

A dental guide to cross-coding for oral cancer screening

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Dental professionals are a patient's primary source of screening within the oral cavity, thus attention must be paid to the most common oral malignancy: squamous cell carcinoma. Historically such malignancies were attributed only to patients with a history of extensive alcohol and tobacco use. However, other risk factors such as human papilloma virus and medication use are shifting the profession's perception of who may be at risk for oral cancer. According to experts, "the dentist must consider all patients at risk and act accordingly in the history-taking and examination phases of the dental visit" (Kondori I, Mottin RW, Laskin DM, 2011). Due to the newfound understanding of oral cancer risk, the dental professional should take seriously the options for insurance coverage from both the dental and medical insurer for the patient's exam.

The facts

Historically dental professionals relied solely on health history and visual exams to detect abnormalities in the oral cavity. While within acceptable limits, the variance in training and experience of the practitioner is enough to leave the patient questioning reliability. What is more, recent evidence suggests high rates of clinical misdiagnosis by general oral health practitioners (Kondori I, Mottin RW, Laskin DM, 2011). Thus, studies suggest that augmenting the traditional approach with technology can in fact assist the practitioner in "One of the most difficult decisions a clinician may face...when to refer a lesion for further investigation and biopsy" (Denise M. Laronde, P. M. Williams, T. G. Hislop, Catherine Pohl, Samson Ng., Chris Bajdik, Lewei Zhang, Calum MacAulay, Miriam P. Rosin, 2013).

It would stand to reason that implementing the most comprehensive exam available would provide the most accurate and timeliest detection of oral cancer. This should be enough to garner the use of a targeted risk factor checklist including (but not limited to) information on the patient's history of tobacco use, alcohol consumption, exposure to HPV, and recreational drug use; as well as the use of a chemiluminescent device to augment the risk assessment visual exam. However, many patients are bound financially to what will and will not be covered by their insurance plans. So to further the argument for use of oral cancer screening devices mentioned above, it is worth noting that both dental and medical insurance codes can and should be utilized during the process.

Cross-coding for oral cancer screening

Nearly 41,000 Americans will be diagnosed with oral cancer in 2014. The survival rate of this cancer, when found in late stages is at best grim. However, equipped with new evidence regarding risk factors for the disease as well as innovative tools to add to an office armament like oral

cancer screening devices and comprehensive health history forms, patients can be confident their dental team can alert them in the case malignancies are suspected.

If something is found, the patient's dental insurance should be billed first, utilizing appropriate CDT codes.

Dental codes

CDT D0480 for adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures

CDT D7285: code for biopsy of oral tissue (hard)

CDT D7286: code for biopsy of oral tissue (soft)

CDT D7287: code for exfoliative cytological sample collection

CDT D7288: code for brush biopsy- transepithelial sample collection (ADA, 2013).

Medical codes

If the patient's dental plan does not cover the procedure, a medical claim

can be used. The International Classification of Disease codes (ICD) are required each time a claim is submitted to describe what

abnormalities have been detected. The most common in the case of oral cancer screening would be:

ICD V76.42: Screening for malignant neoplasms; oral cavity.

The other set of medical codes used are called Current Procedural Terminology (CPT) codes. These codes can be used to cover things like the exam, screening devices, radiographs and other procedural tools. In this case the CPT code for the use of an oral cancer-testing device is:

82397: Chemiluminescent assay.

There are complexities within both dental and medical billing. Classes, consulting and training are recommended for practitioners new to one or both systems.

The bottom line

As a patient's first line of defense dental screening for oral cancer is a necessary part of the dental practitioner's job. With the advances in diagnostic and screening technology and the safe-guard of cross-billing, there is no reason patients should not be offered a comprehensive oral cancer screening utilizing the latest technology as part of their regular dental visit.

For a consult on all types of billing, including that discussed here, dental professionals should contact me at Links2Success.biz.