

# ATRIDOX® insurance claims submission checklist

## Claim submission checklist

The claim submission checklist is provided as a general guide to ensure that each claim meets the generally accepted criteria for submission of a claim for ADA Code D4381. The checklist will help to ensure that the required supporting documentation is included with the claim submission.

- 1. Periodontal pockets  $\geq$  5 mm, or a quadrant containing multiple sites with pockets  $\geq$  4 mm
- 2. Bleeding evident on gentle probing
- 3. SRP completed prior to **ATRIDOX**® treatment
- 4. Periodontal examination and diagnosis completed
- 5. Dental claim form legible and complete
  - a. Separate line noting each tooth treated by tooth number
  - b. Date treatment was completed for each tooth
  - c. Separate fee charged for each tooth
  - d. **Code D4381** noted for each tooth
- 6. Periodontal chart and narrative attached to the claim
  - a. Patient evaluation and clinical measurements recorded in mm.
  - b. Diagnosis
  - c. Optional: Documented medical history that precludes SRP as the initial treatment option
  - d. Optional: Documented irregular root morphology that prevents optimum SRP
- 7. Mounted and dated periapical or vertical bitewing radiographs provided
- 8. Enclosed a copy of the **ATRIDOX** full prescribing information

### To find out more information:

**1-877-TOLMAR1** (1-877-865-6271)

[www.atridox.com](http://www.atridox.com)

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## Claim rejection troubleshooting tips

Reimbursement levels and professional claims review policies and procedures vary widely between plans.

**TIP:** Review the insurer's explanation of benefits declining payment to determine whether the dental plan actually denied benefits for Code D4381 or deferred adjudication of benefits because the claim was submitted incorrectly and/or with incomplete information. The claim denial may be resolved by re-submitting the claim with the required documentation.

**TIP:** Insurers typically deny claims for Code D4381 when they have not recently reimbursed the patient for a Scaling and Root Planing (Code D4341). The insurer may not have the information that the patient received an SRP before the **ATRIDOX** therapy if the patient recently enrolled in the dental plan or switched dental plan coverage. The claim denial may be resolved by submitting to the insurer documentation, including dates of service, for prior SRP procedures.

**TIP:** Most insurers decline to cover Code D4381 on the same date of service as a SRP. The decision when to apply **ATRIDOX** rests on the clinical judgment of the practitioner. **ATRIDOX** may be applied before, during or after SRP.

By explaining to the patient **prior to treatment** the benefits of **ATRIDOX**, the rationale behind the treatment decision and the reimbursement guidelines adopted by most insurance plans, the patient can be prepared to fund the treatment if reimbursement is declined by the dental plan. Keep in mind that very few services are fully covered by most dental plans and that almost half of all dental treatment is paid out-of-pocket by the patient.



**ATRIDOX**®  
(doxycycline hyclate) 10%

# Insurance claim reimbursement scenarios

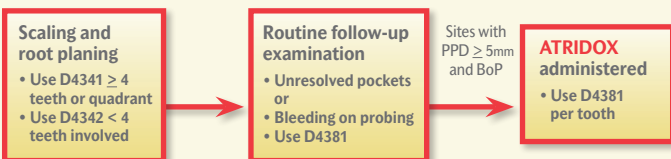
## Pre-determination of benefits

Pre-determination of benefits will allow the dentist and patient to anticipate the amount of reimbursement that may be available. Many plans reimburse for treatment of non-responding sites, and early on, it may be impossible to predict if traditional SRP will produce satisfactory results. Therefore, it is not clear if there is an advantage to submitting predetermination of benefits for ADA Code D4381 as part of the initial comprehensive treatment plan. It may be preferable to wait to submit for predetermination of benefits until after the results of the SRP are evident.

## Common reimbursement scenarios

Below are common reimbursement scenarios for which a dental benefits claim should be filed. Note: The claim reporting procedure for Code D4381 is identical for all locally delivered antimicrobial agents. For insurance reimbursement purposes, all locally delivered antimicrobial agents are viewed as adjunctive therapy to definitive mechanical or surgical periodontal care.

### 1. Newly diagnosed patient with SRP completed prior to **ATRIDOX**® administration



*Example:* Patient received scaling and root planing for periodontitis. The patient presents for follow-up examination 45 days after treatment and the clinician notes several pockets  $\geq 5$  mm and sites that bleed on gentle probing. **ATRIDOX** is applied.

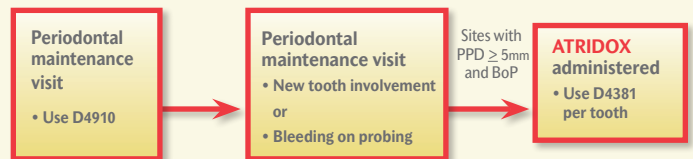
**NOTE:** Many dental plans will not reimburse for Code D4381 if the patient had not previously received SRP, or if the antimicrobial treatment and the SRP are administered on the same day. Most often, plans require a period of 30 – 60 days between the antimicrobial therapy and the last SRP.

### 2. Periodontal maintenance patients



*Example:* Patient completes active periodontal treatment and returns for routine periodontal maintenance. Several sites demonstrate pockets  $\geq 5$  mm with bleeding. **ATRIDOX** is applied.

### 3. New periodontal involvement after routine periodontal maintenance



*Example:* Patient of record has been returning for routine periodontal maintenance regularly throughout the year. Good hygiene has been maintained and the mouth is generally clean. However, some new pocketing or attachment loss is noted. **ATRIDOX** is applied.

### 4. Patients with pre-existing medical conditions that preclude scaling and root planing

*Example:* Patient presents with an acute medical problem that precludes scaling and root planing in areas otherwise requiring routine periodontal intervention. Detailed documentation is submitted with the claim that explains the patient's medical condition and why scaling and root planing is not feasible.