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   Director of Orthodontics

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Missouri College opens free hygiene clinic

By Fred Michmershuizen, Online Editor

Missouri College, located in St. Louis, has opened a new dental hygiene clinic offering services to the public at no charge. Dental hygiene students, supervised by dentists on staff, now provide patients with a range of dental services, including X-rays, gum treatments, teeth cleaning and fluoride treatments for adults and children.

According to an official from the college, the free services come at a welcome time, with rising unemployment and a lack of medical and dental insurance creating a financial hardship for many people.

“We are encouraging people to make appointments now for themselves and their children,” said Hubert Benitez, DDS, director of the dental hygiene program at Missouri College, in a press release announcing the opening of the clinic.

“Our dental hygiene students have been preparing for this work since they began their studies in March 2009. They have followed a rigorous program and have been building their skills preparing themselves to begin serving the public,” Benitez said.

The dental hygiene student will perform an examination, and prepare and implement a treatment plan, while instructors examine, review and oversee the dental hygiene student’s work.

The clinic will offer the following services, free of charge: intraoral and extraoral radiographs; risk assessments; vital signs monitoring (blood pressure, heart rate, temperature); periodontal treatments, including calculus detection, periodontal scaling, root (planing) debridement, ultrasonic scaling; fluoride therapy; pit and fissure sealants; coronal polishing and dental prophylaxis maintenance; health education and preventive services; nutrition advising; and oral cancer screening.

Patients whom the hygienist and dentist identify as needing additional dental services, such as fillings or crowns, are being referred to area dentists.

While the new clinic is open to the community at large, Benitez

Your contribution to keeping chairs filled

How a dental-medical cross-coding system can make a difference in your practice

By Marianne Harper

It’s no news to you that the economy has affected dentistry. While following posts on Amysrdistlist.com and other networking sites, all too often we read of dentists reducing staff or hours due to decreased levels of case acceptance in their practices and, at the same time, an increase in the number of broken and canceled appointments.

In these difficult times we need to find ways to get patients to “say yes” to proposed treatment in order to keep the patient chairs full and the hygiene stools occupied.

One unique way to accomplish this is to implement a dental-medical cross-coding system in your practice.

You might be wondering what a dental-medical cross-coding system is and why hygienists should be interested in it. Allow me to explain.

Dental-medical cross coding is the process of submitting medically necessary dental procedures to medical insurance carriers. There are multiple definitions available, but the following sums it up well.

Medically necessary services are those that are required to:
• diagnose or prevent an illness, injury or condition;
• treat an illness, injury or condition;
• keep a condition from getting worse;
• lessen pain or severity of the condition;
• help improve the condition.

A medically necessary dental procedure is one that is performed because the patient has a dental condition that is affecting the patient’s medical condition, or vice versa, and applies to one of the categories listed above.

The types of procedures that are known to fall within a dentist’s scope of practice that can be billed medically can be seen in Figure 1.

Many dental practices are already performing these procedures routinely and do not realize that they can be submitted to their patients’ medical plans. You can be instrumental in putting an end to that.

Advantages for medical filing

What are the advantages of filing with medical plans? The biggest part of that answer is the financial aspect. When patients realize that they may be able to obtain additional insurance benefits for these procedures from their medical plans, there will be a definite increase in

Procedures known to fall within a dentist’s scope of practice

<table>
<thead>
<tr>
<th>TMD procedures</th>
<th>Sleep apnea appliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental trauma procedures</td>
<td>Oral cancer screening</td>
</tr>
<tr>
<td>Periodontal and oral surgery procedures performed when the patient is dentally or medically compromised</td>
<td></td>
</tr>
</tbody>
</table>

Exams and radiographs relating to any of these conditions and procedures

<table>
<thead>
<tr>
<th>Salivary tests such as:</th>
<th>Blood tests such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MyPerioPath</td>
<td>• HbA1c</td>
</tr>
<tr>
<td>• MyPerioID PST</td>
<td>• Cardio C-creative protein test</td>
</tr>
<tr>
<td>• BANA</td>
<td></td>
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<tr>
<td>• Ivoclar CRT bufer and bacteria tests</td>
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<tr>
<td>• Saliva-Check Buffer Kit</td>
<td></td>
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<tr>
<td>• GC Plaque Indicator Kit</td>
<td></td>
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<tr>
<td>• Saliva Check Mutans Chairside Caries Risk Assessment</td>
<td></td>
</tr>
</tbody>
</table>

Fig. 1

Blood tests such as:
- HbA1c
- Cardio C-creative protein test

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Patients whom the hygienist and dentist identify as needing additional dental services, such as fillings or crowns, are being referred to area dentists.

While the new clinic is open to the community at large, Benitez
Dear Reader,

With the close of 2009, a new decade is upon us. One of my daughter’s friends, Sam, recently posted on a social networking Web site that he is beginning his fourth decade of life. He is 23. It took me a while to figure out what he was talking about.

What he was referring to is that he has experienced some of the ‘80s, ‘90s and 2000s so now he will be talking about. Decades are coming and going. Viewing time as Sam does puts me into my fifth decade of experiencing dentistry.

When I think about dentistry in the last five decades, it is simply amazing to me how daily tasks in the dental office are so different than they were some 45 years ago.

In the early 1960s, dentistry was performed standing up. Instruments were not routinely autoclaved. Use of gloves and masks were not routine. As time goes by, things change. Without change, there is no improvement.

Take a look around your hygiene operatory and review hygiene protocols. Make adjustments where necessary to bring your hygiene department into the 2010s.

Develop a plan that will ensure the department is up to date within a certain amount of time.

Although our patients may be wearing retro clothing, they will not tolerate an office that is practicing dental hygiene from the 1960s.

Best Regards,

Angie Stone, RDH, BS

Survey finds hygienist among best jobs in 2010

By Daniel Zimmermann, Group Editor DTI

Dental hygienists are in position No. 10 among the top 10 jobs in 2010, a new survey has found.

According to CareerCast.com, a job search site based in Carlsbad, Calif., hiring outlooks for dental assistants were even better than those for other jobs in the top 10 list, including accountants or computer analysts.

Dental technicians ranked 72 in the survey, while orthodontists ranked 94. The report analyzed 200 jobs in North America based on a set of criteria, such as work environment, income, outlook, stress and physical demands.

According to Tony Lee, publisher of the CareerCast.com 2010 Jobs Rated Report, the jobs that ranked near the top not only pay well, but also have the greatest potential for growth as the economy rebounds.

“Conversely, [the job of] ‘routabout is a difficult and dangerous job working on an oil rig with a salary of about $51,000 per year, high unemployment and a negative outlook for growth, which is why it’s ranked as the nation’s worst job,” explained Lee.

He added that some white-collar jobs didn’t make the top of the list once other aspects of the position were factored in.

“Surgeon, which is the highest-paying job, ranked toward the bottom of the list when you evaluate the profession’s stress levels, physical demands and work environment,” he said.


The dental hygiene clinic at Missouri College offers X-rays, gum treatments, teeth cleaning and fluoride treatments for adults and children.
case acceptance.

When part of the treatment can be covered by medical insurance, then more of the dental yearly maximum can be used for strictly dental procedures.

This of course leads to greater practice revenue and a decrease in the accounts receivable — a win-win situation for all.

Also, let’s not forget that those happy patients will spread the word about how your practice has found ways to obtain additional insurance benefits for them. What a great marketing tool!

The hygienist’s role

More time with the patient. Hygienists actually play a key role in the cross-coding system in their practices. Of all the members of the dental team, hygienists are more likely to have the most one-on-one time with patients.

You have the opportunity to ask the right questions and spot the signs and symptoms of these conditions. By combining your knowledge of the indicators of systemic disease with your clinical findings, you are in the best position to get the ball rolling.

When you suspect that the treatment falls within the dentist’s scope of practice, you can alert the dentist to your findings, thereby initiating the process.

There will be times when only medical intervention is indicated. This will not affect cross coding for those patients, but you will be helping those patients by being proactive and referring the patients to their primary care doctors.

You will be directly affecting their overall health and most likely saving lives. Here again you will have very thankful patients who know that your practice goes the extra mile for them.

Of course, this is another great marketing tool.

Documentation. Your next role in cross coding in your practice will be through your documentation.

Accurate and thorough documentation is of the highest importance with cross coding to medical.

Your documentation must provide the proof of why the procedure(s) needed to be performed. This documentation is needed to determine the diagnosis codes for the procedure(s).

There are some major differences between dental and medical insurance, and one of them is that medical insurance requires the use of diagnosis codes (ICD-9-CM codes).

You must provide the proof in your documentation of the medical necessity.

With regard to specific perio procedures, there are medical conditions that have a proven effect on the mouth, so perio procedures for patients compromised by these conditions can and should be billed medically.

Some examples of these conditions and the documentation needed are shown in Figure 2.

Either a cross-coding manual that cross codes the dental codes to the medical codes or the use of the ADA manuals to determine the appropriate codes (whereby the practice will have to determine the codes on its own) will be needed. Therefore, the documentation must clearly state all of the conditions that prove the medical necessity. This is where mistakes or unclear documentation can cause problems.

Medical claims can be audited if the insurance company believes that medical necessity was not established. It is imperative that you establish this in your documentation. You do not want to risk that your practice will be accused of filing fraudulent claims.

The need to file medically cross-coded claims is already here. I have heard of some dental carriers that are denying certain periodontal and oral surgery procedures stating that they believe the claim should be filed with the medical carrier first.

What will members of your practice do when they receive an explanation of benefits such as this if they do not know how to file medically?

If they don’t know how, will any benefits be obtained?

As you can see, hygienists are in a great position to get the ball rolling, which will help fill those chairs.

You can make a significant difference in your practice by implementing a dental-medical cross-coding system.

Systemic conditions that should appear in your documentation to prove the medical necessity of certain perio procedures:

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Aerostomia</td>
</tr>
<tr>
<td>Cancer</td>
</tr>
<tr>
<td>GERD</td>
</tr>
<tr>
<td>Cardio-Vascular disease</td>
</tr>
</tbody>
</table>

Proven lifestyle habits that affect patients dentally and should appear in your documentation:

<table>
<thead>
<tr>
<th>Habit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
</tr>
<tr>
<td>Other tobacco use</td>
</tr>
<tr>
<td>Eating disorders</td>
</tr>
<tr>
<td>Drug abuse</td>
</tr>
<tr>
<td>Bruxism</td>
</tr>
</tbody>
</table>

Fig. 2

About the author

Marianne Harper is the owner of The Art of Practice Management. Her areas of expertise are revenue and collection systems, front-desk systems and dental-medical cross coding.

Harper speaks across the United States, has been published in dental journals and is the author of “CrossWalking: A Guide Through the CrossWalk of Dental to Medical Coding.”

She is a member of The Academy of Dental Management Consultants (ADMC) and the Speaking Consulting Network (SCN). You may visit her online at www.artofpracticemanagement.com.