

Those Irritating Denials

How you can receive insurance benefits for denied trauma claims

How often have you received denials from dental carriers for trauma claims? It has probably happened a lot more than you realize and you can expect that it will happen in increasing numbers in the future. When the dental insurance carrier responds to these claims stating that the claims must be filed with the patient's medical plan, does your insurance coordinator know how to do this? Is the patient left with no recourse but to pay out-of-pocket for the full fee?

What happens within your practice when the trauma patient arrives, especially with patients of record? Is the patient whisked back to the operatory where you will treat the patient and then dismiss him? Has anyone even addressed the issue of insurance, much less medical insurance? This is the worst case scenario but it is the process followed in many practices. Cases such as these can traumatize your practice and patients financially. There are ways to prevent this "trauma".

The first step starts at the time of the phone call from the trauma patient or his/her representative. The patient needs to be told that a medical ID card needs to be brought to the appointment. When the patient arrives, make sure that a copy of this card is made before the patient is escorted to the operatory. While the patient is being treated, one of your staff members needs to contact the insurance company to verify eligibility and benefits. In addition, several other questions need to be asked. Inquire as to:

- What is the insurance carrier's claim mailing address
- Are HCPCS codes accepted (these will be explained later in the article)

There are certain types of information that you will need to obtain from the patient regarding the accident. Medical claims, especially dental cross coded claims, often need to have narratives sent with the claim. The simplest way to obtain all of this information is to have the patient or his/her representative fill out a pre-printed form that asks for the most commonly needed data that will be needed on the claim

and narrative. The practices that I train use my form titled "**Accident Report**". The beauty of a pre-printed form is that you should always have all the data that you will need to file the claim. A copy of this form can be attached to the claim in place of a narrative. However, most insurance carriers prefer a simpler form of narrative called S.O.A.P., which is an acronym for the following:

- S – Subjective – the patient's description of the problem
- O – Objective – your findings
- A – Assessment – your evaluation of the findings
- P – Plan – your treatment plan

A pre-printed S.O.A.P. narrative, titled **Trauma Narrative**, is also used in my consulting practice. It is quite easy to fill out and is just what the insurance carriers need and prefer. Again, with a pre-printed form the process of completing the narrative is greatly simplified.

You may question the need for some of the information requested on the **Accident Report**. Medical insurance carriers require diagnosis codes (ICD-9). Included in the International Classification of Diseases (ICD-9) is a set of diagnostic codes that are a supplement to the ICD-9. These are the E codes that classify data on the cause of an injury. In many accident claims, more than one code may be necessary. As an example, a claim for dental injuries that occurred as a result of an auto accident will require an E Code that indicates an auto accident with the patient listed as either a driver or a passenger, in addition to the ICD-9 code or codes that indicate the type of trauma (e.g. loss of teeth). Another type of trauma, such as a child who has fallen and loosened permanent teeth, will require information such as where the child fell. There are specific E Codes for places of occurrence.

HCPCS codes were listed earlier in this article as one of the questions to inquire about when contacting the insurance carrier. HCPCS are level II CPT Codes. CPT codes are the procedure codes used on medical claims. There are many dental procedures that do not have an equivalent CPT code. HCPCS codes were developed for claims that fall into that category. The HCPCS code for a dental procedure is the same as the CDT code. Not all carriers accept these codes – thus the need to inquire prior to filing the claim.

Keep in mind that there are some cases where you will not file a trauma claim on a CMS-1500 claim form (the usual form used for medical claims). On the job injuries are most often filed under

Workers' Compensation Insurance. These claims require a different form and follow different policies. Trauma claims that are covered by a liability plan are also handled in a different manner. You will need to contact the liability company to determine the manner in which to file.

For more detailed information on the process of filing dental procedures on medical claims, please refer to my article "Crack the Code" that can be found in the March 2005 issue of *Dental Practice Report* and can be accessed through their website.

In summation, you may want to inquire as to the frequency of denied trauma claims within your practice. You should also consider that trauma cases are not the only ones that can be filed medically by dental practices. Currently, the following additional types of dental procedures can be filed on medical claims:

- Medically necessary surgical, periodontal, implant, and laser procedures
- Medically necessary exams and x-rays
- TMD procedures
- Sleep Apnea appliances
- Oral cancer screenings

Implementing a dental-medical cross coding system can reap rewards for your practice. The good-will that will be established when your patients see that you care enough about them to go the extra mile can be a good marketing tool for your practice. Patients with no dental insurance will be helped out financially by not having to pay fees in full from out-of-pocket. In addition, by filing these procedures with the medical plan, more benefits will still be available for regular dental procedures for patients with a dental plan, resulting in a higher treatment plan acceptance of both the medically billable procedures and the regular dental procedures. So, what's stopping you? Let's get started!

ACCIDENT REPORT

PATIENT NAME _____ TODAY'S DATE _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

PLACE OF ACCIDENT _____

TYPE OF ACCIDENT:

Auto: Driver ___

Passenger ___

Fall: From one level to another ___

Same level (i.e. slip, trip) ___

Hit by blunt force: Fight, brawl, or beaten ___

Sports Injury

Work Related

IS THERE A POLICE REPORT OR

EMERGENCY ROOM REPORT: YES

NO

HAVE YOU SOUGHT OTHER MEDICAL SERVICES RELATED TO THIS ACCIDENT? Yes No

Name of: Physician _____ Phone # _____

Dentist _____ Phone # _____

Hospital _____

DESCRIBE THE ACCIDENT IN DETAIL: _____

SYMPTOMS AND PAIN

What parts of the body were injured?

Describe the pain and its location at the time of the accident _____



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TRAUMA NARRATIVE

Date _____

Patient name _____ Patient D.O.B. _____

Subscriber name _____

Subscriber ID# _____ Employer _____

Group# _____

Date of accident _____

Place of accident _____

S - Patient's description of accident

O - Patient's complaint

A - Clinical findings & diagnosis

P - Plan of Treatment

Prognosis & duration of treatment

