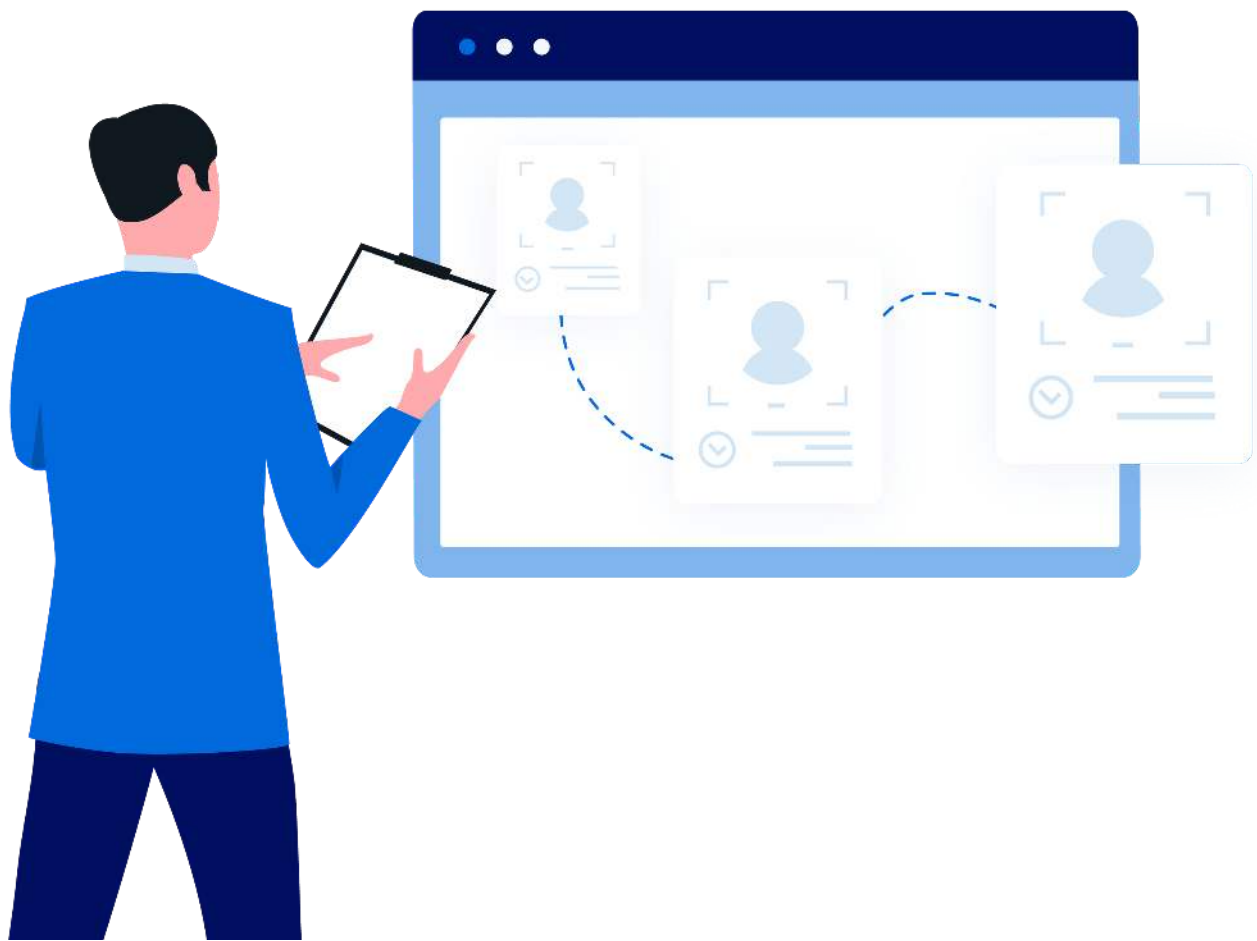


Help Articles

How can I set up my office to reflect what is really expected from insurance?



How can I set up my office to reflect what is really expected from insurance?

When an office is contracted with an insurance carrier, there is an anticipation that the contracted fees will be covered per:

- The insurance carrier's contracted fee schedule
- The plan's standard coverage percentage

Sometimes, the individual plan does not cover tooth-colored restorations on posterior teeth (i.e., crowns, surface fillings). The downgraded insurance coverage should be calculated on the downgraded procedure fee. For these plans, there should be an alternate ADA code used when posting completed procedures; and the fee schedule should be setup to easily calculate the different coverage.

Procedure Code Setup

Before a fee can adequately be entered as an AMB, a new code must be setup in the procedure code setup screen that matches the procedure code for which an alternate minimum benefit is indicated. NOTE: Information regarding setting up procedure codes is available within the Help Portal.

The new code should exactly duplicate its normal ADA code, but should have an identifying sub-letter so everyone in the office will know to select the sub-lettered code for plans in which the insurance carrier will downgrade the procedure. Only the standard ADA portion of the code will print on the insurance claim form. Example: the existing code for a resin composite one-surface restoration on a posterior tooth is D2391. The newly created code for AMB usage should be D2391x, where x is an office defined sub-letter; any letter may be used. When either code is used in a patient record, the full code used will show in the patient ledger and/or treatment plan. When the insurance claim form is generated, only the "standard" portion of the ADA code (i.e., D2391) will print.

The standard and the alternative codes should be active within the “Setup / Offices” screen in order to allow office users to select the correct procedure code for treatment planning and posting.

Once the procedure code is setup, the fee schedule must show that an AMB is available for usage. The ADA code that will be used for the downgrade is indicated in the AMB column. NOTE: Information regarding adding fee schedules is available within the Help Portal.

Fee Schedule Setup

In order to have the contracted fee posted correctly, as well as the correct estimated insurance and patient portions calculated, the fee schedule should be setup for Alternative Minimum Benefits (AMB).

A column in the PPO-type and the Office-type fee schedules allows for such a situation. The column is marked “AMB” for Alternative Minimum Benefit.

NOTE: The AMB column is intended for usage within “Insurance – PPO” fee schedules. The AMB column is not available for smart fee-type (aka: indemnity) schedules nor for capitation/managed care-type fee schedules. The calculation of the fee is exactly as same as for a PPO or Office fee. If there is a fee amount for the procedure, Denticon will calculate the charge and coverage for the indicated fee. If there is not a fee indicated in the schedule for that procedure, Denticon will utilize whatever is considered as the next fee, according to the fee hierarchy.

If the procedure code has an AMB fee amount, the coverage calculation is modified to the following:

The AMB fee is utilized for the code’s calculation, used as the “base fee” for coverage calculation

Example: D2750 uses D2394 as the alternative benefit. The fee for D2750 is \$800, and D2394 is \$200. Denticon will look at the Benefit percentage of the D2750 code (for this example, assume the percentage to be 80%).

Ignoring the calculation of applicable deductibles for this example, the insurance would cover 80% of \$200; this is \$160.

Denticon then calculates the patient portion as (Total Fee - Insurance Estimate). Which, in this example, is calculated as $\$800 - (0.8 * \$200) = \$540$.

If there is not an amount in the AMB column but there is an amount in the fee column, the calculation will be based on the amount found in the fee column. If there is not an amount in either column, the fee calculation will be based on Denticon's fee hierarchy.

NOTE: Only the ADA Code should be entered within in the AMB column. There should not a financial amount entered into the procedure's AMB field.

NOTE: It may be necessary to set up a new code for the AMB. Please consult the question in the Fee Schedule section that provides guidance on the set up of procedure codes (Help / Online Library / Procedure Codes / Procedure Codes / add procedure code).

Insurance Plan Setup

It is recommended to input notes within the insurance plan setup, indicating that the alternative code should be used for the patients who are assigned to the plan.

Additionally, it is recommended to enter a flash alert on the patient's record, bringing attention to the user for the need to use the alternative procedure code.

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office CH Johnson Dental Health Oc Help My Account Logout

PGID :3035 / OID :100

Procedure Code Setup

SEARCH

SORT BY
 Code
 Description

PROCEDURE CATEGORIES
 RESTORATIVE

SEARCH TEXT

D2390 - Resin Composite Crown Anterior
 D2391 - Resin Composite One Surface Posterior
 D2391A - Resin Composite One Surface Posterior
 D2392 - Resin Composite Two Surfaces Posterior
 D2392A - Resin Composite Two Surfaces Posterior

+ ADD NEW CODE

MAIN CHARTING FEE SCHEDULES

Description	Amalgam One Surface
Code	D2140
ADA Category	RESTORATIVE
User Code	amall
Other Code	
Recall	Non Recallable
Proc. Type	Dental (ADA)
Proc. Time	0 minutes
Time Pattern	
Scheduler Production Type	Crowns
Ins. Category	Restorative1

Default Notes Macro

Show ADA Code and Description while Auto-Generating Progress Notes	NO
Active	YES
Dentist Limited	YES
Taxable	NO
Fee Editable	NO
Sales Tax Code	NO
Requires Lab	NO
Ortho Procedure	NO
Visit Code	YES

Modified On:
Modified By:

EDIT DELETE

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office CH Johnson Dental Health Oc Help My Account Logout

PGID :3035 / OID :100

Fee Schedule Setup

VIEW BY SCHEDULE VIEW BY CODES

SEARCH

SORT BY
 Fee Name
 Fee ID

TYPE
 Please Select

SEARCH TEXT

EXAMPLE -- PPO - Assign To Plan (SAMPLE) (108)
 EXAMPLE -- Medicaid - Assign To Plan (SAMPLE) (106)
 EXAMPLE -- Office Default (SAMPLE) (111)
 EXAMPLE -- PPO - Assign To Carrier (SAMPLE) (107)
 Guardian PPO (128)

+ FEE SCHEDULE WIZARD + ADD NEW ...

Fee ID: 128 Effective Date: 01/01/2020 + NEW EFFECTIVE DATE

Name: Guardian PPO Type: Insurance - PPO

CODE INFORMATION

Code	Description	Fee	AMB Code
D2391A	Resin Composite One Surface Posterior	170.00	
D2392	Resin Composite Two Surfaces Posterior	180.00	
D2392A	Resin Composite Two Surfaces Posterior	180.00	
D2393	Resin Composite Three Surfaces Posterior	190.00	
D2393A	Resin Composite Three Surfaces Posterior	190.00	
D2394	Resin Composite Four/More Surfaces Posterior	195.00	
D2394A	Resin Composite Four/More Surfaces Posterior	195.00	

+ INCREASE/DECREASE FEE EDIT SCHEDULE DELETE SCHEDULE

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office CH Johnson Dental Health Help My Account Logout

PGID :3035 / OID :100

Insurance Plan Setup

SEARCH

Group# Plan ID

TYPE: ALL Types

SEARCH TEXT (Enter m)

SEARCH RESULTS

PLAN BENEFITS COVERAGE & LIMITATIONS

COPY FROM EXISTING

STEP 2 OF 3

Deductible Information		Maximum Information		Ortho Max Information	
Individual Deductible	Family Deductible	Individual Maximum	Family Maximum	Individual Ortho Maximum	Lifetime Ortho Benefits
\$50.00	\$150.00	\$1500.00	\$99999.00	\$1500.00	<input checked="" type="checkbox"/>

Plan Notes

Posterior Composites are downgraded to the amalgam fee
Crowns paid on seat date
3 prophys allowed a year

PREVIOUS NEXT CANCEL

Scheduler Patient Transactions Charting Reports (Old) Reports Utilities Setup Office CH Johnson Dental Health Help My Account Logout

PGID :3035 / OID :100

Patient Overview

Patient Information

Patient ID : 215

Nickname: Taylor, Orthia

Home Office: CH Johnson Dental Health Center - Cascade Heights

Responsible Party: Taylor, Orthia

Resp ID : 210

Birth Date: 12/1/1971

Age / Sex: 48 / F

Insurance: GUARDIAN DENTAL GUARD/CNA

Flash Alerts

[10/3/2020]
Posterior Composites are downgraded to the Amalgam Fee - Use alternate codes D2301A, D2302A, D2303A, etc
3 prophys a year
Crowns paid on seat date
CJ

Block Charges: NO

Deactivate this message: 10/3/2020 7:58 AM PT

Recalls

Code	Interval	RecallDate	Reason	Sch Date	Sch Time	Patient Name	Age	Sex	Next Recall	Sched Recall	Active
D0210	3 Y + 1D		Intraoral - Complete Series Of Radiographic Images			Taylor, Orthia	48	F			Yes
D0274	9 M + 1D		Bitewings - Four Radiographic Images								

Appointments

Date	Time	Office	Operator	Status	Pdr	Len	User	Account Balance	Current	Over 30	Over 60	Over 90	Over 120	Balance
9/30/2020	09:30 AM	CASCAD	RDH Low Production	Scheduled	03/HYG	10	CDJOHNSON	Taylor, Orthia	\$700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700.00

Account Members

Family Appt. Add New Member

Billing

Account Balance	Current	Over 30	Over 60	Over 90	Over 120	Balance
Taylor, Orthia	\$700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$700.00
Est. Insurance		\$0.00 Est. Patient				\$700.00

