the country. His analysis also included personal interviews with thousands of doctors and office staff, providing him the insight to develop this invaluable manual. It is designed to predict typical coding errors and to discover misuse and other common coding mistakes made by the mainstream dental practice.

Dr. Blair is a nationally-recognized speaker for national, state and local dental groups, study clubs and other organizations. He offers leading edge presentations in the business/finance arena of dentistry, and has assisted over 4,000 practices across the country increase their profitability through his highly-regarded **Revenue Enhancement Program, as well as other consulting programs**. For more information on his services and speaking availability please visit [www.practicebooster.com](http://www.practicebooster.com) or call (866) 858-7596.

This manual may be purchased in quantity as a gift to referring doctors and for wholesale purposes. For more information contact us at (866) 858-7596.



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