Insuring success with CAD/CAM restorations

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In restorative cases, insurance reporting for chairside or lab-fabricated CAD/CAM restorations is equivalent to reporting conventionally fabricated metal-free restorations (ceramic and composite) using other methods. Utilizing the correct codes (CDT = current dental terminology) is now mandatory on all insurance processing and helps ensure proper claim adjudication. In order to file insurance efficiently, the clinician and business assistant must develop appropriate insurance documentation/justification scenarios. In general, ceramic onlays and full crowns are reimbursed with appropriate documentation.

The clinician and staff should educate patients as to the uniqueness and benefits of chairside CAD/CAM. The digital camera, intraoral camera, GURU (patient education) and CAD/CAM all go hand-in-hand. With the intraoral and/or digital camera, the clinician should take photographs and X-rays to accompany the insurance claim, along with an in-depth narrative to build a strong case for reimbursement.

Insurance reimbursement for CAD/CAM restorations

Unfortunately, insurance companies may not always reimburse conservative (tooth saving) techniques at the same level as more aggressive C&B procedures (full coverage) despite the fact that the materials and techniques require the same or greater effort on the part of the clinician/office team and actually provide the patient greater benefits. Most dental insurance policies will reimburse indirect intra-coronal restorations at a comparable direct (composite or amalgam) rate.

On the other hand, most dental insurance policies do reimburse ceramic onlays and ceramic full crowns. Ceramic and resin-type veneers are considered "cosmetic," so generally expect no insurance reimbursement. However, replacing failed veneers may have a chance for reimbursement under some insurance contracts. For the private-pay patient, insurance reimbursement policies are immaterial.

Documentation for CAD/CAM restorations

For CAD/CAM or other indirect restorations, excellent documentation may enhance dental insurance reimbursement and reduce delays. A pre-op X-ray and photo of the tooth may be provided along with a photo of the prep. This documentation, along with the narrative, should be filed initially with each CAD/CAM restoration for payment, greatly reducing hassles, delay, requests for additional information, etc.

Expect headaches without an intraoral camera or digital camera for documentation! Photos often reveal problems that X-rays do not, so be sure to submit photos routinely.

One of the unique aspects of the E4D™ Dentist system is the fact that each scan, whether preoperative or of the preparation, is saved to the hard drive as a small thumbnail, which can be used to further document the procedure for patient records or insurance justification.

Provide a narrative that discusses fracture and decay, plus any missing, undermined or fractured cusps. If a photo is included, describe what is seen as supplemental to that in the X-ray. For onlays, always mention "capping the cusp(s)" in the narrative. According to the description in the CDT 2010 ADA Glossary (page 212), an onlay requires "restoring one or more cusps and adjoining occlusal surfaces or the entire occlusal surface." Thus, an MOD is not an onlay; it must include a facial and/or lingual cusp in its description. For example, an MODFL or MOL would be a validly reported onlay. A general rule of thumb is "if
the tooth needs a crown, then an onlay will probably be reimbursed.*

_Dental codes for chairside materials_

Milling prefabricated blocks has the advantage over other methods of metal-free restoration fabrication as they ensure the homogeneity of the material through and through and are not subject to many of the variables of hand stacking, pressing or fabricating restorations by hand. Each type of manufactured block has its own distinct properties, clinical advantages and application.

It should be noted that a small percentage of insurance contracts specifically exclude the resin-based, composite restoration as a material for reimbursement. In addition, some contracts reimburse a lower fee for the resin-based restoration compared to the ceramic restoration’s fee.

_How to profit from inlays_

As previously mentioned, the reimbursement level of inlays may be lower compared to onlays or full coverage restorations. Often, the equivalent of an amalgam or composite fee is reimbursed for an inlay. Thus, many patients are reluctant to pay a large amount “out of pocket” for inlays, and dentists rarely mention them for this reason.

However, there is a profitable strategy for CAD/CAM inlays. Typically, the CAD/CAM crown and onlay are priced at the level of a conventional lab-fabricated restoration ($895 to $1,095). If the volume of these higher-fee restorations cover the monthly payment, then the only additional cost to fabricate and deliver chairside inlays is the direct (fixed) cost of about $30/unit (bur, block, materials).

Thus, the concept of the “lower-fee” CAD/CAM inlay strategy may be utilized. The long-lasting inlay is offered as an alternative to the amalgam/composite at a lower fee, say $450. If the materials are $30, the net gross profit is $420. If the dentist will delegate and work with two assistants, the dentist’s chair time for CAD/CAM will be equal to or less than an amalgam/composite restoration. One of the assistants can work on the imaging, designing, milling and making small occlusal and interproximal adjustments outside the mouth. The dentist only preps the tooth and bonds the inlay in place. Meanwhile, the dentist produces with the other assistant elsewhere.

“Lower-fee” inlays will be quite profitable if the dentist is willing to train/utilize/delegate the dental assistant properly. Many patients will accept inlay treatment if they only pay the fee difference of $450 and the regular amalgam/composite reimbursement fee. The patient’s out-of-pocket could be less than $200 for an inlay with some plans.

In the end, the patient is grateful for a single appointment and long-lasting inlay at an affordable price, while the dentist makes a substantial profit offering the best conservative dentistry available. It’s even more profitable if the inlay is fabricated in conjunction with other CAD/CAM restorations in the same quadrant.

_Shouldn’t you consider chairside CAD/CAM technology?_

Chairside CAD/CAM is economically viable for most restorative practices. The economics of a one-visit restoration plus the capacity of same-day dentistry is compelling. The capital cost of owning a CAD/CAM system is often more than offset by a reduction in the fabrication fees, an increase in upgrading direct restorations and the increase in new patients wanting this type of technology. With the addition of inlays and onlays to the clinical service mix, even more additional profits are available while providing the best in patient care._

_about the author_

Dr. Charles Blair consults about insurance, fee and procedure mix. He is a highly sought after speaker for dental meetings and conventions nationwide. Blair is available to work with E4D users regarding specific strategies, coding and fees. Proper insurance coding and proper alignment of fees in the practice is very important. Dentists are unaware of the mistakes they make that could often leave $100 to $500 a day “on the table.” Most dentists can “get an E4D for free” with Blair’s Revenue Enhancement Program, plus a $115,000 tax deduction. For additional information, call (866) 858-7596 or e-mail info@drcharlesblair.com.