Hygiene Tribune
The World’s Dental Hygiene Newspaper · U.S. Edition —

MARCH 2013 — VOL. 6, NO. 3
www.dental-tribune.com

Clinical

How hygienists can support patients’ overall body health

Use the power of cross coding

By Marianne Harper

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 do not 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.”

Update recare forms

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 information, 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 procedure codes — and other nuances of the complexity serves as fair warning that cross coding is not an easy task. Their published works include “CrossWalking — A Guide Through the Cross Walk of Dental to Medical Coding” and her “Abra-Code-Dabra” series on medical cross coding for sleep apnea, TMD and trauma procedures.

Embrace it: Help your patients navigate orthodontics with ease

Between 1982 and 2008, the number of people getting braces in the U.S. increased by 99 percent, according to the AAO Patient Census Study conducted by the American Association of Orthodontists. This dramatic growth has resulted in a large number of patients looking for information to prepare for orthodontic treatment and guide them through the often challenging process. To address this growing need, Crest and Oral-B have launched Embrace It! (www.embraceit.com), a complete online resource for parents and patients preparing for or maintaining braces.

Embrace It! helps answer braces-related questions, including what to expect, how to care for them, and how to address financial concerns. An “Ask-the-Expert” feature even connects users with an oral care expert to answer their questions. Embrace It! was designed with parents in mind, to make the tooth-straightening process as easy as possible. “After they leave the office, patients may feel overwhelmed with questions about the treatment and best products for their oral health condition,” says Dr. Jennifer Salzer, a New York-based orthodontist and mother of four, who is featured on the website. “Embraceit.com has a wealth of information on orthodontic treatment, presented in a user-friendly format to help patients and parents navigate the braces experience and feel confident with their mouths during the process.”

To ease the transition to braces, Crest and Oral-B offer OrthoEssentials, the ideal collection of oral care products for someone with braces including simple education tools to guide proper use and produce results that exceed expectations. With OrthoEssentials, patients can steer clear of common problems such as gingivitis, tartar and demineralization, which can result in additional time and expense — and get the most beautiful and healthy smile possible.

For patients in the tween age group particularly, getting braces is the perfect time to re-establish proper oral care techniques and routines to inspire confidence in having a healthy smile. To help tween patients through this awkward phase, Crest and Oral-B have updated their line of tween-friendly Pro-Health FOR ME oral care products to include the Oral-B Pro-Health FOR ME Electric Powered Toothbrush. With a built-in two-minute timer and multiple brush heads for sensitive teeth and gums, it enables patients to power the gunk away — something orthodontist can appreciate.

For more information on Embrace It!, you can visit www.embraceit.com. To learn all about OrthoEssentials and Crest and Oral-B Pro-Health FOR ME products, visit www.dentalcare.com.

(Sources: Crest and Oral-B)
Commentary: Not all hand-held X-ray systems are created equal

By Joel Gray, PhD

As a recent article on [www.dental-tribune.com](http://www.dental-tribune.com) points out, there are some safety issues with hand-held X-ray units made in China and Korea, as well as elsewhere outside of the United States. There are two sources of radiation from an X-ray system — leakage radiation from the X-ray tube and scattered radiation from the patient. The leakage radiation is minimized by placing highly absorbing material, such as lead, around the X-ray tube. The major issue with the hand-held X-ray units is the scattered radiation, that is X-rays that are scattered from the patient toward the person holding the device. In fact, about 20 to 30 percent of the X-rays are scattered from the patient toward the person holding the device. The X-ray units from outside the United States, which are under FDA scrutiny, do not provide any protection from X-rays scattered from the patient. These systems look like a cine camera that you hold with both hands.

There is no shielding provided by these hand-held systems; that is, the user’s hands are exposed to all of the X-rays scattered from the patient. Consequently, the user’s hands are going to receive a radiation dose that will probably exceed the radiation-protection limits for skin and extremities. Therefore, these units should not be hand-held.

We evaluated one hand-held X-ray unit manufactured in the United States (Nomad, Aribex Inc.) and compared staff doses with those for the same staff using conventional wall-mounted systems prior to acquiring the hand-held systems (Gray et al., 2012). This hand-held system uses a proprietary shielding material around the X-ray tube, resulting in leakage radiation levels that are virtually imperceptible. In addition, there is an integral lead-acrylic shield that protects the user from radiation scattered from the patient.

The results of our study indicated that the users of the hand-held X-ray system received lower radiation doses than they did when they were using conventional wall-mounted X-ray systems. Buyers should be aware that not all hand-held X-ray systems are created equal and not all of those being sold on the web have been reviewed by the FDA. Hand-held X-ray units should have sufficient shielding to minimize leakage radiation from the X-ray tube and an integral shield to protect from radiation scattered from the patient.

forms, please check my website, www.artofpracticedoctor.com, 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.

Medical testing options

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 bacterias and viruses? 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 bacteriologic tests should be performed if periodontal infections are apparent.

Tests that can be performed in a dental practice:

- HgAic for blood sugar
- C-reactive protein (CRP) for inflammation
- BANA for bacterial pathogens or their byproducts
- B12 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 these. Hygienists may be allowed and, if so, may make a difference in your career. Even if hygienists are not allowed per your state’s regulations, your encourage 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.

The 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.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see an article about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you!

If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com. We will be happy to make the appropriate changes. In addition, if you have any questions or concerns about your subscription, please contact our Customer Service Department at 212-244-7181. Do you have feedback or suggestions for a future Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com.
OVERALL

◊

practices implement cross coding.

different tools available to help dental
also can check out my website to see the
to easing the difficulty with cross coding
these code systems that are used to give
codes. There are also other codes within
dental 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 patient for a sleep study before commencing treatment. If the practice does not treat sleep apnea, this referral would at least get the ball rolling for treatment by another provider.

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.

Dental, medical claims differences

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 dentally 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 cross 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 to see the different tools available to help dental practices implement cross coding.

Increased opportunities with medical insurance

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.

Dental practices should be cross coding for the following:
• Trauma procedures
• Oral surgical procedures
• TMJ 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

More cross-coding procedures

The full scope of cross coding is much more extensive than just these tests. 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 non-coverage.”

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.

References