Academy of Laser Dentistry Conference and Exhibition

Dental Insurance from the Payers Perspective

Richard M. Celko, DMD, MBA
National Dental Director of Utilization Management, Avesis
Past President, American Association of Dental Consultants
Radisson Ft. McDowell Resort
Scottsdale AZ
March 1, 2014
Information and Resources

Clinical Policy Bulletins

www.fairhealthconsumer.org
Narratives
Narratives and photographs

- Appropriate Narratives
- Clinical Photographs
Treatment #7

presented to my office for evaluation of persistent gingival inflammation well localized to the #7 area. Clinical examination reveals moderate gingival marginal inflammation and probing depth of 2mm. It was concluded that had insufficient biologic width due to passive eruption secondary to heavy anterior wear.

received laser osseous surgery to reposition the bony crest. In addition, the fibrotic crestal gingival was removed, and a new, anatomical biologic width was re-established.

In my opinion, surgical intervention was required to correct the localized, persistent gingival inflammation.

We are requesting approval of benefits for this procedure on Mr. behalf.

Respectfully Submitted.
May 31, 2001

Report of treatment performed on Marcia

Dear John:

Today, Marcia was seen for treatment. Below is a summary of what was performed. I will be monitoring progress for 6-8 weeks at which time, I will perform an outcome evaluation and report to you again.

Written informed consent was provided after discussion.

The treatment provided during this session included the following:

Surgery in the maxilla included the following:

" Immediate pre-op status:
  * Vital Signs: Blood pressure: 150/100 mmHg, Heart rate: 80 per min.
  * Laterally Sliding (Pedicle) Flap over #10-13
  * split-thickness recipient bed prep.
  * muscle attachment release
  * root planing
  * a split-thickness pedicle graft was raised from the area apical to the recipient bed
  * the pedicle flap was placed over #10-13 - coronally repositioned
  * the pedicle flap was sutured in place using continuous rolling sutures,
  * sutured with: Black Silk - 4-0.
  * Frenectomy in the #8-9 area on the buccal
    * split thickness dissection of the frenum in this area
    * lateral relaxing incision & dissection at the base of the frenum
    * periosteal fenestration at the base of the incision
    * apical displacement and suturing of the flap margin
    * sutured with: Chromic gut - 4-0

Anesthesia utilized during today's session included:

" The use of a topical anesthetic
  * Local anesthetic administration included the use of:
    * Lidocaine 2% / 1:100,000 epi 2 capsules
    * Lidocaine 2% / 1:50,000 epi 0.2 capsules

Oral Conditions (findings, signs, symptoms, etiologic factors):

" Changes to the periodontium include:
  * aberrant frenum pull in the area of #8-9
  * thin alveolar housing throughout
  * gingival recession generalized and scattered throughout.

Please give me a call or jot me a note if you have any questions or comments.

Sincerely yours,
May 7, 2001

Dr. John

Report of treatment performed on Marcia

Dear John:

Today, Marcia was seen for treatment. Below is a summary of what was performed. I will be monitoring progress for 6-8 weeks at which time I will perform an outcome evaluation and report to you again.

Written informed consent for the following was provided after discussion: Root coverage

The treatment provided during this session included the following surgical care:

Surgery in the maxilla included the following:

** Immediate pre-op status:
  * Vital Signs: Blood pressure: 160/92  mmHg, Heart rate: 72 per min.,
  ** Pedicle Flap over #4-5
    * split-thickness recipient bed prep.
    * muscle attachment release
    * root planing
    * a split-thickness pedicle graft was raised from - the area apical to the recipient bed
    * the pedicle flap was placed over #4-5B partially on the periosteal bed & the exposed root
    * the pedicle flap was sutured in place using sling suture, continuous rolling sutures,
    * sutured with: Black Silk - 4-0,

** Immediate post-op care and status
  * bleeding is under control
  * the patient is not experiencing significant discomfort
  * periodontal dressing was applied to the #4-5 area
  * post operative instructions have been dispensed
  * an appointment for post operative care has been made

Medications prescribed today included:
  * Acetaminopen with Codeine 30mg
  * Chlorhexidine Rinse

Anesthesia utilized during today's session included:
  ** The use of a topical anesthetic
  ** Local anesthetic administration included the use of:
    * Lidocaine 2%  / 1:100,000 epinephrine 1 carpules

Oral Conditions (findings, signs, symptoms, etiologic factors):
  ** Changes to the periodontium include:
    * gingival recession associated with #4-5B,
    * inadequate attached gingiva associated with #5B

Please give me a call or jot me a note if you have any questions or comments.

Sincerely yours,
Narratives

• Appropriate Narratives and progress notes. These need to be legible and concise.
• Not so appropriate “Boiler Plate” / Form style narratives.
PROGRESS NOTES

6/13/03 - Spoke to today - sounds like •
W/C. Should be #12 by #5. Needs an ECF.

6/17/03 - Succinct bone growth of U.P.
+D.P.H.: 11/12/03. 12/12/03 C.A.H.: 11/11/03
Dx WIP: Suggested. • #12/11. #6.
12/17/03: 30,000 x 1 capsule #12
12/24/03: 1 capsule #12
Note: Photo taken #12/03.

6/18/03 - Old asymptomatic. 1st day complete
20/x. 1. X: 12. x
12/17/03: WIP: Sigure donation.
12/24/03: Donation is going to be made.
12/24/03: Postmortem examination
• 8:00 to 6:00.
### Narrative

**“Boiler Plate” / Form style**

Dr. ‘X’, Los Angeles, CA

**Patient 1**

<table>
<thead>
<tr>
<th>1. Patient Name (First, M.I. Last)</th>
<th>2. Relationship to Employee</th>
<th>3. Sex</th>
<th>4. Patient birthdate</th>
<th>5. If full time student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self  X  Child  M  F  MM  DD  YY</td>
<td>School</td>
<td>City</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spouse  Other  X  1  27  1993</td>
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</tbody>
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<td></td>
<td></td>
<td>3  22  1957</td>
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</tr>
</tbody>
</table>

Identify missing teeth with “X”

#### 30. Examination and treatment Plan - List in order from Tooth no. 1 through 32. Use charting system shown.

<table>
<thead>
<tr>
<th>Tooth</th>
<th>Surface</th>
<th>Description of Service</th>
<th>Date Service</th>
<th>Procedure</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>(Including X-rays, Prophylaxis, materials used etc)</td>
<td>07/01/08; 00150</td>
<td>75.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>COMPREHENSIVE ORAL EVALUATION</td>
<td>07/01/08; 09952</td>
<td>500.00</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>OCCLUSAL ANALYSIS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
July 01, 2008

To Whom It May Concern:

We performed an **Occlusal Analysis & Equilibration** (ADA Code 9952) procedure.

Patient’s teeth and jaws do not occlude in an acceptable positions (Malocclusion). It is due to poor perio, malocclusion, bruxism and clenching.

Occlusal Equilibration (mechanical adjustment) is performed to a position that allows patient’s lower jaw to function in a natural hinge in relation to the upper jaw without improper influence from teeth.

If occlusal equilibration is not done in timely manner, patient may experience pain, abnormal wear of dentition, breaking of restorations, eventual degeneration of TMJ (temporomandibular joints).

If we can be of any further assistance, please let us know.
Narrative
“Boiler Plate” / Form style

Dr. ‘X’, Los Angeles, CA

Patient 2

1. Patient Name (First, M.I. Last)
   Cindy

2. Relationship to Employee
   X. Self
   M. Child
   F. Spouse
   MM. Other
   DD. X
   YY. 10

3. Sex
   M

4. Patient birthdate
   22
   1970

5. If full time student
   MM. School
   DD. City

6. Employee/subscriber Name & Mailing Address

7. Employee soc. sec#
   MM
   DD
   YY

8. Employee Birthdate
   10
   22
   1970

9. Employer (Company)

10. Group number

Identify missing teeth with “X”

30. Examination and treatment Plan - List in order from Tooth no. 1 through 32. Use charting system shown.

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<th>Tooth</th>
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</thead>
<tbody>
<tr>
<td>#</td>
<td></td>
<td>(Including X-rays, Prophylaxis, materials used etc.)</td>
<td>Date Service</td>
<td>Procedure Number</td>
<td>FEE</td>
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<td></td>
<td>INTRAORAL-PERiapical First Fil</td>
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<td>00220</td>
<td>35.00</td>
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<tr>
<td></td>
<td></td>
<td>INTRAORAL-PERiapical Each Addi</td>
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<tr>
<td></td>
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<td>05/07/08</td>
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<td>500.00</td>
</tr>
</tbody>
</table>

For Admin. Use
Narrative
“Boiler Plate” / Form style

Dr. ‘X’, Los Angeles, CA

Patient 2

To Whom It May Concern:

We performed an Occlusal Analysis & Equilibration (ADA Code 9952) procedure.

Patient’s teeth and jaws do not occlude in an acceptable positions (Malocclusion). It is due to poor perio, malocclusion, bruxism and clenching.

Occlusal Equilibration (mechanical adjustment) is performed to a position that allows patient’s lower jaw to function in a natural hinge in relation to the upper jaw without improper influence from teeth.

If occlusal equilibration is not done in timely manner, patient may experience pain, abnormal wear of dentition, breaking of restorations, eventual degeneration of TMJ (temporomandibular joints).

If we can be of any further assistance, please let us know.
Dr. ‘X’, Los Angeles, CA

Patient 3

<table>
<thead>
<tr>
<th>1. Patient Name (First, M.I. Last)</th>
<th>2. Relationship to Employee</th>
<th>3. Sex</th>
<th>4. Patient birthdate</th>
<th>5. If full time student</th>
</tr>
</thead>
<tbody>
<tr>
<td>X. Self</td>
<td>Child</td>
<td>M</td>
<td>MM DD YY</td>
<td>School</td>
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<tr>
<td>Spouse</td>
<td>Other</td>
<td>X</td>
<td>12 6 1978</td>
<td>City</td>
</tr>
</tbody>
</table>

6. Employee/Subscriber Name & Mailing Address

7. Employee soc. sec# 8. Employee Birthdate

9. Employer (Company) 10. Group number

<table>
<thead>
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<th>Tooth #</th>
<th>Surface</th>
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<th>Procedure Number</th>
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<tr>
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<td>INTRACRORAL-PERIAPICAL FIRST FIL</td>
<td>05/09/08</td>
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<td>Occlusal Analysis</td>
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</tr>
</tbody>
</table>
Narrative
“Boiler Plate” / Form style

May, 9, 2008

Dr. ‘X’, Los Angeles, CA

Patient 3

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If we can be of any further assistance, please let us know.
**Narrative**

"Boiler Plate" / Form style

**Dr. ‘X’, Los Angeles, CA**

**Patient 4**

<table>
<thead>
<tr>
<th>1. Patient Name (First, M.I. Last)</th>
<th>2. Relationship to Employee</th>
<th>3. Sex</th>
<th>4. Patient birthdate</th>
<th>5. If full time student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynn</td>
<td>X  Self  F  MM DD YY</td>
<td></td>
<td></td>
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<td>5</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Employee/Subscriber Name &amp; Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. Employee soc. sec#</th>
<th>8. Employee Birthdate</th>
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<tbody>
<tr>
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<td>MM DD YY</td>
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<td>5  20  1982</td>
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</table>

30. Examination and treatment Plan - List in order from Tooth no. 1 through 32. Use charting system shown.

<table>
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<tr>
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<th>Date Service</th>
<th>Procedure Number</th>
<th>FEE</th>
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</thead>
<tbody>
<tr>
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<td>PERIODIC ORAL EVALUATION</td>
<td>05/13/08</td>
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<td>05/13/08</td>
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</tr>
</tbody>
</table>
Narrative
“Boiler Plate” / Form style

May 13, 2008

Dr. ‘X’, Los Angeles, CA

Patient 4

To Whom It May Concern:

We performed an Occlusal Analysis & Equilibration (ADA Code 9952) procedure.

Patient’s teeth and jaws do not occlude in an acceptable positions (Malocclusion). It is due to poor perio, malocclusion, bruxism and clenching.

Occlusal Equilibration (mechanical adjustment) is performed to a position that allows patient’s lower jaw to function in a natural hinge in relation to the upper jaw without improper influence from teeth.

If occlusal equilibration is not done in timely manner, patient may experience pain, abnormal wear of dentition, breaking of restorations, eventual degeneration of TMJ (temporomandibular joints).

If we can be of any further assistance, please let us know.
**Narrative**

"Boiler Plate" / Form style

Dr. ‘X’, Los Angeles, CA

Patient 5

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>Surface</th>
<th>Description of Service</th>
<th>Date Service Performed</th>
<th>Procedure Number</th>
<th>FEE</th>
<th>For Admin. Use</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Narrative
“Boiler Plate” / Form style

Dr. ‘X’, Los Angeles, CA

Patient 5

To Whom It May Concern:

We performed an Occlusal Analysis & Equilibration (ADA Code 9952) procedure.

Patient’s teeth and jaws do not occlude in acceptable positions (Malocclusion). It is due to poor perio, malocclusion, bruxism and clenching.

Occlusal Equilibration (mechanical adjustment) is performed to a position that allows patient’s lower jaw to function in a natural hinge in relation to the upper jaw without improper influence from teeth.

If occlusal equilibration is not done in timely manner, patient may experience pain, abnormal wear of dentition, breaking of restorations, eventual degeneration of TMJ (temporomandibular joints).

If we can be of any further assistance, please let us know.
patient presents to office with high anxiety and phobia.

unable to obtain extraction to local anesthesia.

patient requires iv sedation to teeth.

patient had tenderness and discomfort to teeth.

please respond back to as soon as possible.
Patient presents to the office with high anxiety and phobia. Unable to accomplish the procedure under local anesthesia only. Patient will require I.V. sedation/deep sedation. Symptomatic teeth#1, 16, 17, 32. We request for your approval/pre-authorization for I.V. sedation/deep sedation.

ADA Code: D9220 & D9221
The above named patient presents with bruxism (ICD 306.8), facial pain (ICD 784.0) and loss of bone around the teeth.

Examination of gum tissue and the surrounding bone supporting the teeth exhibited:

Type II periodontitis (moderate) loss of bone and gum tissue surrounding the teeth

Sincerely,
The above named patient presents with bruxism (ICD 306.8), facial pain (ICD 784.0) and loss of bone around the teeth.

Examination of gum tissue and the surrounding bone supporting the teeth exhibited:

Type II periodontitis (moderate) loss of bone and gum tissue surrounding the teeth.
The following narratives are provided to clarify the medical necessity of the procedures performed upon Jo.

Concerning Line: 1
Debridement of unresolved areas, removal of calculus, granulation tissue from dentoalveolar structures. As recommended by the American Academy of Periodontology, continued maintenance is necessary at minimum every three months in order to control this chronic infection. This is in addition to the initial treatment submitted previously. Without continued maintenance, it is expected to a high degree of medical certainty that this infection will advance allowing ongoing bacterimia to occur jeopardizing the overall health of this patient.

In addition to the above procedure, the following procedures were also performed.
A desensitizing agent was applied to exposed nerve endings to relieve hypersensitivity.
Concerning Line: 1
Debridement, removal of calculus, granulation tissue from dentoalveolar structures. As recommended by the American Academy of Periodontology, it is necessary to perform this treatment in order to control this chronic infection. It is expected to a high degree of medical certainty that this infection if untreated, will advance allowing ongoing bacterimia to occur jeopardizing the overall health of this patient. (MD L,R)

In addition to the above procedure, the following procedures were also performed.

Sites of infection were irrigated with antimicrobial agents.
The following narratives are provided to clarify the medical necessity of the procedures performed upon Laura.

Concerning Line: 1
Debridement of unresolved areas, removal of calculus, granulation tissue from dentoalveolar structures. As recommended by the American Academy of Periodontology, continued maintenance is necessary at minimum every three months in order to control this chronic infection. This is in addition to the initial treatment submitted previously. Without continued maintenance, it is expected to a high degree of medical certainty that this infection will advance allowing ongoing bacteremia to occur jeopardizing the overall health of this patient.

In addition to the above procedure, the following procedures were also performed.
A desensitizing agent was applied to exposed nerve endings to relieve hypersensitivity.

Concerning Line: 2
Phase contrast microscopy is used for the diagnosis and monitoring of periodontal disease. While some 250 - 300 different microbes can colonize a sulcus, a few easily recognized features are typically used as markers for periodontal risk, including spirochetes, white blood cells, and protozoan.

Once the causative organisms are under control, we know that our present treatment and homecare is effective, and once identified, they will be our therapeutic target. Periodontal disease, like diabetes is never cured, but can only be controlled. Just like patients with high blood pressure, high cholesterol and diabetes are monitored, so should patients being treated for periodontal disease.
April 26.

**Re:**

This is to report services CDT code 04341 (Periodontal: Scaling and Root Planing) for the above-named patient. Please note the attached documentation of the patient's probing depths, bleeding points, mobility, recession and bone loss. Our experience has been that most insurance carriers will pay benefits for code 04341 if there are pocket depths of 5 mm or more surrounding at least two teeth. A periodontal diagnosis of pocket depths cannot generally be determined from x-rays. In fact, "radiographs underestimate the amount of bone loss and are apparently useless in diagnosis of early periodontitis"*. Please note the description of the tissues circled below regarding this patient's examination findings:

- **Color:** Blue/Red
- **Inflammation:** Severe
- **Contour:** Bulbous/Swollen
- **Margins:** Rounded

Type II periodontitis (Moderate); gum inflammation has caused loss of bone and gum tissue surrounding the teeth.

**RECEIVED**

May 07
Narratives

• Appropriate Narratives
• “Boiler Plate” / Form style narratives
• Treatment notes
ENDORSEMENT #5,4

Dec 95 SUBMITTED 1-11-96

Pending DRG: 107

Processing Please reprocess claim.

Thank you.

S.R.
LANAP
Position Paper on LANAP™ and Full Mouth Treatment

LANAP™ is a full mouth protocol for the treatment of moderate to advanced periodontal disease, a multi-factorial disease complex. Initial localized periodontal therapy with the PerioLase MVP-7 is not LANAP.

Initial localized use of the PerioLase MVP-7 for LANAP compromises predictably successful outcomes. As such, Millennium Dental Technologies, Inc. and the Institute for Advanced Laser Dentistry do not endorse initial localized use of the PerioLase MVP-7 for LANAP.

P. Gingivalis is an opportunistic periodontal pathogen that needs to be eradicated around all teeth. The prevalence of these bacteria in the mouth is described, and full mouth treatment is supported in periodontal literature:


<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>07-24-2009</td>
<td>10</td>
<td>JP</td>
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<td>D4260</td>
<td>Laser Assisted New Attach</td>
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<td></td>
<td>D9241</td>
<td>IV Sed/Analgesia</td>
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**MISSING TOOTH INFORMATION**

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<thead>
<tr>
<th>30. Place an 'X' on each missing tooth</th>
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</thead>
<tbody>
<tr>
<td>12 23 34 45 56 67 78 89 90 11 12 13 14 15 16 17 18 19 20 21 22</td>
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<td>T S E D F R H J</td>
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**Total Fee:** 3,695.00
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<th>Tooth Surface</th>
<th>Procedure Code</th>
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<td>20, JP</td>
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<td>Laser Assisted New Attach</td>
<td>1,600.00</td>
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<tr>
<td>08-07-2009</td>
<td>30, JP</td>
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<td>D4260</td>
<td>Laser Assisted New Attach</td>
<td>1,600.00</td>
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<tr>
<td>08-07-2009</td>
<td>JP</td>
<td></td>
<td>D9241</td>
<td>IV Sed/Analgesia</td>
<td>495.00</td>
</tr>
</tbody>
</table>
Diagnostic Material

1. Properly mounted radiographic images must be of diagnostic quality and have dates.
2. Periodontal charting (less than 12 months) must be dated.
Altered dates/charting
Altered dates/charting

• Alterations with intent to deceive rather than to ‘correct entries’
### Altered dates/charting

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DENTAL HISTORY

generalized severe periodontitis
Altered dates/charting

Original date
Altered dates/charting
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Questions

Resources
Clinical Policy Bulletins
www.fairhealthconsumer.org
Thank you

• Comments
• Questions
“Cathedral of Learning”