Have you lost the excitement? Are you content with what you might now perceive as the same-old, same-old every day? Day after day you may be performing hygiene procedures over and over again, all the while knowing you are helping your patients but perhaps you simply don’t feel as though you are truly making a significant difference in their overall health. If you feel that level of frustration, or even if you don’t, but you are interested in advancing your career, then read on to discover some ways in which you can make a significant difference in the health of your patients.

As you are aware, dentistry is becoming recognized as a medical discipline. We in the dental field are in a unique position to support our patients’ overall body health. Our patients who maintain their regular recare schedules are quite probably seen by us more frequently than they are seen by their primary care providers. “Around 39 percent of adults see their physicians in a year while 64 percent see their dentists, which means we see 25 percent more patients than they do.”

Hygienists can be key players in this opportunity. By thoroughly questioning their new patients and by providing and reviewing medical history forms that are updated with the most current medical questions, hygienists can begin an evaluation of their patients’ medical state. In addition, our established patients may have had a change in their medical history since their last appointment, so a recare update form is an efficient way to inquire about their health. If your practice is not familiar with recare update forms, please check my website to obtain a copy. Again, thorough questioning of all new and established patients is an essential component to getting the full picture of your patients’ health.

What is discovered from these questions can be a strong determining factor in how each patient is handled. Patient questioning should always be followed by dental exams, X-rays, blood pressure checks and clinical observations. For those patients who may have a systemic disorder, your practice should become proactive by referring the patient back to his or her primary care provider.

However, because dentistry has evolved over the last decade, there are more ways that the dental practice can help make these determinations. With the frequency of patients’ visits and the availability of numerous cutting edge diagnostic tools, we have the unique opportunity to administer different types of disease testing that, in the past, were performed only by medical practices.

If you are unfamiliar with the types of medical testing that are available for dental practices to perform, then the following information can make a big difference in the quality of your practice’s treatment, and it may help to make a significant change in how you perceive your career.

First of all, periodontal diseases and caries are bacterial infections, but the majority of dental practices diagnose these conditions through the use of periodontal probes and explorers. Have you considered that medical practices would never begin treatment without determining if they are treating bacteria or a virus? In dentistry, we need to differentiate between aspirin sensitivity, blood dyscrasias, other diseases, fungus, yeast or a cyst; so bacteriologic tests should be performed. Microscopic tests, DNA tests, or bac-

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**Author** Marianne Harper
teriologic tests should be performed if periodontal infections are apparent.

Tests that can be performed in a dental practice:
- HgA1c for blood sugar
- C-reactive protein (CRP) for inflammation
- BANA for bacterial pathogens or their byproducts
- DNA for the presence of specific pathogens or for patient susceptibility to periodontal disease
- TOPAS for inflammatory markers
- Oral HPV testing
- Diabetes testing with a glucometer — finger stick or blood sample taken from a periodontal pocket
- Oral cancer screening (e.g., ViziLite)
- HIV testing
- Screening for cardiovascular disease (e.g., HeartScore System)
- Saliva biomarker test — measures three specific biomarkers that play a role in cancer development in the oral cavity

As you can see, these tests cover many possible systemic conditions. Your practice will have to determine which staff members are allowed to administer these tests, because your state makes regulations controlling this. Hygienists may be allowed and, if so, this may make a difference in your career. Even if hygienists are not allowed per your state’s regulations, your encouragement in the practice to add these tests to the practice’s procedure mix will be invaluable to the practice. In addition, hygienists need to realize the importance of their observations and questioning of the patients in helping to move these patients to better overall health. This puts a new slant on the same-old, same-old.

Power of cross coding

There is, however, another area in which hygienists can make a significant difference in their practices. Dental-medical cross coding is a cutting edge insurance system whereby dental practices can file a patient’s medically necessary dental procedures with their medical plans. Implementing cross coding creates greater case acceptance resulting in increased patient affordability and practice profitability. Hygienists can play a key role in the implementation of cross coding. Hygienists can be the communicators for cross coding in their practices by alerting the practice of patients whom they believe are medically compromised. Such patients are excellent candidates for cross-coded claims.

As an example, hygienists can inquire about conditions that might indicate that a patient has sleep apnea (Fig. 1). For those practices that treat sleep apnea, the practice would then need to refer the pa-
Hygienists can also be the champions for cross coding by encouraging that their practices implement a cross-coding system. In most practices, the business office staff will need to play a significant role, but the hygienists can spearhead the process.

There are significant differences between dental and medical claims. The biggest difference is that, at present, medical insurance is diagnosis driven while dental insurance is not as of yet. Medical insurance uses diagnosis codes to explain why a procedure was performed. Without at least one appropriate diagnosis code, a claim will not be paid. The diagnosis codes are titled ICD-9-CM. The procedure codes are titled CPT codes. At present, there are growing numbers of dental related diagnosis codes, which are very helpful when cross coding. However, it is not so easy to use the CPT codes because there are so few dental CPT codes. This is the area that makes crossing coding more difficult. The medical claim form is a bit different than the dental claim form. It is titled the CMS-1500 form and is printed in red ink (Fig. 2).

The form provides spaces for at least four diagnosis codes and six procedure codes. There are also other codes within these code systems that are used to give further diagnostic information or to provide information on why a procedure might have been modified by a specific circumstance. As you can see, cross coding is not an easy system to implement. The answer to easing the difficulty with cross coding is to take a good course on the topic. You also can check out my website, www.artofpracticemanagement.com, to see the different tools available to help dental practices implement cross coding.

As mentioned already, the patient’s benefit from cross coding is that medically necessary dental procedure can be made more affordable. It is possible to file the tests already mentioned with a patient’s medical insurance plan. There are diagnosis and procedure codes that apply to these tests, but those are too involved for the scope of this article to provide all of the codes needed. There is no guarantee that these tests would be covered by the plan. According to the Centers for Medicare and Medicaid Services, “the existence of a code does not, of itself, determine coverage or noncoverage.” It is certainly worth the effort of a phone call to determine coverage. I always advise practices that cross code and receive negative responses to encourage their patients to complain to their employers. Insurance contracts are between the insurance company and the employer, so dental practices have little power to make any plan changes. However, the more that complaints are issued, the more likely that medical insurance carriers will begin to see the necessity for including these types of procedures in their plans.

The full scope of cross coding is much more extensive than just these tests. Dental practices should be cross coding for the following:

- Trauma procedures
- Oral surgical procedures
- TMD procedures
- Sleep apnea procedures
- Medically necessary endodontic procedures
- Medically necessary implant and periodontal procedures
- Exams, radiographs and diagnostic procedures for any medically necessary dental procedure

Between implementing disease testing and cross coding, a hygienist will significantly make positive changes to his or her career. These hygienists will not only help patients obtain optimal health, but they can also help make procedures more affordable. Patients will be able to see their dental practice truly cares about their health and will have more confidence in the practice. This is a true win-win situation. The dental practice will value the contributions of these hygienists, and hygienists will rarely face each day with that “same-old, same-old” feeling.

References

About the author
Marianne Harper is the CEO of The Art of Practice Management. Her areas of expertise include revenue and collection systems, business office systems and the training of dental practices in dental/medical cross coding. Harper is a consultant, trainer, lecturer and author. Her published works include “CrossWalking — A Guide Through the Cross Walk of Dental to Medical Coding” and her “Aba-Code-Dabra” series on medical cross coding for sleep apnea, TMD and trauma procedures. She also is the author of many articles published in dental journals. Contact her at The Art of Practice Management, 2217 Foxhorn Road, New Bern, N.C., 28562, or by email at a.p.m.1@suddenlink.net.