

# Hygiene Maximizer

Get paid for the treatment your patients need with the help of the information presented below. This insurance maximizer is meant to be used as a resourceful guide to help maximize your patient's insurance benefits rather than dictate diagnosis or treatment, nor is it meant to take any position regarding what is considered the "right way" of any carrier's reimbursement strategy. If a carrier will not pay for a specific treatment, your patients may be given the option to pay for a procedure that is not covered out of pocket.

You will have a higher probability of getting paid with quality radiographs, intraoral photos and clinical notes you provide outlining the clinical necessity for and the results of the treatment provided. Below are the most commonly asked questions on hygiene reimbursement.

## Will carriers pay for a full mouth debridement? If so, will they pay for SRPs on the same day?

- Carriers will not pay for a debridement and SRPs on the same visit.
- If you choose to forego the debridement, pocket charting must be completed during the same visit as the SRPs.
- If debridement is billed on the same day as SRPs, it will generally get paid and the SRPs will be denied.

## Will a carrier pay for a prophylaxis and an SRP on the same visit?

- When only one quadrant of SRPs is needed, certain carriers will pay for a single quadrant SRP and prophylaxis on the same day.
- For these cases, carriers will only pay for future prophylaxis and not periodontal maintenance therapy (PMT).
- After treating two or more quadrants, your patient will qualify for PMT on future appointments under the carrier's PMT criteria

## When will carriers pay for an SRP?

- Carriers all require either 4mm or 5mm pockets with evidence of radiographic bone loss and loss of periodontal attachment.
- All carriers require patients to be at least 18 years old, with United Concordia requiring the patient to be 26 years old.
- Any exceptions will generally not be paid without a pre-authorization.
- Almost all carriers have a two-year frequency limitation on SRPs on the same quadrant.
- Any exceptions to these rules are on your patient's eligibility and benefits form.

## How many quadrants of SRPs will carriers reimburse on the same visit?

- All carriers will generally pay for four quadrants on one visit when systemic health conditions or high-risk factors exist. High-risk factors include aggressive or advanced periodontitis.
- For all other patients, carriers generally will either pay for two quadrants or pay for all four quadrants on one visit.
- Each claim submitted with four quadrants is generally manually reviewed by a carrier's claim auditor for adjudication.

## Will carriers pay for a 4341 (SRP 4+ teeth/quadrant) or a 4342 (SRP 1-3 teeth/quadrant)?

- For a carrier to pay for the 4341 SRP 4+ teeth, four or more teeth in the quadrant must meet the carrier's criteria. Anything less will be downgraded to the 4342, SRP 1-3 teeth, or denied if no teeth meet the carrier's criteria.

## Will carriers pay for bacterial decontamination (AKA lasers)?

- Generally, carriers do not pay for bacterial decontamination.
- Most carriers' position is that you can charge patients for the use of bacterial decontamination, as long as it was an option and not a requirement of the SRP or PMT. Certain carriers take the position that bacterial decontamination is inclusive of the SRP and PMT.

## Which carriers will pay for Arestin®? Can you charge your patients for Arestin?

- Most carriers will pay for Arestin on a tooth with 5mm or greater pockets.
- Generally, carriers will pay for one site per tooth and two sites per quad.
- If other sites are needed, carriers are okay with charging patients as long as it was optional and not a requirement of SRP or PMT.

## For ongoing hygiene treatment, will the carrier pay for a prophylaxis or periodontal maintenance visit (PMV)?

- Your patient must have had two or more quads of SRPs or osseous surgery for a carrier to pay for PMV.
- Except in rare circumstances, carriers will not downgrade PMV to a prophylaxis.
- Most carriers pay for PMV on the 91st day after SRP, or osseous surgery, or after enough time for your patient's tissue to heal.
- Consult your patient's eligibility and benefits breakdown for details on PMV frequencies.
- When new patients come to your dental office:
  - If with the same carrier as past PMV, SRPs, or osseous surgery, include the dates of the past procedures.

If with a new carrier, you need past radiographs, pocket charting, chart notes, and treatment history.

## How should irrigation be reported?

- Irrigation must be reported as D4921 (gingival irrigation per quad) and not as D4999 (unspecified periodontal procedure) or D9630 (other drugs and/or medicaments).
- Prior to 01/01/2009, billing irrigation using D9630 was appropriate. However, in the CDT updates published in the 2009-2010 CDT handbook, the ADA changed the D9630 description to exclude drugs or medicaments used within the office.
- D9630 used to be used for drugs and/or medicaments dispensed for home use. It should not be used for writing a prescription.
- D4921 is not typically reimbursed by insurance carriers; however, we may have patients pay for the procedure subject to the terms of their individual plan limitations, exclusions, and fee schedules.

## Will a carrier pay for a PMV and SRPs on the same visit?

- When only one quadrant of SRPs is needed, certain carriers will pay for a single quadrant SRP and PMV on the same day.
- After treating two or more quadrants, your patient will qualify for PMV on future appointments subject to the carrier's PMV criteria.
- Carriers on the grid below that pay for prophylaxis and SRP same day are also the carriers that will pay for PMV and SRP same day.

## Will a carrier pay for topical fluoride varnish child/adult (D1203/D1204) or for moderate to high caries risk patient (D1206)?

- Many carriers do pay for this; however, check detailed patient benefits as plans have highly variable age and frequency limitations.
- Not for desensitizing medicament. Use D9110 (emergency palliative) or D9630 (take-home medicament).

## How and when is Nutritional Counseling (D1310), Tobacco Counseling (D1320), Oral Hygiene Instructions (D1330) used?

- Ensure chart notes include counsel given and the advisement of impact on dental caries, periodontal disease, and tissue healing.
- Nutritional and tobacco counseling should generally only be reported when there is noticeable concern.

## Will a carrier pay for Intraoral Photos – D0350?

- Reimbursement is highly variable ranging from none to the total number of intraorals billed. Most do pay at least one.
- Certain carriers (Met Life and some Cigna plans) reimburse from the lifetime ortho maximum instead of the annual GP maximum.

There will be exceptions to the recommendations provided above. Carriers often change their positions on when they will or will not pay for treatment. We will do our best to provide updates as they are made available.

## Hygiene Reimbursement Matrix

PPO								
Carrier	Pocket Depth	Quads Same Day	Prophy 1 Quad Same Day	Bacterial Decontamination/Irrigation (note 2)	Arestin (Note 3)	PMT (# days after SRP)	Frequency Periodontal Maint	SRP History for coverage of PMV
AETNA (except AZ)	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm)	ETTH*	2 in a consecutive 12 month period**	No time frame
AETNA (AZ)	4	4	Yes	Inclusive / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm)	ETTH*	2 in a consecutive 12 month period**	No time frame
AMERTIAS	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ 2 quads / year)	ETTH*	2 times per calendar year anytime	Last 24 months
ASSURANT BENEFIT	4	2 (pay 1 if 4 billed)	No	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 6 mm)	ETTH*	once every 180 days	No time frame
BANNER DENTAL	4	4	Yes	Inclusive / Charge Pt	Yes (1 / tooth & 8 / calendar year/ min 6mm)	91 days	No Frequency - as needed with documentation	Not required
BLUE CROSS/BLUE SHIELD	4	2	No	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 6 mm)	ETTH*	2 times per calendar year anytime	No time frame
BLUE SHIELD OF CA	4	2	No	Charge Pt / Charge Pt	Yes (1 / tooth & 3 / quad w/ min 6 mm)	ETTH*	2 times per calendar year anytime	Last 24 months
CCPOA	4	4	No	Charge Pt / Charge Pt	No reimbursement / pt charge = fee sched/unlimited and quads	ETTH*	2 times per calendar year anytime	Last 18 months
CIGNA	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 8 / cal year, if more than 8 ALL will be denied)	ETTH*	2 times per calendar year anytime	Last 24 months
DELTA DENTAL OF AZ	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF CA	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF CO	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	Not required
DELTA DENTAL OF GA & FL	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 in a consecutive 12 month period	No time frame
DELTA DENTAL OF ID	4	4	Yes	Inclusive / Charge Pt	No reimbursement / pt charge = fee sched/unlimited and quads	91 days	1 every 6 months	No time frame
DELTA DENTAL IL	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF KS	4	2	Yes	Charge Pt / Inclusive	No reimbursement / pt charge = fee sched/unlimited and quads	91 days	Plan specific - Refer to patient's benefit breakdown	Last 24 months
DELTA DENTAL OF LA	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF MA	4	2	No	Inclusive / Inclusive	Yes (1 / tooth & 6 / year w/ min 6mm)	91 days	2 in a consecutive 12 month period	Last 24 months
DELTA DENTAL OF MI	4	2	No	Inclusive / Inclusive	Yes (1 / tooth & 6 / year w/ min 6mm)	91 days	2 in a consecutive 12 month period	No time frame

## Hygiene Reimbursement Matrix

PPO (Cont.)								
Carrier	Pocket Depth	Quads Same Day	Prophy 1 Quad Same Day	Bacterial Decontamination/ Irrigation (note 2)	Arestin (Note 3)	PMT (# days after SRP)	Frequency Periodontal Maint	SRP History for coverage of PMV
DELTA DENTAL OF MN	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF MO	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF NJ	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF NM	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	4 times per calendar year anytime	No time frame
DELTA DENTAL OF OR (ODS)	4	2	Yes	Charge Pt / Inclusive	No reimbursement / pt charge = fee sched/unlimited and quads	ETTH*	2 times per calendar year anytime	No time frame
DELTA DENTAL OF PA	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	181 days	once every 180 days	No time frame
DELTA DENTAL OF TN	4	2	Yes	Charge Pt / Inclusive	No reimbursement / pt charge = fee sched/unlimited and quads	ETTH*	Plan specific - Refer to patient's benefit breakdown	No time frame
DELTA DENTAL OF TX	4	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 times per calendar year anytime	No time frame
DELTA DENTAL OF VA	4	4	Yes	Inclusive / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 in a consecutive 12 month period	No time frame
DELTA DENTAL OF WA	4	2	No	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 in a consecutive 12 month period	No time frame
DELTA DENTAL OF TRICARE	4	2	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 2 / quad w/ min 5mm)	ETTH*	2 times per calendar year anytime	No time frame
GEHA CONNECTION DENTAL	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm; only if SRPS non-response)	ETTH*	No Frequency/ as needed with documentation	No time frame
GUARDIAN	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 6mm)	ETTH*	1 every 3 mths not exceed more than 4 per cal year	No time frame
HUMANA DENTAL	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 in a consecutive 12 month period	No time frame
LIBERTY DENTAL	5	2	No	Charge Pt / Charge Pt	Yes (1 / tooth & 6 / calendar year w/ min 6mm)	91 days	2 times per calendar year anytime	Last 24 months
METLIFE	5	4	Yes	Charge Pt / Inclusive	Yes (1 / tooth & 3 / quad w/ min 6mm)	ETTH*	2 times per calendar year anytime	Last 24 months
PREMIER ACCESS	5	2	No	Charge Pt / Charge Pt	Yes (1 / tooth & 6 / calendar year w/ min 6mm)	181 days	once every 180 days	No time frame
PRINCIPAL FINANCIAL GRP	5	4	Yes	Inclusive / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm)	91 days	2 in a consecutive 12 month period	No time frame
UMR	4	4	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 8 / calendar year w/ min 6mm)	ETTH*	No Frequency/ as needed with documentation	No time frame

## Hygiene Reimbursement Matrix

PPO (Cont.)								
Carrier	Pocket Depth	Quads Same Day	Prophy 1 Quad Same Day	Bacterial Decontamination/Irrigation (note 2)	Arestin (Note 3)	PMT (# days after SRP)	Frequency Periodontal Maint	SRP History for coverage of PMV
UNITED CONCORDIA (except AZ)	4	2	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 6 in consecutive 12 month period w/ min 6mm)	91 days	2 in a consecutive 12 month period	No time frame
UNITED CONCORDIA (AZ)	5	2	Yes	Inclusive / Inclusive	Yes (1 / tooth & 6 in consecutive 12 month period w/ min 6mm)	91 days	2 in a consecutive 12 month period	No time frame
UNITED HEALTH CARE	4	2	Yes	Charge Pt / Charge Pt	Yes (1 / tooth & 2 / quad w/ min 5mm)	ETTH*	2 times per calendar year anytime	Last 24 months

HMO								
Carrier	Pocket Depth	Quads Same Day	Prophy 1 Quad Same Day	Bacterial Decontamination/Irrigation (note 2)	Arestin (Note 3)	PMT (# days after SRP)	Frequency Periodontal Maint	SRP History for coverage of PMV
AETNA HMO**	N/A	4	Yes	Charge Pt / Charge P	Charge Pt	N/A	Not covered unless after osseous surgery; charge pt UCR	N/A
AETNA HMO (AZ)**	N/A	4	Yes	Inclusive / Charge Pt	Charge Pt	N/A	No Frequency/ as needed with documentation	N/A
BLUE CROSS HMO	N/A	4	Yes	Charge Pt / Charge Pt	Charge Pt	N/A	No Frequency/ as needed with documentation	N/A
CIGNA HMO	N/A	2	No	Charge Pt / Charge Pt	Charge Pt	N/A	2 in a consecutive 12 month period	Last 12 months
DELTACARE	N/A	4	No	Charge Pt / Inclusive	Charge Pt	N/A	2 times per calendar year anytime	N/A
MDG***	N/A	4	No	Charge Pt / Charge Pt	Charge Pt	N/A	2 in a consecutive 12 month period	N/A
SAFEGUARD	N/A	4	No	Charge Pt / Charge Pt	Charge Pt	N/A	2 times per calendar year anytime	N/A
UCCI HMO	N/A	2	No	Charge Pt / Charge Pt	Charge Pt	N/A	2 in a consecutive 12 month period	N/A

**Notes**

\* - Enough Time To Heal

\*\* - For Aetna HMO, the first 2 PMT in a consecutive 12-month period are paid at the prophy co-pay unless the patient has had osseous surgery.

1. SRPs - Without pre-authorization, all patients must be 18 years of age or older in order to receive payment. United Concordia requires patients to be 26 years or older to receive payment without pre-authorization.

2. Bacterial decontaminations and irrigation - carriers generally do not reimburse. For carriers w/ "Incl", carrier position is Bacterial Decontaminations and / or irrigation are inclusive of SRP / PMT. All Bacterial Decontamination / irrigation charges must be optional (i.e. not a requirement of SRP or PMT).

3. Arestin - if additional sites are needed, must be optional and not a requirement of the SRP / PMT.