

INSURANCE AUDIT TIPS

How to Maintain Peace of Mind

The British Columbia Dental Association (BCDA) continues to gain valuable insight into the audit process. The Association's advocacy efforts on behalf of the profession, combined with Pacific Blue Cross' (PBC) willingness to accept a collaborative approach, have led to marked improvements for dentist in PBC's audit process. Although PBC still retains the right to investigate billing practices, there is promise of:

- more objectivity and transparency in the process
- greater care to minimize office disruption and understand billing discrepancies.

The following is an 'updated' set of tips to help members mitigate the risk of an insurance audit or negate recovery if subject to audit.

Bill using the Unique Identification Number (UIN) of the treating dentist

In other words, associates should bill under *their own* UIN and not that of the principal dentist. PBC uses profiling software as one means to identify dentists with billing frequencies far above those of a typical dentist. When multiple dentists bill under the UIN of the principal, billing frequencies are artificially inflated and the principal could

be identified by PBC as an extreme outlier. Needless to say, using the wrong UIN is also a violation of the CDAnet agreement, signed by dentists, granting them the opportunity to submit claims on behalf of their patients.

Bill according to the preambles and descriptors in the BCDA Suggested Fee Guide

Whereas the fees in the fee guide are merely a suggestion, **the preambles and descriptors are mandatory and outline the appropriate use of the codes.** Dentists should be familiar with what constitutes each code to ensure the codes billed accurately reflect the treatment provided. Furthermore, a clear understanding of the codes minimizes the risk of 'unbundling' (charging separately for steps that are already included in the overall procedure code). If unsure about what code to use, or how to interpret a particular descriptor, dentists should contact BCDA Member Services for assistance and clarification.

Follow the direction in the BCDA "Clear on Codes" articles

The BCDA continues to expand upon the "Clear on Codes" series of articles, created to provide further guidance to members on the appropriate use of codes in the fee guide. Articles highlight specific codes that appear to require additional clarification either because they have become a focus for insurance audits or the source of potentially aggressive billing trends. "Clear on Codes" articles can be found on the BCDA member website under practice management/financial/suggested fee guide/clear on codes.

Familiarize yourself with the eligible services in the PBC Schedule

Just because a code is billed appropriately according to the BCDA *Suggested Fee Guide*, does not mean it is necessarily a "covered" benefit in the PBC Fee Schedule. Some codes involve multiple indications, some of which are covered, and some not (e.g. 41221 management of trigeminal neuralgia is covered, TENS treatment is not). PBC relies upon the practitioner to submit claims for eligible services only and seek payment from the patient for indications not covered under the plan. In an audit situation, PBC may seek recovery of any fees reimbursed unknowingly for ineligible services.

Don't be tempted to substitute codes

Bill using the procedure code that best reflects the treatment provided, even if it is not an eligible benefit under the patient's plan. Make sure the patient is informed of the fee before treatment commences, and understands they will be responsible for the bill. Don't be tempted, or pressured by the patient, to substitute a similar, covered, yet inappropriate code, in an attempt to minimize the financial burden to the patient. This can only lead to trouble for you—not the patient.

Take an inquiry about your billing practices seriously

If contacted by an insurance company, by phone or mail, inquiring about an irregularity in billing behavior, make the effort to provide a reasonable and satisfactory response. In many cases, the discrepancy can be easily explained, halting any further investigation or



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disruption to the office. An inadequate or lack of response may result in pending of codes or a full audit. A pending code is no longer processed automatically, but instead requires review by a consultant with supporting documentation (X-rays, photos, clinical description, etc.). This can result in significant disruption to the office as well as a delay in processing and payment of claims.

Follow CDSBC's Dental Recordkeeping Guidelines

In order for an insurance company to pay for treatment, there must be evidence of "medical necessity" (reason why treatment was required), as well as support that the procedure was actually performed. In an audit situation, complete, legible records with a clear history, diagnosis, treatment plan and progress notes are the dentist's best means of mitigating recovery. Intra-oral photographs are a valuable addition, particularly to help support a clinical diagnosis, not verifiable by a radiograph.

Consider the optics of your fees from the patient's perspective

In general, make sure your fees appear fair and reasonable, in the eyes of the patient, for the value and service you provide. For example, billing \$1,200 for eight buccal restorations, without LA, in a half hour, may trigger the patient to leave a tip on the PBC hotline regarding your "excessive" fees, motivating PBC to profile your billing practices.

Ensure the daysheet accurately reflects the day's events

In an audit, PBC often requests copies of the daysheets along with patient records. Daysheets may be used to confirm a patient was present for care on the day indicated in the chart notes, or that the amount of time billed did not exceed the length of the scheduled appointment. As we all know, many things can happen in the course of a day, such as no-shows, emergencies, walk-ins etc., plus an appointment might run short or late. It is

Related Articles on the Member Website at bcdental.org

Clear on Codes:

- Shining a Light on Laser Codes
- Getting to the Root of the Problem
- Billing for a Crown
- Velscope
- Simple and Complex Extractions: The Difference in Billing
- How Do You Bill for Root Planing and Scaling?

Go to: [practice management/financial/suggested fee guide/clear on codes](http://practice-management/financial/suggested-fee-guide/clear-on-codes)

Other articles of interest from the September eBridge

- Pre-authorizations - A Dental Consultant's Lament
Dr. Andrew Kay, a general practice dentist and consultant with PBC
- Good Patient Records: The Importance of Documenting the Diagnosis
Dr. Patti-Anne Jones, Co-Director, Member Services, BCDA

Go to: [publications/eBridge/September 2015](http://publications/eBridge/September-2015)

important that these changes are updated in the scheduler to mitigate any potential risk of recovery if subject to an audit.

Bill according to the specific needs of each patient

Avoid general office policies that do not take into consideration the unique oral health needs of each individual patient. For instance, a policy requiring each patient to repeat their complete exam every three years does not distinguish between a patient with good oral health and minimal risk of disease and a patient who is absent for a couple years and returns with a bombed out dentition.

Make sure you and your front desk are on the same page

Ensure the front-office staff is billing appropriately for services provided. In some cases, reception routinely bills the patient according to the approved pre-authorization, even though some of the pre-authorized

services are not performed and the actual lab fee is significantly lower than what was estimated. Another common scenario arises when a staff member is not given sufficient direction by the dentist, and bills according to methodology learned in school that conflicts with the preambles and descriptors in the BCDA *Suggested Fee Guide*.

In conclusion, the tips outlined provide a valuable tool box to help members protect themselves against the risk of an insurance audit. For further information, or if you are contacted by an insurance company about your billing practices, please contact BCDA Member Services for assistance at 604 736 7202 or bcda@bcdental.org. ■