CLINICAL WORKFLOW

GUIDE

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Table of Content:

INITIAL VISITS

New Patient Exam

$89.95 promotion (No insurance patients only) ***This will cover the cost of the codes below +***
Prophy / Gross Debridement

- (D0010) New Patient (Internal)
- (D0150) Comp oral exam
- (D0210) Intra-oral comp series
- (D0330) Panoramic

It's important to have both PANO and FMX to establish a base line at the date gathering phase.

- (D0181) Perio Charting
- (D0350) Oral facial images (iTero Scan)

Next visit: Prophy / Gross Debridement / Restorative tx

- Pt must leave with a signed and printed treatment plan in hand
- Pt leaves with minimum **TWO** appointment dates (one for hygiene, another for restorative if applicable)

Emergency Visit (No treatment preformed)

- (D9110) Palliative TX (Minor) – can only be submitted if NO treatment was performed
- (D0220) 1ST Periapical
- (D0230) Additional Periapical (if needed)

Next visit: Starting treatment for problem brought them in.

- Pt must leave with a printed treatment plan (problem focused) in hand.
- Pt leaves with an appointment date

Patient compliance *is tested here. If patient doesn't return for treatment of their initial problem, they are not worthy of holding a hygiene slot or 60-min on the doctor side.*

Emergency Visit (Treatment preformed)
Always strive towards same-day treatment when schedule allow.

- (D0140) Limited oral eval – can only be submitted if treatment performed.
- (D0220) Procedure code
- (D……..) Add procedures codes based on necessary treatment.

Next visit: Patient is scheduled for a new patient exam and cleaning at check out.

Consultation Visit (Conversation only)

- (D9310) Consultation

Example of consultations:

1. Implant Consult
2. Endo Consult
3. Ortho Consult
4. Oral Surgery Consult
5. Complex Case Consult
6. 2nd opinion

What's Included in a Consultation Visit?

1. CDA code **D9310**
2. Conversation with doctor

What's NOT included?

1. Radiographs & Imaging

Our promise is NO OUT-OF-POCKET EXPENSE

ORTHODONTICS

Invisalign Consultation + Tx

If patient is not patient of record, add codes below:

- (D0330) Panoramic x-ray
- (D0210) Intra-oral comp series
- (D0350) Scan

If patient decide to opt-in to treatment, add codes below:

- (D0470) Diagnostic cast
- (D8660) Pre-Orthodontic Treatment Visit
- (D8670) Periodic Orthodontic Treatment Visit
- (D8090) Comp Ortho Treatment
- (D8680) Invisalign Retainers ONLY BILLED AT THE END OF INVISALIGN TX
    - **NOT to be confused with VIVERA retainer, sold separately.**

Next visit: Invisalign 1st tray

- Pt leaves with a printed tx plan in hand
- Pt leaves with an appointment date

All restorative work must be completed prior to ordering Invisalign. Final scan must be completed after all other work is completed.

Forms required:

Phase 1- (Starting Invisalign)

1. Invisalign Treatment Informed Consent
2. Invisalign Financial
3. Invisalign Request (Invisalign)
4. Orthodontic Insurance

Phase 2- (Finishing Invisalign, Starting Invisalign retainers)

5. Invisalign Attachment Removal and Retainer Consent
6. Invisalign Request (Invisalign Retainers)

ADJUNCTIVE TREATMENT

Whitening/Bleaching **(This service is NOT offered in the office)**

**** Cleaning MUST be completed withing 3 months before procedure performed****

- (D9972) External Bleaching - CHAIRSIDE

Forms required:

1. In-Office Bleaching Informed Consent

Night Guard

- (D9944 or D9940) Occlusal Guard
    - Always mention in the lab script HARD/SOFT appliance

HYGIENE & PERIODONTICS

Hygiene Codes

Maintenance codes

- (D1110) Prophylaxis Adult
- (D1120) Prophylaxis Child
- (D4355) Full Mouth Debridement for Perio Evaluation
- (D4910) Periodontal Maintenance Procedure
- (D4341) Periodontal Scaling and Root Planning

Form Required:

1. SRP Consent

Add-on codes

- (D4381) Arestin application ***_charged per site_***
- (D1208) Fluoride Varnish Adult
- (D1206) Fluoride Varnish Child
- (D1330) Oral Hygiene Instructions

*When treating planning a patient for SRP, make sure to include **D1330 - Oral Hygiene Instructions** in Phase 1 of treatment.*

Example:

Phase 1-
- *D1330 - OHI*
- *D4341 – UR Quad*
- *D4341 – LR Quad*

Phase 2-
- *D4341 – UL Quad*
- *D4341 – LL Quad*

Phase 3-
- *D4910 – PMT*

REMOVABLE PROSTHODONTICS

Educate the patient about the process of making a new set of dentures: **Turn-over time is 4-12 weeks**

Number of visits: 1-7 appointments

1st appointment: Impressions (Pre-sized plastic trays)

2nd appointment: Wax try-in & Shade selection

3rd appointment: Teeth Try-in

4th appointment: Delivery

5th-7th appointment: Adjustments (2-3 appointments on average

If patient presents an appropriate bite, an iTero scan can be completed, and you can move straight to delivery (SCANNED PARTIALS ONLY)

AVOID CUSTOM TRAYS at all cost! For proper technique refer to the **"Removable Workflow Guide"**

Forms required:

1. Denture Consent (1st Visit)
2. Teeth Try-in Consent (3rd Visit)

Denture Repair

- (D5520) Replace missing or broken tooth *(per tooth)* or
- (D5611) Repair resin denture base, Mandibular
- (D5612) Repair resin denture base, Maxillary

Denture Reline

- (D5730) Reline Complete Upper Denture
- (D5731) Reline Complete Lower Denture

- (D5740) Reline Partial Upper Denture
- (D5741) Reline Partial Lower Denture

Adjustments

- (D5410) Adjust complete upper denture
- (D5411) Adjust complete lower denture

- (D5421) Adjust partial upper denture
- (D5422) Adjust partial lower denture
- (D5425) Adjust Denture Upper or Lower

Full dentures UA/LA

- (D5110) Complete upper arch
- (D5120) Complete lower arch

Next visit: Impressions / wax try-in / teeth try-in / Delivery / Adjustment

Immediate Full Dentures UA/LA

- (D5130) Immediate upper arch
- (D5730) RELINE Complete Upper Denture
- (D5140) Immediate lower arch
- (D5731) RELINE Complete Lower Denture

Next visit: Impressions / wax try-in / teeth try-in /Delivery / Adjustment

Partial Denture

- (D5225) Maxillary flex base
- (D5226 Mandibular flex base

- (D5223) Maxillary cast metal
- (D5224) Mandibular cast metal

Next visit: Impressions/ wax try-in/ teeth try-in/ Delivery/ Adjustment

Immediate Partial Dentures UA/LA

- (D5130) Immediate upper arch
- (D5740) RELINE Partial Upper Denture
- (D5140) Immediate lower arch
- (D5741) RELINE Partial Lower Denture

Nesbit/Flipper (Always request for a VALPLAST Nesbit)

- (D5820) Interim maxillary partial denture
- (D5821) Interim mandibular partial denture

Next visit: Continue tx / offer a more permanent solution / etc

*Can only make **up to 2 teeth**, anything more will be coded as a PARTIAL DENTURE*

FIXED PROSTHODONTICS

X-ray requirements: In addition to a full mouth series and a panoramic radiograph that should already be presenting patient chart additional radiographs are required when preforming procedures below. It is important to remember to take a before and after periapical (PA) radiographs of the tooth/teeth being treated.

Purpose:

1. Insurance companies want to see that no infection is present on the tooth. In case of an old crown is being replaced, the before radiograph will show the reason for replacement.
2. Data collection needed for QA / Audit / Case presentation.

When replacing an existing crown/bridge add the following code:

- **(D0116) Crown/bridge removal (per unit removed)**

Crowns

- (D2740) Porcelain/Ceramic Crown
- (D2750) Porcelain Fused to Metal

Or

- (D2920) Crown Re-Cementation

Bridge

- (D6245) Pontic- Porcelain/Ceramic Crown
    - Same Pontic code is used when doing an “Implant Bridge”
- (D6740) Abutment- Porcelain/Ceramic Crown

Or

- (D6930) Recement Bridge

Veneer

- (D2962) Labial Veneer Porcelain Lab made
    - All Veneers patients are required to wear an occlusal guard at night

SURGICAL & IMPLANTS

Surgical & Implant procedure

When extraction is preformed, an opportunity is present to **add-on a procedure** to make up for the space created. Use this opportunity to present bone graft (Bone quality) and a Nesbit (spacer maintainer) as an additional treatment to prepare the site for an implant placement in the future.

X-ray requirements: In addition to a full mouth series and a panoramic radiograph that should already be presenting in patient chart additional radiographs are required when preforming procedures below. It is important to remember to **take a before and after periapical (PA) radiographs of the tooth/teeth treated.**

Purpose:

1. Insurance companies want a proof for procedures performed.
2. Data collection needed for QA / Audit / Case presentation.

Every Endodontic / Implant / 3rd molars related procedure is now required a CBCT scan, add the following codes:

- (D0367) Cone beam CT capture

Extraction

- (D7140) Simple Extraction
- (D7210) Surgical Extraction (Usually used for wisdom teeth fully erupted)
- (D7220) Removal of Impacted Tooth (Occlusal surface of Tooth Covered by soft tissue) **Rarely Used**
- (D7230) Removal of Impacted Tooth (Partially Bony)
- (D7240) Removal of Impacted Tooth (Completely Bony)
- (D7241) Removal of Impacted Tooth w/ Unusual Complications
- (D7250) Surgical Removal of Residual Tooth Roots (Root Tip)

- (D6100) Implant Removal

Forms required:

1. Extraction consent

Socket preservation / Bone graft

**** Remember to place stickers on the consent form and the route sheet. Also, codes are planned per site ****

- (D4266) Resorbable membrane
- (D7953) Bone Preservation w/extraction

- (D6104) Bone Graft w/ Implant placement

Forms required:

1. Bone Graft Consent

Every Endodontic / Implant / 3rd molars related procedure is now required a CBCT scan, add the following codes:

- (D0367) Cone beam CT capture

Implants related codes

**** Remember to place stickers on the consent form and the route sheet ****

- (D6010) Implant
- (D6057) Custom Abutment
    - Always use D6057 for an abutment code
- (D6058) Abutment supported implant crown

Forms required:

1. Dental Implants Consent

additional codes:

- (D6245) Pontic- Porcelain/Ceramic
- (D6068) Implant Crown – When used as an ABUTMENT for a bridge
- (D6100) Implant Removal

Overdenture

- (D5863) Overdenture Maxillary (FULL)
- (D5865) Overdenture Mandibular (FULL)
- (D5864) Overdenture Maxillary (PARTIAL)
- (D5866) Overdenture Mandibular (PARTIAL)

- (D6191) Semi-precision **abutment** on the implant body (per implant)
- (D6192) Semi-precision **attachment** on the implant body (per abutment)
    - ***Must match the number of implants***
    - Always go together as a pair (D6191 + D6192)

Forms required:

1. Dental Implants Consent

ENDODONTICS

X-ray requirements: In addition to a full mouth series and a panoramic radiograph that should already be present in patient's chart additional radiographs are required when preforming procedures below. It is important to remember to **take a before and after periapical (PA) radiographs of the tooth/teeth being treated.**

Purpose:

1. Insurance companies want to see the infection/deep decay present on the tooth. In case of a *retreatment* make sure to take an additional x-ray once the Gutta-Percha is removed to show a clean canal.
2. Data collection needed for QA / Audit / Case presentation.

Every Endodontic / Implant / 3rd molars related procedure is now required a CBCT scan, add the following codes:

- (D0367) Cone beam CT capture
- (D0460) Pulp vitality test

Root Canal

- (D33XX) Root canal tooth specific
    - (D3310) RCT Anterior
    - (D3320) RCT Bicuspid
    - (D3330) RCT Molar
- (D2954) Pre-fabricated post & Core

Forms required:

1. Root Canal Treatment Consent

Root Canal Re-Treatment

******A periapical radiograph must be taken after old Gutta-Percha and post have been removed******

- (D33xx) Root canal tooth specific
    - (D3346) RCT Re-treatment Anterior
    - (D3347) RCT Re-treatment Bicuspid
    - (D3348) RCT Re-treatment Molar
- (D2954) Pre-fabricated post & Core

Every root canal treated too should receive D2954 post and Core as a build up

Forms required:

1. Root Canal Re-Treatment consent

VENEERS

X-ray requirements: In addition to a full mouth series and a panoramic radiograph that should already be presenting patient chart additional radiographs are required when preforming procedures below. It is important to remember to take a **Pre-op full mouth iTero scan.**

Veneers are 100% a cosmetics procedure, as a result Insurance will never participate in coverage. Patients fully responsible for procedure cost.

Veneers related codes:

- (D0350) 2D oral/facial photographic image
- (D0470) Diagnostic Casts, aka "Mock-Up"
- (D2962) Porcelain/ceramic lab-fabricated veneers

Forms required:

1. Veneers Consent
2. Mock-Up Consent

Veneers require special temporary materials and cement. Insure you have the correct supplies before preforming procedure.