With price pressure growing in the marketplace, doctors are continually seeking new and innovative ways to create profitable restorations leveraging chairside milling systems. A simple yet dynamic opportunity for practice growth exists for doctors to perform more onlays instead of direct restorations (aka composite fillings).

Consider this startling statistic: On average, doctors perform nearly 1,000 direct restorations annually while their chairside milling system sits idle. You’ve made a significant investment in a chairside milling system; now it’s time to capitalize on that technology and maximize your ROI.

How? Consider converting a portion of your direct restoration cases to onlays. Your patients benefit from a high-quality, long-lasting restoration while you benefit from greater practice revenue.

Despite the benefits for patient and doctor alike, all too often the challenge of material quality and insurance reimbursement considerations act as a barrier, discouraging the treatment plan that might be best for your patients. The esthetic efficacy and best interest of the patient are paramount in choosing a course of treatment, and material considerations and insurance reimbursement should not create a hindrance or prevent you from pursuing the optimum outcome.

Here we give you the business case in favor of onlays over direct restorations, as well as some practical tips on how to accurately document a case to maximize your reimbursement success and identify which material is the most ideal.

Expand clinical indications to increase ROI

While many doctors have bridged the gap and successfully leveraged chairside milling to its fullest potential, others struggle to get the most out of their investment. Those 1,000 direct restorations currently in your practice offer significant potential to expand your system beyond just crown processing and increase your ROI.

For example, if you used your chairside milling system only for crown processing — say, an average of 250 crowns per year at a treatment fee of $1,500 each — your annual practice revenue for those crowns would be $375,000. Meanwhile, if you’re doing another 1,000 direct restorations at $350 each, you’re generating another $350,000 in practice revenue. Just those two procedures alone total $725,000 in practice revenue.

But consider the practice revenue implications if you were to convert just 10 percent of those direct restorations to onlays at $1,000 each. While the revenue from direct restorations would decrease from $350,000 to $315,000 — about $35,000 less — you just generated $100,000 from 100 new onlay procedures. With your 250 crown procedures, 900 direct restorations and 100 onlays, you have now increased...
practice revenue to $752,500 — an increase of 9 percent. You’ve also just increased the ROI associated with your chairside milling system by 27 percent!

Meanwhile, you’ve delivered a long-lasting, high quality result to your patient thanks to a more minimally invasive treatment plan. This should be emphasized when discussing the benefits of the procedure to your patients.

The right choice of materials is key

Leveraging a minimally invasive treatment plan that allows you to successfully expand your clinical indications, generate higher ROI and deliver the perfect blend of tooth-like characteristics are important considerations in choosing a material for onlays.

When it comes to selecting the right material, clinicians should consider a CAD/CAM block that most closely resembles natural tooth characteristics in function, rigidity and elasticity.

Available on Planmeca PlanMill® and other chairside milling systems, VITA ENAMIC is the only dual-network CAD/CAM material in the world. It boasts a dominant ceramic structure infused with polymer to deliver the same material properties of natural dentition, making it an ideal biomimetic restorative material. In fact, ENAMIC features characteristics that most closely resemble the patient’s original tooth, including an elasticity of 30 GPa, a value that falls into the same range as human dentin.

VITA ENAMIC can be milled as thin as 1 mm occlusally for an easy blend of margins with no chipping. VITA ENAMIC is also fast and easy to process. With no furnace required, it decreases chairtime by up to 50 percent for greater practice profitability. This is also significant to your patient by reducing appointment time that can lead to higher referrals. After all, time is money for both you AND your patient.

Code correctly for maximum reimbursement

At some point in his or her practice, every doctor has experienced it — a denial from the insurance company for a partial-coverage restoration. Despite your best efforts to facilitate communication and documentation that warrants full reimbursement, you still receive a denial. Because of this, many doctors shy away from performing onlays and default to the simpler and lower-fee direct restorations, even though they may not be ideal for the patient and despite a significant investment in chairside milling.

Insurance reimbursement can be unpredictable without proper documentation, as is using the proper insurance codes. Standard insurance codes for onlays are D2643 (porcelain/ceramic, three surfaces) or D2644 (porcelain/ceramic, four or more surfaces). Typically, an onlay is defined as a restoration made outside the mouth that replaces the cusp or cusps of a tooth. It is also cemented or light-cured onto the tooth. An onlay incorporates portions of a tooth (within the cusps of a tooth) that might correspond to areas also commonly restored using amalgam or composites or by using an inlay, with the addition of a cusp or cusps. It is not considered correct to report an inlay code along with an onlay code.

The onlay code is inclusive of the inlay. Inlays are...
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usually paid by carriers at the least expensive alternative treatment fee, frequently comparable to the fee for an amalgam.

Depending on the cusp involvement, onlays may be a paid benefit with no alternative clause, typically at 50 percent of the insurance carrier’s fee schedule or maximum allowable benefit. Many carriers require that two or more cusps of a tooth be involved in the onlay and may specify how much of the cusp incline must be involved (usually 80 percent or more) in order to qualify for a benefit. When the decay or fracture involvement of a tooth would be sufficient to generate a benefit for a crown, then an onlay may also qualify.

To maximize your reimbursement potential, start by using the appropriate insurance codes.

**Prove the pathology with pictures**

In order to increase the potential for full insurance reimbursement for onlays, the pathology of a case must be appropriately documented. A standard X-ray and clinical notes are no longer enough; detailed pictorial and written explanations are required. Begin by taking a pre-op periapical X-ray. Even if you think you won’t need one, it’s a good practice to get in the habit of ordering one.

Next, follow with clear pre-operative photos that show the entire quadrant of the tooth. Insurance will typically approve reimbursement if adequate documentation demonstrates that the restoration incorporates three-quarters of the tooth.

Photographs taken during the procedure should highlight anything that is of clinical concern, like leakage, fractures or decay. Removing caries while preparing a tooth may be expedient, but the practice may also keep you from being fully reimbursed. Be sure to take photos during the preparation process to prove the pathology before moving on to the final restorative steps. Keeping a digital camera and notebook handy will aid in documenting each case and should become part of your standard operating procedure.

**Be persistent — you’re the expert**

If after accurately documenting a case with photos and case notes, you are denied or down-coded to a different procedure, make a point to challenge the decision. Be aggressive in your pursuit, especially when you are able to clearly show the procedure was in the best interest and well-being of the patient. Restate your case and your professional assessment in a formal letter. Do not allow a third party or clinician advisor who was not part of the case to dictate what you believe is in the best interest and well-being of your patient.

**Conclusion**

Expanding clinical indications on chairside milling systems beyond crowns provides dentists with a market opportunity that can significantly increase practice revenue and ROI. Many of the direct restoration cases currently being performed would benefit from onlays. Understanding how to appropriately document an onlay case to increase the potential for insurance reimbursement, as well as the availability of VITA ENAMIC, an ideal material for onlays, provides dentists with the optimal tools to successfully include an expanded indications strategy in their practice and provide better patient care with long-lasting, high quality results.