Cracking the Diagnostic Codes in Dentistry to Achieve Better Health Outcomes

CareQuest Institute Continuing Education Webinar

August 22, 2024

CareQuest Institute for Oral Health®

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National Network for Oral Health Access

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To Receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, August 30.**
- Eligible participants will receive a certificate soon after via email.

**We appreciate your feedback to help us improve future programs!**

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Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.

- We will turn to your questions and comments toward the end of the hour.

Question and Answer

Welcome
Feel free to ask the host and panelists questions

Type your question here...
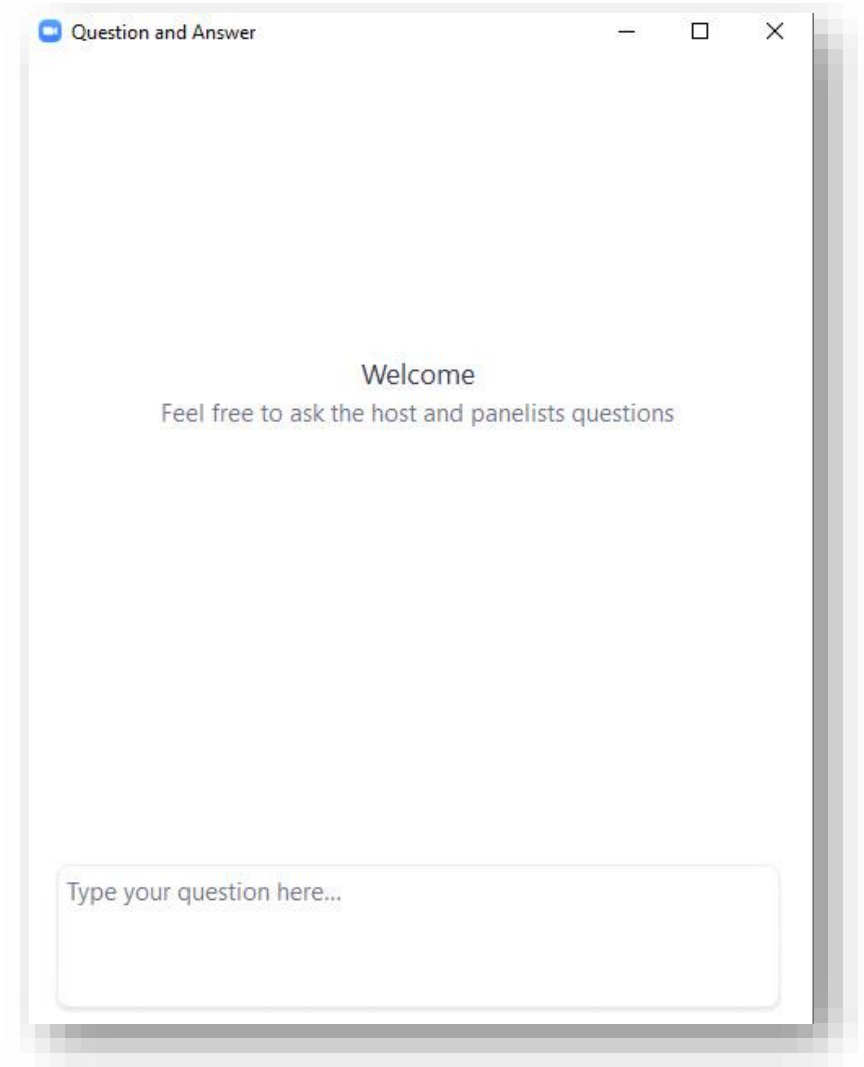
Thank You!

Learning Objectives

- Identify key diagnostic codes — and corresponding applications — used in dentistry.

- Explain the importance of diagnostic codes in improving the quality of care and patient trust within a dental practice.

- Apply diagnostic codes in various dental scenarios to enhance patient outcomes and improve billing accuracy.

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Webinar

Cracking the Diagnostic Codes in Dentistry to Achieve Better Health Outcomes

Thursday, August 22, 2024
7-8 p.m. ET

ADA CERP Credits: 1

Moderator

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Presenter

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MPH**
President,
AFL Enterprises, LLC

Presenter

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Presenter

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DDS, MA**
Chief Dental Officer,
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Quality Improvement 101

Colleen Lampron, MPH
AFL Enterprises, LLC

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Objectives

1. **Define** quality improvement.

2. **Connect** the role of diagnostic coding with monitoring and improving clinical quality.

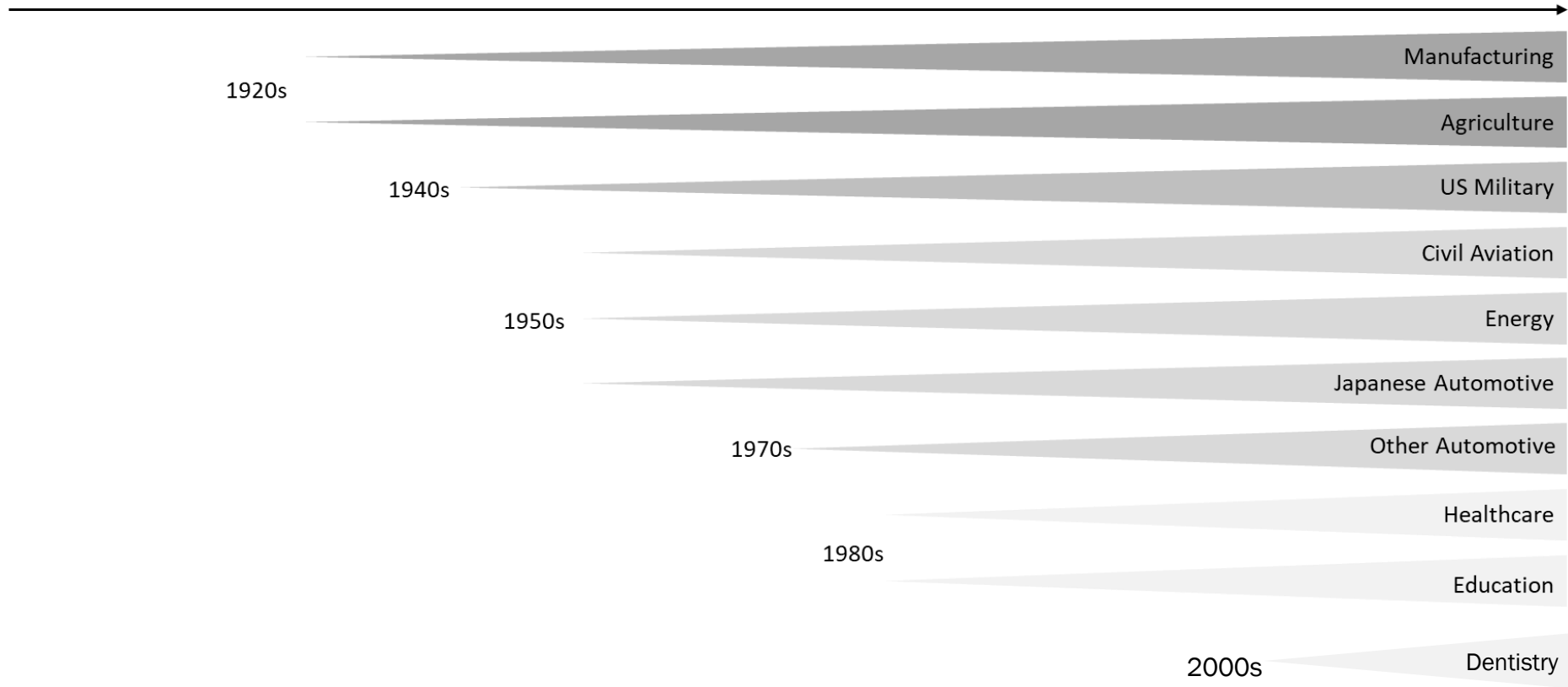# I Will Cover . . .

- What is quality improvement?

- A little bit on systems

- Measurement for improvement

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Definition of Quality Improvement

In health care = systematic efforts to enhance patient outcomes, experiences, and overall effectiveness of health care services.

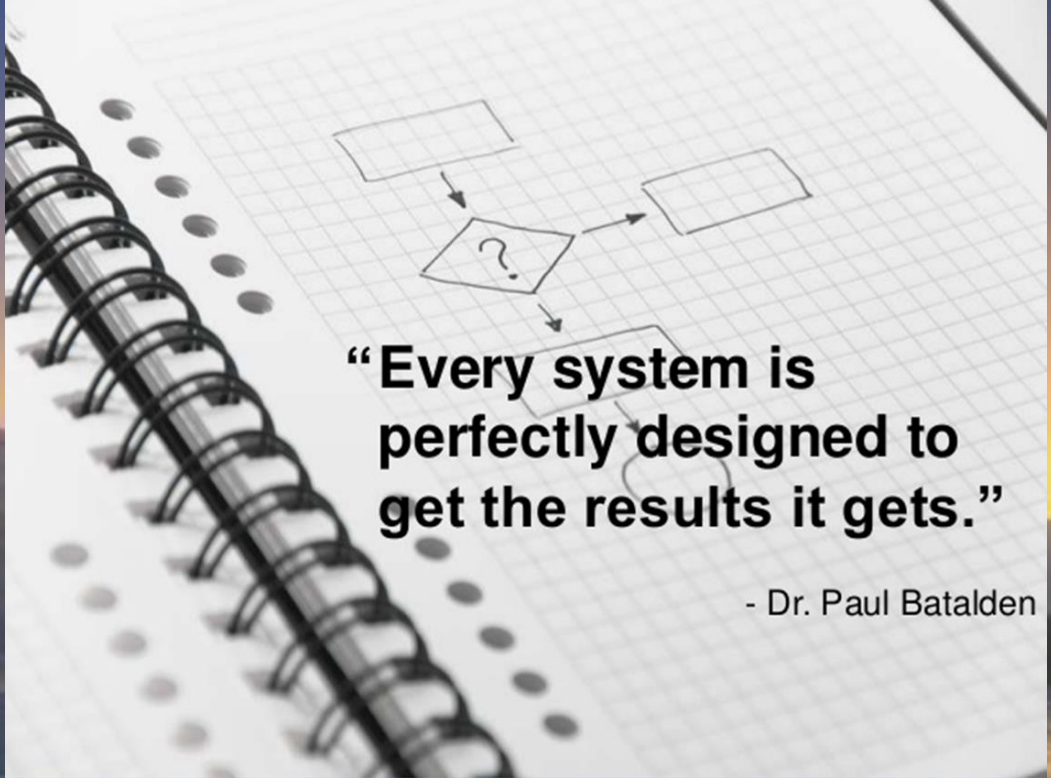# A Timeline of Quality Improvement in differing fields

Manufacturing

1920s

Agriculture

1940s

US Military

Civil Aviation

1950s

Energy

Japanese Automotive

1970s

Other Automotive

Healthcare

1980s

Education

2000s

Dentistry

Source: http://www.improvement-science.com/

Why Is QI Important?

Appreciation of a System

"System" = an interdependent group of items, people, or processes working together for a common purpose
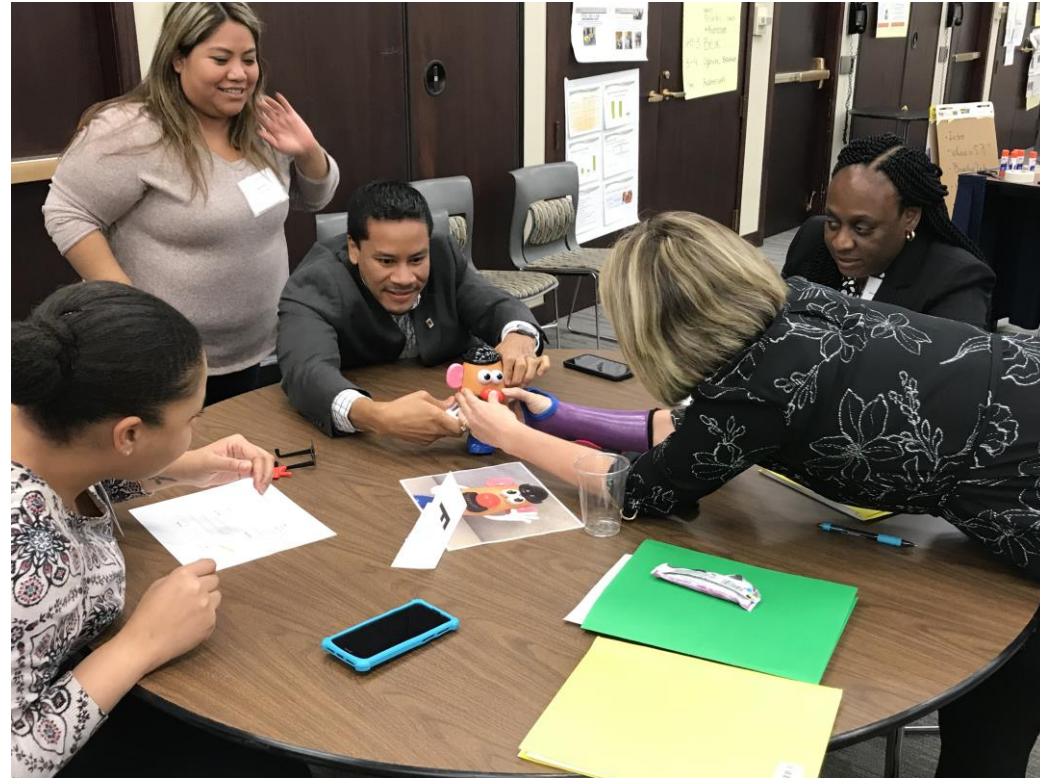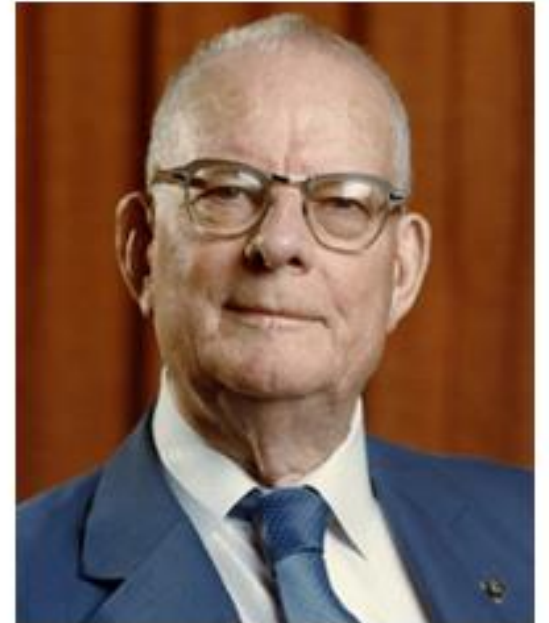
"Every system is perfectly designed to get the results it gets."

- Dr. Paul Batalden

Reducing Variation

"If I had to reduce my message for management to just a few words, I'd say it all had to with reducing variation."

-W. Edwards Deming

W. Edwards Deming
(1900-1993)

Creating a Culture of Quality

- Leadership and vision:

    "A vision is not just a picture of what could be; it is an appeal to our better selves, a call to become something more."

    Rosabeth Moss Kanter

- Data is a powerful storyteller. Give it a voice, and let it speak frequently.

- Support good habits.

Three Faces of Performance Measurement

Aspect	Improvement	Accountability	Research
Aim	Improvement of care (efficiency & effectiveness)	Comparison, choice, performance management	New knowledge (efficacy)
Methods			
Test Observability	Tests are observable	No test, evaluate current performance	Test blinded or controlled
Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
Sample Size	"Just enough" data, small sequential samples	Obtain 100% of available, relevant data	"Just in case" data
Flexibility of Hypothesis	Flexible hypotheses, change as learning takes place	No hypothesis	Fixed hypothesis (null hypothesis)
Testing Strategy	Sequential tests	No tests	One large test
Determining if a change is an improvement	Run charts or Shewhart control charts (statistical process control)	No change focus (maybe compute a percent change or rank order)	Hypothesis, statistical tests (t-test, F-test, chi square, p-values)
Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects' identities protected

Best Practices and Practical Tips

Habits for Improvers

ENTERPRISES

SF Dental Transformation Initiative
Local Dental Pilot Project

1 **PDSA as Part of Daily Work**
- Speed - team tests a lot of new change ideas frequently
- Team meets regularly and has a clear aim for tests of change
- Be a learning organization - continually use failure to learn

2 **Data to Guide Learning**
- Review your QI Dashboard and have data driven conversations
- Use dashboard to regularly track, monitor and review QI data
- Share it! Post data in the clinic to show improvements and celebrate them!

3 **Visual Management & Daily Huddles**
- Display in a shared space current quantitative and qualitative information for your team, (i.e., team Storyboard)
- Commit to efficient daily huddles to ensure your team understands the current context, priorities and goals for their work

4 **Leadership Creates Conditions for Ongoing Improvement**
- Enourage leadership involvement by sharing data and successes
- Communicate about PDSA cycles and daily huddles
- Regularly review and utilize the evidence-base for preventive serivces
- Protect time and resource for the work of improvement
- Use "go see" to gain insight into the reality of the clinic to help dentists, dental hygienists and staff provide great care, reliably.

5 **Celebrate Bright Spots!**
- Take time to share successes regularly with your team and leadership
- Be transparent - the team is learning for everyone, share that learning openly!

"I make no apology for learning" – Dr. William Deming

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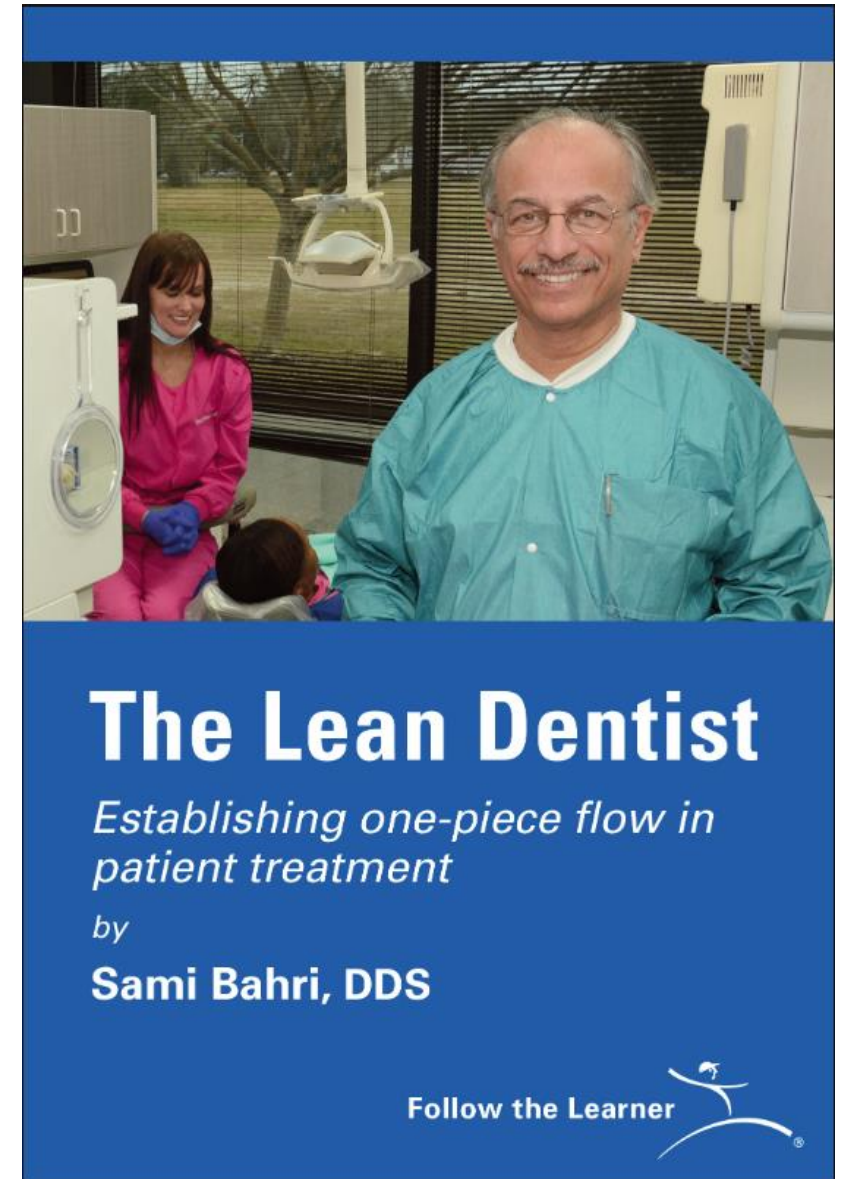
Sources & Helpful Resources

Langley GJ, Moen R, Nolan KM et al. The Improvement Guide, A Practical Approach to Enhancing Organizational Performance. John Wiley & Sons; 2009

Institute for Healthcare Improvement www.ihi.org

The Breakthrough Series IHI's Collaborative Model for Achieving Breakthrough Improvement. Innovation Series 2003. White Paper 3. Institute for Healthcare Improvement.

NNOHA.org

IHI Open School (Partnered with Dental Quality Alliance for a QI CE Course)

The Lean Dentist

Establishing one-piece flow in patient treatment

by

Sami Bahri, DDS

Follow the Learner

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Cracking the Diagnostic Codes in Dentistry to Achieve Better Health Outcomes

Ramona English, DMD, MPH

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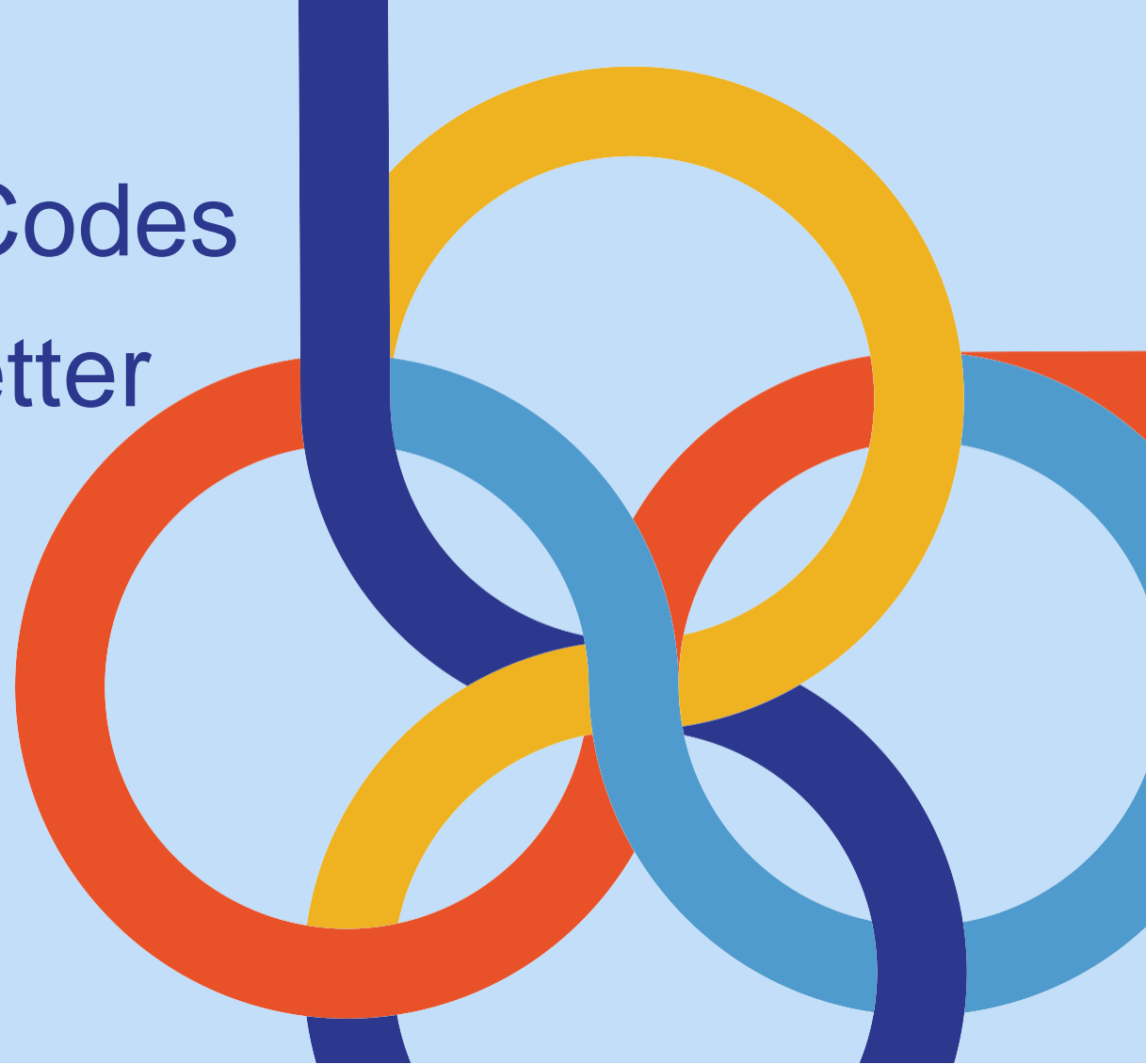
Diagnostic Coding

"Classifying Disease to Map the Way We Live and Die" (WHO)

- Maps the human condition from birth to death
- Captures factors influencing health, or external causes of mortality and morbidity
- The basis for almost every decision made in health care today
- Common vocabulary for recording, reporting, and monitoring health problems
- Standardization is the key that unlocks global health data analysis

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World Health Organization   Picture source

International Classification of Diseases Over the Years

- **16th-Century England**
  - The London Bills of Mortality
- **19th Century**
  - Florence Nightingale - Crimean War
  - Jacques Bertillon - Bertillon Classification of Causes of Death
- **1949 – WHO**
  - International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-6)
- **1957 – ICD-7**
- **1968 – ICD-8**
  - US Public Health Service - ICDA-8
- **1979 – ICD-9**
- **2015 – ICD-10**

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Global Classification System with Broad Applications

- Epidemiology

- Health management

- Clinical purposes

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The Shift in Dentistry to Using ICD <u>and</u> CDT Codes

CDT Codes

- Procedure codes
- Describe treatment provided (what)
- Primary billing codes in dentistry
- Narrower with less detail
- Letter D and 4 digits (D1110)

ICD-10-CM Codes

- Diagnostic codes
- Describe diagnosis (why)
- Billing codes in medicine and some dental settings
- Broader with more detail
- Letter and 2 numbers for category followed by the Subcategory up to 3 numbers and a letter (K05.322)
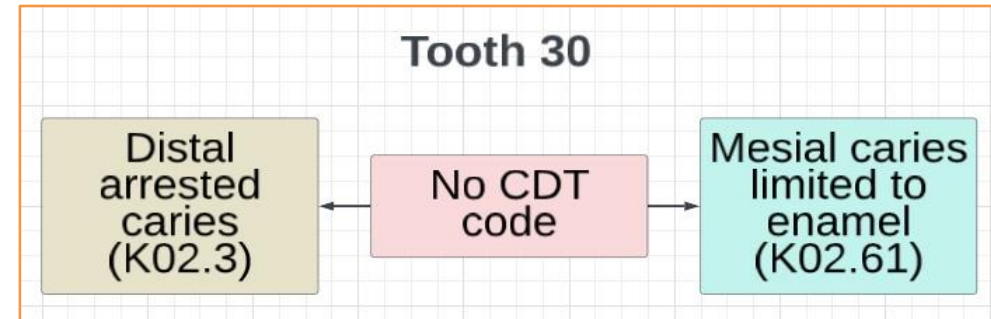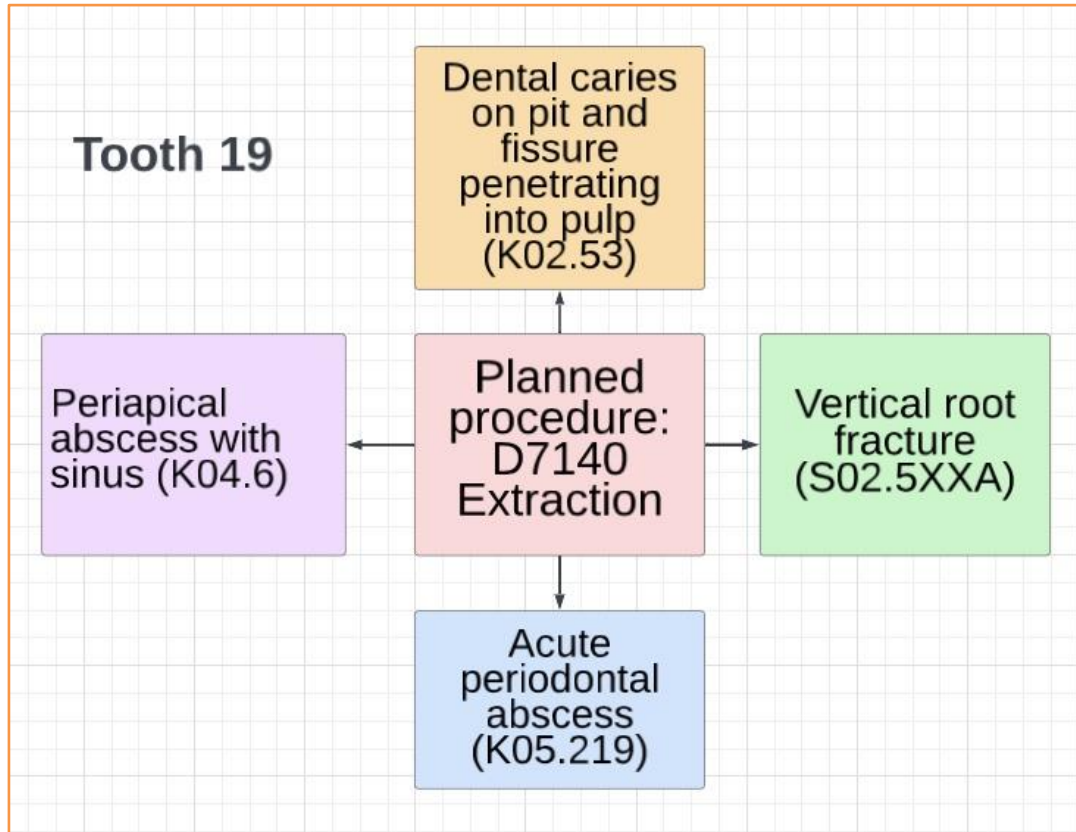
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The Shift in Dentistry to Using ICD and CDT Codes

ICD-10 Codes for Oral Health

- Codes should be used to the greatest level of specificity and certainty known for an encounter

- ICD-10 codes related to oral health:
    - **Chapter 11:** Diseases of the Digestive System (K00-K95)
    - **Chapter 13:** Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
    - **Chapter 21:** Factors influencing health status and contact with health services (Z00-Z99)

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Oral Health Categories

K00-K14	Diseases of Oral Cavity, Salivary Glands and Jaws
K00	Disorders of tooth development and eruption
K01	Embedded and impacted teeth
K02	Dental caries
K03	Other diseases of hard tissues of teeth
K04	Diseases of the pulp and periapical tissues
K05	Gingivitis and periodontal diseases
K06	Other disorders of gingiva and edentulous alveolar ridge
K07	Dentofacial anomalies and malocclusions
K08	Other disorders of teeth and supporting structures
K09	Cysts of oral region
K10	Other diseases of the jaw
K11	Diseases of salivary glands
K12	Stomatitis and related lesions
K13	Other diseases of lip and oral mucosa

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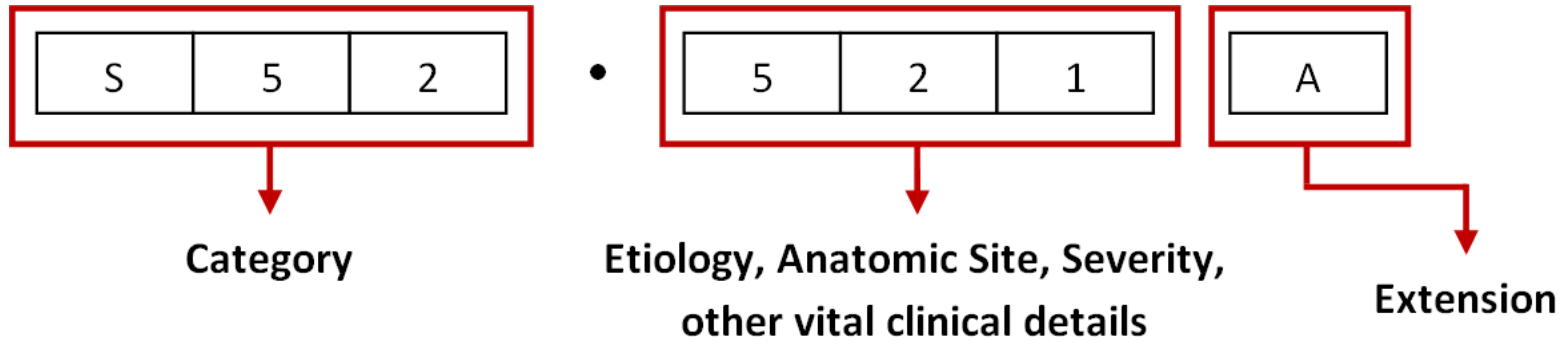
K05.3**11**	Chronic periodontitis, localized, slight
K05.3**12**	Chronic periodontitis, localized, moderate
K05.3**13**	Chronic periodontitis, localized, severe
K05.3**19**	Chronic periodontitis, localized, unspecified
K05.3**21**	Chronic periodontitis, generalized, slight
K05.3**22**	Chronic periodontitis, generalized, moderate
K05.3**23**	Chronic periodontitis, generalized, severe
K05.3**29**	Chronic periodontitis, generalized, unspecified

K02.**51**	Caries on pit and fissure limited to enamel
K02.**52**	Caries on pit and fissure penetrating into dentin
K02.**53**	Caries on pit and fissure penetrating into pulp
K02.**61**	Caries on smooth surface limited to enamel
K02.**62**	Caries on smooth surface penetrating into dentin
K02.**63**	Caries on smooth surface penetrating into pulp
K02.**3**	Caries, arrested

Diagnostic Codes on Medical and Dental Claims

ADA 2024 Dental Claim Form

Diagnostic Codes on Medical and Dental Claims

UB-04 CMS 1450 Claim Form

Diagnostic Codes on Medical and Dental Claims

CMS 1500 HCFA Claim Form

EDR Documentation

ICD code can be entered:
- as a condition
- automatically linked to CDT code
- as a separate entry
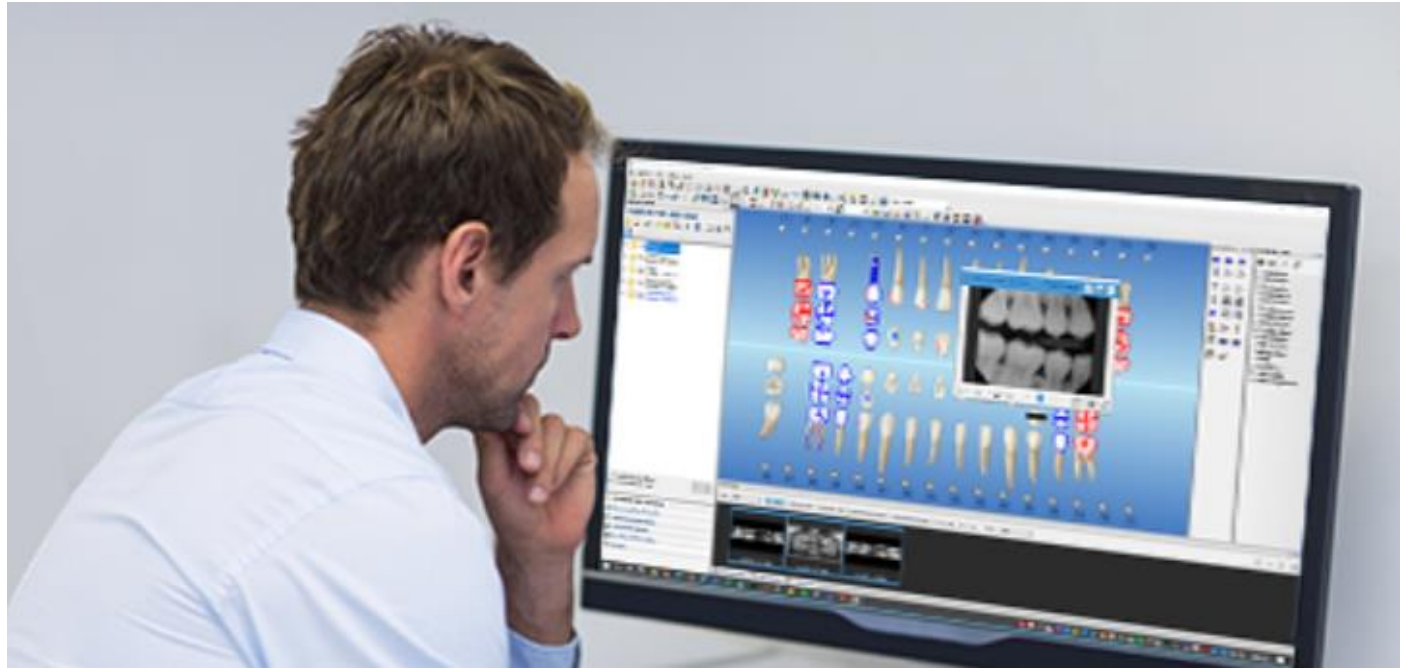
In integrated EHRs dental ICDs becomes part of the patient's problem list

If linked to a CDT code, conditions resolve when treatment is provided

icd10data.com

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Diagnostic Coding Applications to Improve Patient Outcomes

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Disease Burden in the Patient Population

Caries in the patient population

Patient with any dental exam CDT code (D0150, D0120, D0145) and ICD code for caries (K02)

Periodontal disease in the patient population

Patient with any dental exam CDT code (D0150, D0120) and ICD code for periodontal disease (K05)

Periodontal disease in prenatal patients

Patient with any dental exam CDT code (D0150, D0120) and ICD codes for periodontal disease (K05) and incidental pregnancy care (Z33.1)

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Disease Burden in the Patient Population

Periodontal disease in patients with diabetes

Patient with any dental exam CDT code (D0150, D0120) and ICD codes for periodontal disease (K05) and diabetes (E11.9)

Head and neck cancer rates in the patient population

Patient with any dental exam CDT code (D0150, D0120) and ICD code for oral cancers (C codes)

Edentulism rates in the patient population

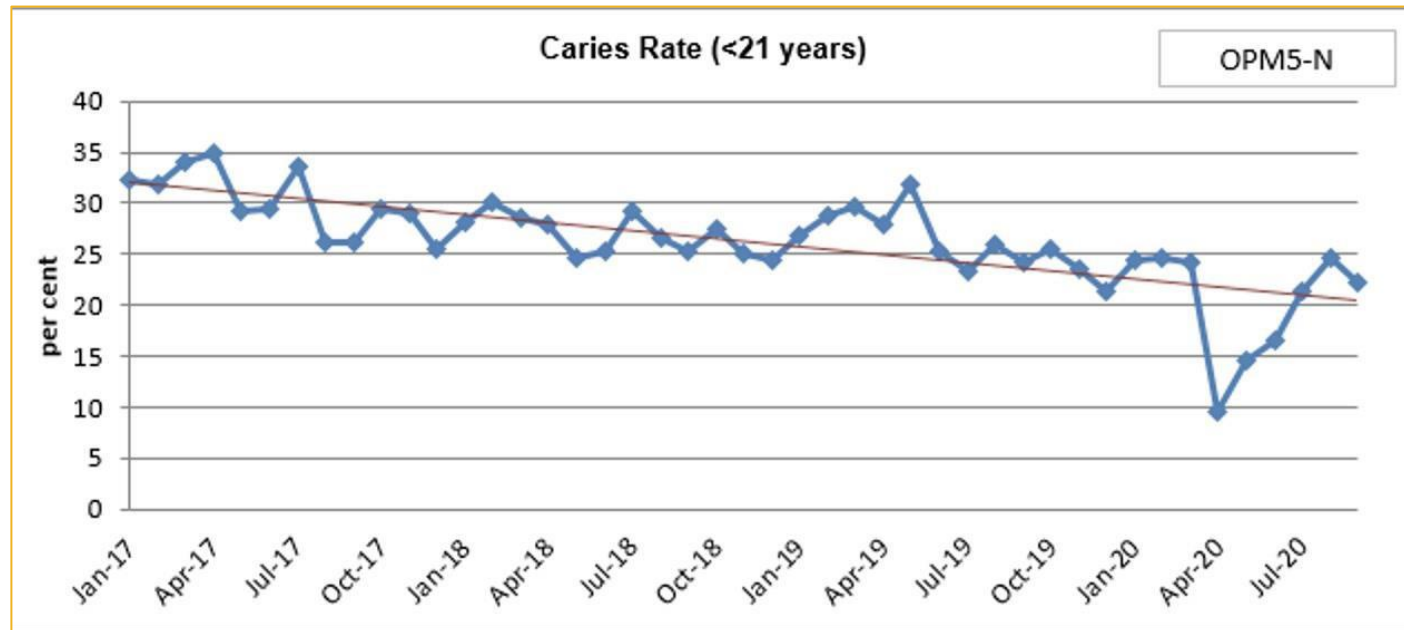Patient with any dental exam CDT code (D0150, D0120) and ICD code for edentulism (K08)

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Progression and Outcomes

Caries at recall

Patient with dental recall exam CDT code (D0120) and ICD code for caries (K02)

Periodontal status after scaling and root planning

ICD codes for periodontal disease (K05) before and after SRP (D4341, D4342)
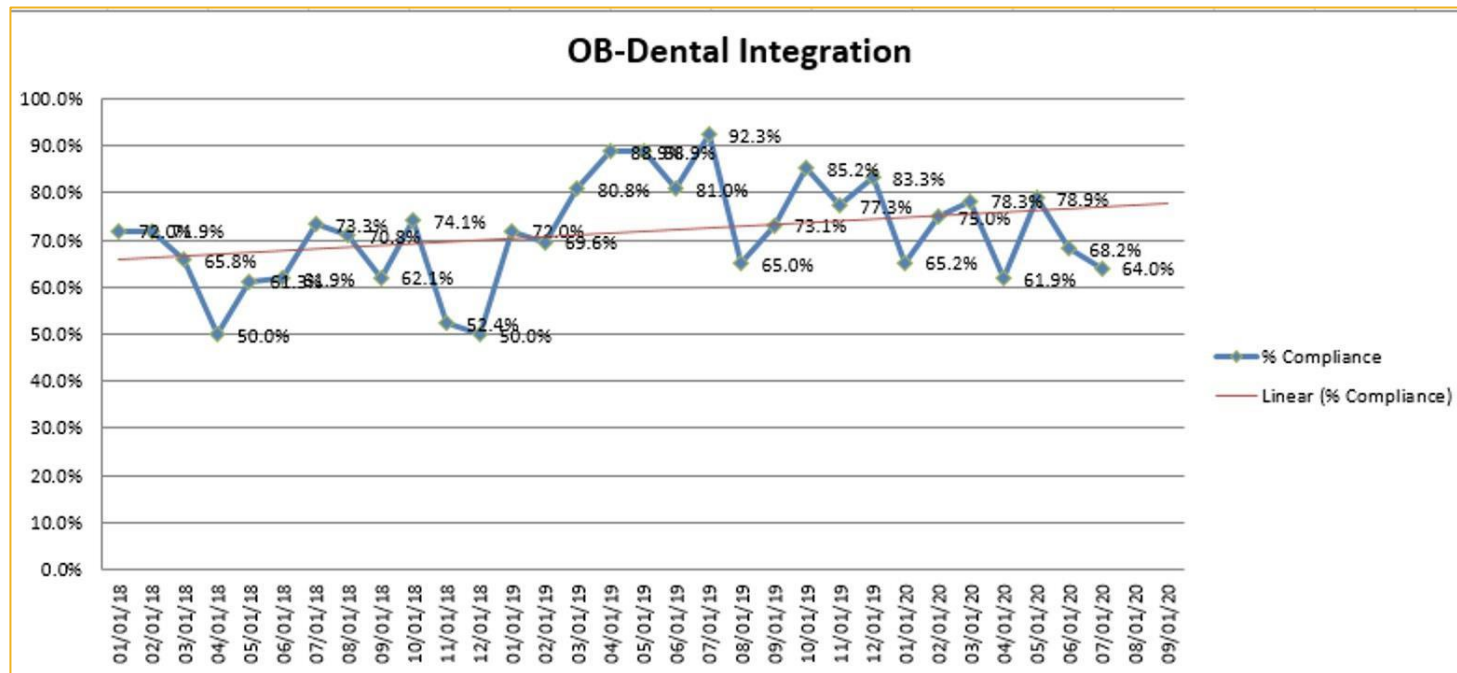
Progression and Outcomes

Dental services utilization and pregnancy outcomes

CDT codes (any D code) and ICD delivery codes

Dental services utilization and diabetes control

CDT codes (any D code) and ICD diabetes codes

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Progression and Outcomes

Progression from gingivitis to periodontitis

Patient with ICD gingivitis code (K05.0, K05.1) that has an ICD periodontitis code (K05.2, K05.3) at a later date

Defective restorations

Teeth with restorative CDT codes (D2XXX) that have ICD codes for defective restoration at a later date (K08)

Postoperative complications

Patients with CDT codes for surgical procedures (D7XXX) followed by ICD codes for postoperative complications (M27.2, S04.3, L76.2, L02.01, K13.7, K08.3, K12.2)

Medical-Dental Integration

- Oral evaluation during pregnancy

- Utilization of services during pregnancy

- Oral evaluation in adults with diabetes

- Utilization of services in adults with diabetes

- Follow-up after ED visits for non-traumatic dental conditions

[Dental Quality Alliance](#)

Value-Based Care

- Outcomes/cost

- Evidence

- Risk

- Upstream

- Population

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Implementation

- Select list of relevant and feasible ICD-10 codes

- EDR customization: [ICD10 list for oral health](#)
  - ICD-10 availability
  - Link ICD to CDT if available

- Once CDT completed, the ICD is resolved

- Build logic to alert missing ICD-10

- Use QI methodology to make ICD recording part of daily work

- Regular reporting

- Data validation

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NNOHA Resources

- Simplified list of diagnostic codes

- Use as a cheat sheet for new dentists or students at a health center

- Use as a guide for the health center's IT team

- Developed by the NNOHA Quality Committee

SCAN ME

https://www.nnoha.org/items-2/diagnostic-codes-cheat-sheet

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Diagnostic Codes – Evidence-Based Tool for Continuous Quality Improvement

Huong Le, DDS, MA

Asian Health Services

- 1974 - Founded as a one-room clinic with all-volunteer staff, mostly students from UC Berkeley. The center provided more than 1,500 medical visits in its first year.

- 2003 - First state-of the-art dental clinic opens with electronic health record (2nd clinic in CA to do so).

- 2008 - First health center to host an AEGD residency in California.

- 2010 - Opened the first clinic in state that is co-located on campus of a junior college and a dental assisting program.

- 2014 - Started school-based program (3 sites).

- 2016 - Launched $3 million capital campaign to create California's first dental clinic with integrated behavioral health services and 4 specialties.

- 2022 - Launched first mobile dental program.

- 2023 - Remote Preventive Dental Program

- 2024 - Expanding to southern part of Alameda county, AAAHC accreditation.

- 2025–2026 - AEGD Residency

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What Are Diagnostic Codes?

- Computer-readable descriptors of patients' conditions used in patient's records
- Uniquely identify the diagnoses or conditions identified at examinations
- Allow dentists to describe the types and range of conditions (stratifications)
- Enhance communication between providers and insurance plans and with patients
- Allow tracking clinical outcomes and monitoring clinical practices
- System-wide use of the codes provides consistent and standardized information
- Implications in public health:
  - Provides helpful data in understanding the oral health of patient population, demonstrate improvements in oral health, track best practices, and identify and monitor the progress of high-need groups
  - Allow easier analysis of the evidence available on the oral health and oral health care of patient population, thereby enhancing the ability to continuously improve patient care
- Considered as one universal language!
- Reference: https://pubmed.ncbi.nlm.nih.gov/12119089/

Available Coding Systems

- **International Classification of Diseases ICD -** most popular for insurance plans

  - **ICD-10 Procedure Coding System (ICD-10-PCS):** used in hospitals, developed and used by CMS

  - **ICD-10 Clinical Modification (ICD-CM):** used by providers in health care settings, codes for diagnoses, developed and maintained by CDC, National Center for Health Statistics (NCHS)

- **HCPCS Codes:** Medical, part of Current Procedural Terminology (CPT), Level I maintained by AMA, Level II established and maintained by CMS

- **SNOWMED/SNODENT (Systemized Nomenclature of Dentistry) -** ADA owned

  Examples:

  1. Dental caries
     - Identifier: 118065D
  2. Sensitive Dentin
     - Identifier: 135048D

  ***DDS codes (formerly known as EZ Codes) -** used in dental schools, very granular, more for educational environment - Dental Diagnostic Terminology for the Electronic Health Record developed by Elsbeth Kalenderian, DDS, MPH, Harvard and other collaborators

International Classification of Diseases-ICD-CM

- **International Classification of Diseases and International Classification of Diseases - Clinical Modification (ICD-CM**): code and classify diseases and health conditions that are recorded on health records and vital statistics

  - Used in health care for epidemiologic purposes to monitor incidence, prevalence, morbidity, and mortality statistics for disease conditions in an internationally standardized manner

  - To capture and retrieve clinical procedural information, for health management and reimbursement purposes, and to provide information that can help with resource allocation decisions

  - Federal mandate by the Department of Health and Human Services (DHHS) for all entities covered by the Health Insurance Portability Accountability Act (HIPAA) in an effort to provide a greater level of diagnostic detail, thereby, ultimately leading to improved diagnostic quality and accuracy for reimbursements (2015)

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The Time Is Now!

- Diagnosis codes are part of efforts in health care to use data to make the system become more cost-effective.

- "They're coming," says Dr. Smiley, past chairman of the ADA Council on Dental Benefit Programs (Grand Rapids, MI). "It behooves dentists and dental office billing staffers to become familiar with them."

- The ADA now includes both dental- and medical-related ICD-10 codes in its Code on Dental Procedures and Nomenclature (CDT Code) book. Dental schools have included the use of ICD-10 codes in their curricula to prepare graduating dentists for their use in practice.

- **CDT manual Section 3**: contains a **subset of some 750 ICD codes** that are likely to be most relevant to the patient conditions in dentistry.

- **Using data to drive clinical decisions at the clinician's level.**

Prepare for the Change

Diagnostic coding requirements are becoming more mainstream, and they could affect your practice in near future.

- October 1, 2015: Prior to the introduction of ICD-10-CM, dentists only reported a **diagnosis code when submitting a medical claim**; for outpatient treatment, only need CDT codes.

- Growing trend toward requiring dentists to report diagnoses codes on dental claims

- Reference: https://magazine.dentrix.com/how-does-icd-10-cm-affect-you/

Financial Advancements

- **Justified increased frequency of medically necessary services**

  Oral-systemic connection. Identifying the presence of chronic medical illnesses can help justify increasing the frequency of dental health services.

- **Expansion of dental benefits coverage**

  Medicare: definitive evidence of the oral-systemic connection could help in adding much-needed dental benefits to Medicare Part B

- **Reduced authorization requirements**

  - Ease the administrative burden on dentists and their staff, as ICD-10 codes will be used to report the medical necessity indication for selected services that previously required authorization and dental record review.

  - ICD-10 diagnosis codes could be submitted on an ADA Dental Claim Form to justify medical necessity without the need for additional review of x-rays, treatment plans, etc., leads to less staff time than submitting these additional documents.

  - https://www.drbicuspid.com/dental-practice/office-management/insurance/article/15377014/the-value-and-use-of-diagnosis-codes-in-the-dental-practice

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Financial Advancements (cont.)

- **They could reduce the need to file an appeal:** payers ask for information about why a service was needed.

- **They could protect you by documenting patients' status.** Coding "could potentially provide private practitioners with beneficial information about the overall health status of patients in their practice."

- **They could garner some patients an enhanced level of benefits.** For patients with specific medical diagnoses, some dental plans provide added benefits.

- **They're no longer the future.** Dr. Smiley (ADA): "A dental office is going to be able to better serve the future needs of its patients (and get paid doing it) if it knows how to appropriately apply diagnosis coding with their claims submissions. The time to learn is now!"

- If you do sedation services, outpatient or in hospital, you are required to use ICD-10 codes for reimbursement by medical and dental insurance

- **"Make sure the doctor's notes support the diagnosis code you choose."**

- Reference: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dqa-conference/jurkovich_quality_measurement_through_coding.pdf?rev=b3d32ac89fb84707b6d18f03ee6ed52c&hash=56AFB6D6B3D187CC791BBB72996C53E4

Impact on Quality Improvement

- Outcomes for **specific diagnosis**, **not necessarily procedures, can be documented.**

- A tool to **help better understand best care for individuals and populations**.

- **Quality improvement**: Improved recordkeeping, documentation, and information exchange.

  - Improved **treatment efficiency.**

  - Improved **patient outcomes and compliance.**

  - **Decision support and improved risk assessment tools.**

  - Ability to understand **medical-dental integration** and where to apply it to improve care.

  - Ability to broaden our learnings well beyond individual (dental) schools and current CE approaches, including **the use of AI**

- **Performance Monitoring:** allows practices to evaluate and monitor providers' services and resource utilization, analyze health care costs, monitor outcomes, and measure performance.

- **Improved Quality in Clinical Documentation:** The ICD-10 coding system is very dependent on clinical documentation, thus improves the quality of clinical documentation

- https://www.flatworldsolutions.com/healthcare/articles/icd-10-implementation-benefits.php

Challenges

- Dentistry is not familiar with diagnostic codes.

- Current reimbursements are based on CDT (Current Dental Terminology) and not diagnostic code.

- Limited education, limited evidence, limited decision support, thus less value seen by clinicians.

- Training in the use of diagnostic coding is limited.

- Lack of familiarity.

- Limited codes for dentistry, thus limited specificity (only about 750-900, compared to about 72,000 medical codes).

- Limited documentation for risk assessment or for providing rationale for diagnostic and preventive care.

- Limited ability to relate oral and overall health when compared with other terminologies.

- Possibly limited capabilities when there are multiple dental/medical morbidities and contributing factors.

Dental Conditions/Status

- **ICD-10-CM Diagnosis Code K08.531**, K08.539
  - Fractured dental restorative material with loss of material
  - Fractured dental restorative material
- **ICD-10-CM Diagnosis Code Z98.810**
  - Dental **sealant** status
  - History of dental sealant
- **ICD-10-CM Diagnosis Code K02.9**
  - Dental caries, unspecified
  - Caries of infancy associated with **bottle feeding**; Dental caries; Dental caries due to **radiation**; Dental caries of infancy from bottle feeding; Radiation induced dental caries
- **Z98.811 Dental restoration status**; applicable to
  - Dental crown status
  - Dental fillings status

- **ICD-10-CM Diagnosis Code M26.20**
  - Unspecified anomaly of dental arch relationship
  - Anomaly of dental arch; Dental arch anomaly
- **ICD-10-CM Diagnosis Code Z98.811**
  - Dental restoration status
  - Dental crown status; Dental fillings status
- **ICD-10-CM Diagnosis Code M27.69**
  - Other endosseous dental implant failure
  - Endosseous failure of dental implant; Dental implant failure NOS

ICD-10 CM Clinical Decisions

K02 Dental Caries

- K02.5 Dental caries on **pit and fissure surface** (chewing surface of tooth)

  - K02.51 Dental caries on pit and fissure surface limited to enamel - **justification for fluoride/sealants (CAMBRA)**

  - K02.52 Dental caries on pit and fissure surface penetrated into dentin - **fillings**

  - K02.53 Dental caries on pit and fissure surface penetrated into pulp- **root canal, direct pulp cap**

- K02.6 Dental caries on **smooth surface** (Includes caries of dentine dental cavities, early childhood caries, pre-eruptive caries, recurrent caries, dentino-enamel junction, enamel, to the pulp), general tooth decay

  - K02.61 Dental caries on smooth surface limited to enamel - **fluoride varnish**

  - K02.62 Dental caries on smooth surface penetrating into dentin - **restoration**

  - K02.63 Dental caries on smooth surface penetrating into pulp - **direct pulp cap, root canal**

Other Caries

- K02.3 Arrested dental caries - **monitor**

- K02.7 Dental root caries - **SDF if not extraction**

White Spot:

  - white spot on chewing surface K02.51 - **Sealants**

  - pit and fissure surface K02.51 - **Sealants**

  - smooth surface K02.61 - **Fluoride varnish**

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Periodontal-Clinical Decisions

K06 Periodontal disease, unspecified, other disorders of gingiva and edentulous alveolar ridge

- K06.0 Gingival recession
- K06.01 Gingival recession, localized
- K06.010 Localized gingival recession, unspecified
- K06.011 Localized gingival recession, minimal
- K06.012 Localized gingival recession, moderate - **grafting**
- K06.013 Localized gingival recession, severe - **grafting**
- K06.02 Gingival recession, generalized
- K06.020 Generalized gingival recession, unspecified
- K06.021 Generalized gingival recession, minimal

K05.3 - Periodontal disease, localized

- K05.312 - localized, moderate - **sub-gingival curettage and root planning (SRP)**
- K05.313 - localized, severe - **extraction**
- K05.319 - localized, unspecified severity- **different treatment modalities, chemical-assisted treatment?**

K05.32 Chronic periodontitis, generalized

- K05.321 - generalized, slight
- K05.322 - generalized, moderate
- K05.323 - generalized, severe
- K05.329 - generalized, unspecified severity
- K05.4 - periodontosis (not used much anymore - replaced with periodontal disease, applies for young patients)
- K05.5 - other periodontal diseases

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Quality Improvement

Audits

- Section 2 of the Medically Necessary Dental Care Act of 2011 states that dental services are "**medically necessary**"

Insurance requirements

- HIPPA compliance

Value-Based Payment System

- Insurance plans are rolling out paying plan for better health care outcomes (P4P, already happening with medical).

- Value-based model: incentive for better health status of your patient population.

- ICD-10 codes impact insurance payments.

- Quality improvement aims to reduce the risk of adverse events, including medical errors, injuries, and infections.

  - Implementing quality improvement initiatives, health care organizations can create a secure environment for patients and ensure that they receive the highest quality of care

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Medical-Dental Integration

- **2024 ICD-10-CM Diagnosis Code** M35.00 - Sjögren syndrome, unspecified

- **2024 ICD-10-CM Diagnosis Code** M35.0C - Sjögren syndrome with dental involvement

2024 ICD-10-CM Diagnosis Code

- **E11.63** Type 2 diabetes mellitus with oral complications

- **E11.630** Type 2 diabetes mellitus with periodontal disease

- **E11.638** Type 2 diabetes mellitus with other oral complications

- **O26.89 (90)** Pregnancy-related conditions, unspecified, unspecified trimester

EDR Set-Up

Select Diagnostic Codes for Dental Claims

ICD 10 ICD 9 Dental Diagnostic

Search: [ ]

Code	Description
K02.3	Arrested dental caries
K02.61	Dental caries limited to enamel, incipient
K02.62	Dental caries penetrating into dentin
K02.7	Dental root caries
K02.9	Dental caries:: unspecified
K03.2	Erosion
K03.81	Cracked tooth
K03.89	Tooth Sensitivity
S02.5XXA	Fractured tooth due to trauma

Unspecified Ins Information(0)

ICD-9 Ins Information(0)

ICD-10 Ins Information(0)

Add >

ICD-10 Codes Applied

Code	Description
K02.62	Dental caries penetrating into dentin

< Remove
<< Clear

ICD-9 Codes Applied

Code	Description

< Remove
<< Clear

Other Dental Diagnostic Codes Applied: (will not be shown on claims)

Code	Description

< Remove
<< Clear

List all codes

<< Clear All

OK   Cancel

Edit or Delete Procedure

Operator: HLE   Encounter #: [ ]
Date: 08/01/2024   Start Date: [ ]   Completion Date: [ ]
Procedure: D2392 >> Comp - two surf - Post
Clinic: LIVE >>
Tooth: 5
Surfaces: OD, >>
Amount: 271.00
RVU: 3.00
Provider: HLE >>
Instructor: [ ] >>

Override Ins. Estimate
Prim. Ins.
Sec. Ins.

Procedure Status
Treatment Plan Approval Status
None
Completed
Existing-Current Prov
Existing-Other Prov

Do Not Bill Dental Insurance
Require Start/Completion Date   Modifier: [ ]
Override Proc Flags

Conditions
>> [ ]
Invalidate Upon Completion: With Verification Automatic None

Diagnoses: >> K02.62

Notes: [ ]
Credits >>

Related Referral
Referred: [ ] >> Remove   ID Number Type [ ]   ID Number [ ]

Delete   OK   Cancel

Procedure code: 02392 Comp - two surf - Post- Tooth: 5 Surface: OD

Diagnostic code: K02.62 Caries, extending to dentin

___1/2 carpule(s) 2% Lidocaine with 1:100,000 epinephrine

Tooth #5-DO - all caries was completely removed, etch applied for xx seconds, rinsed for xx seconds, XX bond applied . XX flowable composite placed , shade A3. Polished. Checked occlusion for any discrepancies.

Informed patient of possible sensitivity. Pt is to call if there is any problem.

Next Visit: XXX

In Summary, Diagnostic Codes Can

- Help to identify clinical validation denials and coding disputes and why they occur.

- Provide supporting evidence of the condition.

- Resolve conflicting provider opinions that are not addressed.

- Assist with case reviews of your top 5 – 10 denial categories and analyze these claims for patterns with certain diagnoses.

- Query providers when diagnostic statements are not clearly supported with clinical evidence.

- Develop provider education opportunities for stronger evidence of the billed diagnoses.

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Question & Answer

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