

# Diagnostic Codes in Dentistry

## Third-party payer perspective

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# Health Insurance Portability & Accountability Act of 1996 (HIPAA)

- CMS regulations as defined by HIPAA defines standardized claim sets for electronic claims transactions and code maintenance organizations
- HIPAA
  - defines covered entities
  - adopts standard transactions for Electronic Data Interchange (EDI) of health care data.
  - adopts specific code sets for diagnoses and procedures to be used in all transactions.
- As of October 1<sup>st</sup>, 2015 ICD-10-CM and ICD-10-PCS officially replaced ICD-9-CM volumes 1, 2 &3 as the diagnostic code set for all electronic claims transactions.



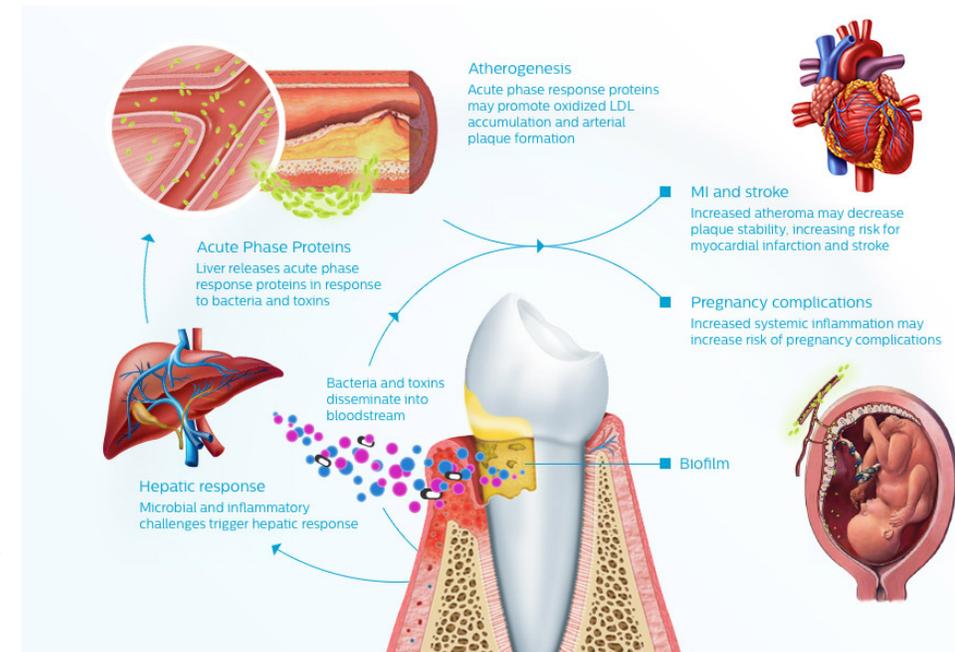
# Required use of diagnostic codes for dental claims

*Mandate includes the requirement of submitting dental diagnoses under certain situations on the electronic dental claim (HIPAA Transaction 837D, V5010)*

“Required when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient’s oral and systemic health conditions. If not required by this implementation guide, do not send.”

# Oral- systemic interactions and enhanced dental benefits

- Dental insurance payers adopt enhanced dental benefits based on a member's medical diagnosis
- Diagnostic codes (ICD-10-CM codes) facilitate claims adjudication.
- Requires dental provider to be familiar with ICD-10-CM codes that represent a patient's medical diagnosis as well as their dental diagnosis.



# When to use ICD-10 codes

- Payers need to define when and under what circumstances, providers will need to submit diagnosis codes
- Common interpretation of when provider diagnosis codes will be required for submission is when patients have enhanced benefit coverage for dental services due to oral health risks associated with certain systemic health conditions

# ICD – 10 medical and dental codes

- Both medical and dental diagnosis codes are combined and found within the ICD-10-CM code set
- Within ICD-10-CM, dental codes are found mostly in Chapter 11, Diseases of the Digestive System (K00-K95)
- Additional relevant codes in other chapters

# Examples of dental ICD-10 codes

- Dental caries K02
  - K02.0 Caries limited to enamel
  - K02.1 Caries of dentine
  - K02.2 Caries of cementum
  - K02.3 Arrested dental caries
  - K02.9 Dental caries, unspecified
- Gingivitis and periodontal diseases K05
  - K05.0 Acute gingivitis
  - K05.1 Chronic gingivitis
  - K05.2 Acute Periodontitis ( includes acute pericoronitis)
  - K05.3 Chronic Periodontitis ( includes chronic pericoronitis)
  - K05.4 Periodontosis (juvenile)

ADA American Dental Association® Dental Claim Form

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
 Statement of Actual Services     Request for Pretermination/Preauthorization  
 EPDGT / Title XIX

2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code

**POLICYHOLDER/SUBSCRIBER INFORMATION** (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)    14. Gender  M  F    15. Policyholder/Subscriber ID (GBN or ID#)

16. Plan/Group Number    17. Employer Name

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental?  Medical?  (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

**PATIENT INFORMATION**

18. Relationship to Policyholder/Subscriber in #12 Above    19. Reserved For Future Use

RECORD OF SERVICES PROVIDED																																										
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee																																
1	10/01/2015					4910	B	1	Periodontal Maintenance	\$140.00																																
2	10/01/2015					0120	B	1	Periodic exam	\$45.00																																
3																																										
4																																										
5																																										
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7																																										
8																																										
9																																										
10																																										
33. Missing Teeth Information (Place an "X" on each missing tooth.)						34. Diagnosis Code List Qualifier <b>A B</b> (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)																																	
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	34a. Diagnosis Code(s) (Primary diagnosis in "A") <b>A K05.3</b> C <b>B E11.9</b> D			32. Total Fee	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																											
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																											
									\$185.00																																	
35. Remarks																																										

ICD-10 codes

K05.30 - Chronic periodontitis

E11.9 - Type 2 diabetes mellitus without complications

**APPROPRIATE TO THE BELOW NAMED DENTIST OR DENTAL ENTITY.**

X  
Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI    50. License Number    51. GSN or TIN

52. Phone Number    52a. Additional Provider ID    57. Phone Number    58. Additional Provider ID

45. Treatment Resulting from  
 Occupational illness/injury     Auto accident     Other accident

46. Date of Accident (MM/DD/CCYY)    47. Auto Accident State

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X  
Signed (Treating Dentist) \_\_\_\_\_ Date \_\_\_\_\_

54. NPI    55. License Number

56. Address, City, State, Zip Code    56a. Provider Specialty Code



# Summary

- Some commercial payers, based on the plan design, may require ICD-10 diagnostic codes in order to adjudicate the claim correctly.
- Some Medicaid Programs' dental benefits may also require an ICD-10 diagnosis code for adjudication and proper payment.
- Providers who are not prepared and familiar with using ICD-10 dental diagnosis codes on their claims may start to see their payments affected in both the commercial and Medicare/Medicaid world.

**“When you come to a fork in  
the road, take it!”**

**- Yogi Berra**

**Questions?**

# More value with diagnostic codes

- Improve patient safety and outcomes
  - Identify complications of care – can then develop initiatives to prevent these complications
- Greater potential to reduce costs of care
- The ICD-10 codes are not only used as medical/dental insurance codes, but to identify and track health care trends and disease threats. They also provide a means of evaluating the use of new procedures and technologies used.
- Accurate reporting, recording, of and timely explanation of the patient's diagnosis (health problem) facilitates communication with patient and payer.

# Provider benefits from use of diagnostic codes

- Easier claims adjudication
- Enhance quality of care by:
  - Track information on the types and range of conditions encountered in the practice
  - Track clinical outcomes and monitor best practices
  - Enhance patient communication
- Improved patient care through data analysis and reports from computerized electronic health record

# Benefits of diagnostic code utilization

- Automated adjudication (enhanced benefits)
- Potential for reducing claim attachments
- Documentation of patient complexity and levels of care, thereby supporting reimbursement, and reducing the burden of dental treatment prior authorization
- Enables storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes
- To capture clinical data to support public health activities, development of evidence-based benefits plans and to support efforts for increased funding
- Better identify instances of waste, abuse and fraud
- Enriched diagnostic information; eliminates current guesswork from procedure codes
- Classifies diseases and other health problems
- Tracking of illness and its severity over time