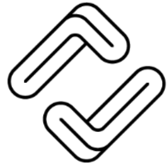

DENTAL CODING / REIMBURSEMENT POLICY

DENTAL RECORD DOCUMENTATION

Policy # D020

Implementation Date: 09/01/22
Review Dates:
Revision Dates:

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

Description

The dental record is a confidential document that describes the dental care given to a patient/subscriber. The documentation is necessary to record applicable subjective and objective observations and findings regarding the patient's history, examinations, diagnostic tests and procedures, treatments and treatment plan, necessary follow-up care, diagnosis, outcomes and/or responses to care. The dental record serves as a formal document and a communication between providers, patients, and the insurance companies.

Commercial Plan Policy

Benefits are payable for services provided to patients according to the terms, limitations, and exclusions of the subscriber/member contract. All services reported must be supported in the medical record.

Incomplete or illegible records can result in denial of payment for services billed to Select Health. Claim payment decisions that result from a dental review of your records are not a reflection on your competence as a healthcare professional or the quality of care you provide to your patients. Specifically, the results are based on review of the documentation received.

For a claim to be valid, there must be sufficient documentation in the member's dental record to verify the service was performed, and the appropriate level of care that was delivered. Reimbursement will not be made for services reported that are not clearly documented in the patient record.

If there is no documentation, then there is no justification for the services or level of care billed. In addition, if there is insufficient documentation on claims that have already been adjudicated by Select Health, reimbursement may be considered as an overpayment, and the funds can be partially or fully recovered.

- This coding and reimbursement policy should be considered a guideline for dental record documentation. However, for the consideration of any level of service or CDT code, dental necessity should be the ultimate guiding factor. If a service is not reasonable and necessary, Select Health will not be held liable for reimbursement for any level of coding documentation submitted may support.

Select Health Dental Records Documentation Standards

Documentation should support the intensity of the patient evaluation and/or treatment, including thought processes and the complexity of medical decision making. The CDT® Code reported on billing forms (paper or electronic) should reflect the documentation in the dental record. If a "not otherwise classified" service/procedure code is reported, a detailed description of the service/procedure performed should be

© 2023 Select Health. All rights reserved.

clearly identified. Since these claims must be clinically reviewed, it would be helpful if the specific reference to this service/procedure were highlighted in the copy of the dental report submitted for review.

- All pertinent documentation must be maintained in the patient's dental record and be made available to Select Health upon request;
- Each billable encounter (procedure or service) should be a stand-alone document organized in a consistent manner;
- Any authorized individual who obtains clinical information (e.g., patient history, telephone calls, prescription refill calls, etc.) or provides clinical care can document the encounter in the patient's dental record;
- Each page of the patient's dental record should contain the patient's legal name, the licensed health care provider's name, and the date of service;
- All entries should be complete and legibly written, legibly signed, and/or initialed by the person making the entry;
- Telephone or verbal conversations concerning a patient's clinical care or dental advice should be documented and filed in the patient's dental record, and should include the date and time of the conversation;
- Telephone orders should be documented in the patient record and should be authenticated (e.g., signature or initial) by the ordering provider;
- The start and end times or total time involved in providing the service/procedure should be documented, if time is a factor in reporting care rendered;
- All documents must be signed by a dentist or clinical staff responsible for supervision;
- Electronic documents must be authenticated and signed in the appropriate manner, as defined by the system used; and
- Authentication and/or signatures may be provided as hard copies or electronically.

<u>Electronic Dental Records/Electronic Health Records</u>

Dental documentation including tools such as templates and "copy/paste" functions are not discouraged if the outcome is a concise, effectively communicated, dentally relevant chart note. However, indiscriminate use of the copy functionality can damage the clinical trustworthiness and integrity of the dental record.

- When using a copy/paste type function or template the following must be adhered to:

    - If a history is copied from a previous record or date of service, the dentist or clinical staff must document that they reviewed it and make appropriate updates.

    - When relevant information is already contained in the dental record, dental clinical staff can focus their documentation on what has changed since the last visit rather than having to redocument information.
    - For both new and established evaluation and treatment office visits, a chief complaint or other historical information already entered into the record by ancillary staff or by patients themselves, may simply be reviewed and verified rather than reentered.

    - Only the dentist or clinical staff that bills for the service may document the history of present illness (HPI), Exam, and Dental Decision-Making portions of the progress note. These portions cannot be "identical notes" from previous visits and must pertain to the presenting problem. There should be enough changes/updates to the note to help show the service documented was performed on that date. (Prior to 1/1/2021)

    - Evaluation and treatment services include a medically appropriate history and exam. The extent of the history and exam are determined by the treating dentist. The care team may collect information from the patient and/or caregivers. The information is then reviewed by the reporting dentist.

    - The dentist or hygienist must ensure that the diagnoses in their assessment are only those addressed at that visit.

© 2023 Select Health. All rights reserved.

  - The documentation submitted must display dental necessity, and the dentist or clinical staff must have personally performed the work described during that encounter.
  - Documentation to support services rendered needs to be patient-specific and date of service-specific.
- The CDT code(s) may be disallowed if any of the following are found:
  - Indiscriminate use of the copy/paste functionality that results in inaccurate coding
  - Contradictions found in the body of the progress note
  - Unnecessarily lengthy/redundant progress note (chart bloat)
  - Propagation of false information which may lead to dental errors
  - Inability to identify provider thought process
  - Inability to follow the care of the patient

<u>Select Health Supervision Standards</u>

Supervision of interns, residents, or any other hospital/facility employees is not reimbursable under any physician fee schedule. These services are reimbursed to the hospital/facility under DRG, APC, or Revenue Codes.

<u>Select Health Addendum/Amendment Standards</u>

Late entries, addendums, or corrections to a dental record are justifiable if additional information that was omitted from the original entry needs to be added to the dental record or a correction to documentation needs to be made.

The use of addendums in a dental record is reasonable, as long as they are added by the clinician providing the original service, are done as soon as possible (i.e., no more than 90 days from the date of the original service), are written only if the person documenting can remember the omitted information, and if both the original and added documentation explain the rationale for the addendum.

Information in the dental record should never be deleted, obliterated, or altered after the fact.

Correction of electronic records should follow the same principles, both the original entry and the correction should reflect the current date, time, and reason for the change. When a hard copy is generated from an electronic record, both records must be corrected. Any corrected record submitted must make clear the specific change made, the date of the change, and the identity of the person making that entry.

Providers are reminded that deliberate falsification of dental records is a felony offense and is viewed seriously when encountered. Examples of falsifying records include: 1) Creation of new records when records are requested; 2) Back-dating entries; 3) Post-dating entries; 4) Pre-dating entries; 5) Writing over; or 6) Adding to existing documentation (except as described above).

Corrections to the dental record legally amended prior to a dental appeal/review will be considered in determining the validity of services billed**.** **(**A “review” would be defined as a process including a dental reviewer also looking at notes/clinical, not just looking at the claim.)

The following is the Select Health addendum/amendment documentation expectations:

© 2023 Select Health. All rights reserved.

- The healthcare professional (i.e., the clinician providing the original service) adding the addendum/amendment to the dental record should legibly make the change(s), sign and date the entry—using the date of the correction, not the date of the original entry.

- Any entries made in error should not be altered. A single line should be drawn through the error(s) so that it is still legible and then signed and dated by the clinician performing the addendum;

- The correct information should be inserted into the patient's dental record using the words "Addendum," "Amendment," or "Correction," and should be provided as soon as possible (i.e., no more than 90 days after the original date of service) and should be dated with the date of the correction, not with the date of the original entry;

If these changes appear in the record following the original appeal/review payment determination, only the original record will be reviewed in determining payment of services billed to Select Health.

Operative Reports:

Surgical Procedures

Regardless of location, the documentation in the patient record should clearly indicate:

1. Patient's full legal name;
2. Date of the procedure;
3. Name of dentist/clinical staff performing the procedure;
4. Name of the procedure;
5. Indication (reason for the service);
6. Anesthetic agent used and how administered (if applicable);
7. Surgical process (technique used); and

Dental Anesthesia Report:

Within the documentation of the anesthesia services, Select Health documentation expectation includes the following:

1. The patient's full legal name;
2. The date of service;
3. The performing dentist/clinical staff name
4. The patient's condition immediately before the induction of the anesthetic should be documented;
5. The start and end time;
6. All pertinent events during the induction, maintenance of, and emergence from the anesthesia; and
7. The anesthesia report should be legibly signed and dated by the dentist/clinician submitting the claim.

Select Health Advantage (Medicare/CMS)

Select Health Advantage will follow the commercial plan.

Applicable Codes

All ADA CDT compliant codes

© 2023 Select Health. All rights reserved.

Disclaimer
This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly and reserves the right to amend these policies without notice to dental care providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc.

Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use. Private Information on This Service.

© **Code on Dental Procedures and Nomenclature (CDT) -** American Dental Association

© 2023 Select Health. All rights reserved.