

# Reimbursement Guide

ATRIDOX Insurance  
Reimbursement Guide  
for the submission  
of insurance claims



 **ATRIDOX**<sup>®</sup>  
(doxycycline hyclate) 10%

# General reimbursement & submission information

## Reimbursement information

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The **Insurance Reimbursement Guide** has been established to provide your office with information required to submit claims to your patient's dental plan for the localized delivery of **ATRIDOX® (doxycycline hyclate) 10%** for the Treatment of Chronic Adult Periodontitis.

ADA Code D4381 should be used to report the localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.

Many dental insurance plans acknowledge the clinical benefit of using site-specific antimicrobial agents and permit coverage of 2 – 3 teeth in a quadrant when probing measurements are  $\geq 5$ mm in probing depth and demonstrate bleeding on gentle probing. In addition, some plans may provide benefits for treating specific sites that have not adequately responded to scaling and root planing (SRP) or surgery.

Insurance plans may require SRP to be performed prior to the placement of the locally delivered antimicrobial agents. Dental plans may require a period of 30 – 60 days between the antimicrobial therapy and the last SRP. However, if it can be documented that the patient received an SRP within the last 12-18 months, this information is generally sufficient for satisfying the SRP requirement of most plans. Many plans covering ADA Code D4381 now allow benefits if the locally delivered antimicrobial agent is applied on the same date as a periodontal maintenance visit (ADA Code D4910).

Some insurance plans have adopted a narrow set of conditions under which locally delivered antimicrobial treatment qualifies for insurance reimbursement. The clinician may exercise clinical judgment when determining the appropriate application of locally delivered antimicrobial agents. It is important that the clinician provide sufficient and legible clinical information to support his/her decision.

## Submission of insurance claims

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A well-prepared claim is essential for the successful reimbursement for ADA Code D4381. A detailed narrative report should accompany each claim. It is essential that the narrative report include:

- A diagnosis and basis for the placement of **ATRIDOX**
- Information regarding baseline pocket depth, and bleeding on probing measurements for each tooth
- The specific teeth treated using SRP and the dates of the service
- The re-assessment and new measurements taken after SRP
- If the patient is on a recall regimen, the dates of service should be provided

It is important to provide descriptions of all prior mechanical (SRP) or surgical interventions. The follow-up assessment is important and should be recorded.

## Additional information for submission of insurance claim

Additional information that should be documented and submitted with the insurance claim is as follows:

- A copy of the patient's periodontal chart
- Submission of the patient's radiographs
- Documentation related to the patient's medical history if it precludes SRP as the initial treatment of choice
- Documentation related to the patient's root condition (i.e. odd root morphology) that may prevent optimum SRP
- A copy of the **ATRIDOX** package insert for additional product information

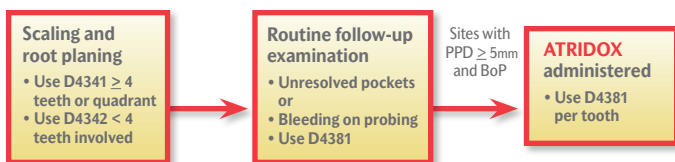
## Pre-determination of benefits

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 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.

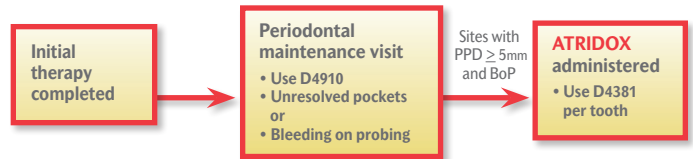
### 1. Newly diagnosed patient with SRP completed prior to **ATRIDOX** administration



*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.

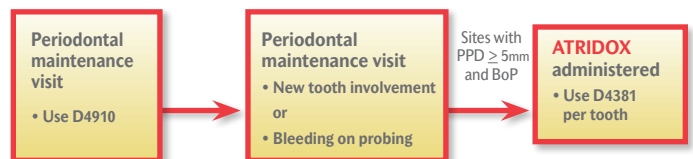
**NOTE:** Many dental plans will not reimburse for Code D4381 if the patient had not previously received SRP, or if the antimicrobial treatment and the SRP are administered on the same day. Most often, plans require a period of 30 – 60 days between the antimicrobial therapy and the last SRP.

### 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.

# General guidelines for insurance claim submissions

## Guideline for new patient

Treatment type: **NEWLY DIAGNOSED CHRONIC ADULT PERIODONTITIS PATIENT**

Procedure code: **D4381**

CDT descriptor: “Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.”

### When to use D4381:

- 1) Following evaluation after mechanical and surgical procedures (i.e. scaling and root planing, flap surgery, etc.). Pockets  $\geq$  5mm that demonstrate bleeding on gentle probing. SRP completed prior to **ATRIDOX**<sup>®</sup> administration.
- 2) During Routine Periodontal Maintenance visits.
- 3) Uncommon situations (i.e. pre-existing medical condition) with detailed documentation.

### How:

- Report each tooth or site separately on the claim form. For each tooth provide the tooth number, procedure code, date of treatment and fee per tooth.
- Attach a detailed narrative report to support the claim.
- **Additional information that may be helpful in developing your report can be found in the ATRIDOX package insert.**

**NOTE:** The D4381 procedure code permits the filing of a separate charge for each tooth being treated with **ATRIDOX**. The fee for **ATRIDOX** therapy should be per tooth.

**D4381** is a procedure code that by definition is covered on a “by report” basis. Review of the claim by a dental claims examiner is likely. Therefore, it is important to support the decision to treat the patient in this manner with sufficient and legible clinical information.

## Guideline for maintenance patient

Treatment type: **MAINTENANCE PATIENT**

Procedure codes: **D4910 plus D4381**

CDT descriptor:

**D4910** – “Periodontal maintenance procedures following active therapy.”

**D4381** – “Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.”

### When to use D4910 plus D4381:

- 1) During the maintenance appointment following SRP.
- 2) After the completion of surgical or other definitive periodontal treatment therapies.
- 3) During the same visit as Periodontal Maintenance.

### How:

- Complete the periodontal maintenance procedure including: the removal of subgingival and supragingival plaque and calculus using an ultrasonic instrument, a periodontal evaluation, and a review of the patient’s plaque control efficiency. Treat new or recurring periodontal disease (sites  $\geq$  5mm and bleeding on probing) with **ATRIDOX**.
- Report this procedure on the claim form using Code D4910. Report each tooth separately on the claim form. For each tooth provide the tooth number, procedure Code D4381, date of treatment and fee per tooth.
- Attach a detailed narrative report (including pre and post-therapy periodontal charting of the re-treated sites) to support the claim.

## Example of claim narrative for a newly diagnosed or maintenance patient

Date:  
Plan name:  
Address:  
City, State, Zip:  
Patient/Insured Name:  
Patient ID:  
Policy number:  
Group number:  
Date of treatment:  
Prior treatment date:

To whom it may concern,

*(Patient name)* was seen in my office today for *(his/her)* routine exam including (periodontal examination for new patient or maintenance appointment for existing patient). *(Patient name here)* presented to my office on *(date)* and received a periodontal exam that included periodontal probing. Upon examination, periodontal pockets sites were found of 5mm or greater and had localized bleeding when probed. Treatment initiated included scaling and root planing and oral hygiene instruction.

Based on the patient's clinical presentation, I placed **ATRIDOX**<sup>®</sup> (doxycycline hyclate) 10% in each of the pockets listed below:

Tooth #	Site Treated (MB B DB ML L DL)	Probed Pocket Depth	Total Treated Areas by Tooth

The objective of this course of therapy is to halt the progression of the periodontal disease and reduce the probability of further destruction of the periodontium. **ATRIDOX** is clinically proven and indicated for use in the treatment of chronic adult periodontitis for a gain in clinical attachment, reduction in probing depth, and reduction in bleeding on probing.

I have attached the following documents relating to this treatment and the patient's history: Patient periodontal chart, patient radiographs, **ATRIDOX** full prescribing information, and insurance claim form.

I certify that this information is correct. Please contact me should you have questions regarding the attached claim submission.

Sincerely,  
*(Dr. name)*  
*(Practice name)*  
*(State license #)*

Enclosures:  
*Insurance claim*  
*Patient periodontal chart*  
*Patient radiographs*  
*ATRIDOX*<sup>®</sup> full prescribing information

## Example of a denial of claim rebuttal narrative\*

Date:  
Contact *(usually the Medical Director)*:  
Title:  
Plan name:  
Address:  
City, State, Zip:  
Patient/Insured name:  
Patient ID:  
Policy number:  
Group number:

Dear Dr. *(Medical Director's name)*,

I am writing to you on behalf of my patient, *(Patient name)*, to request reconsideration of a claim. **ATRIDOX**<sup>®</sup> (doxycycline hyclate) 10% was provided to *(Patient name)* on *(date of service)*. *(Patient name)* has been under my care for treatment of periodontal disease since *(insert date)*. You have indicated that **ATRIDOX** is not covered by *(insurance company)* because *(insert reason for denial from Explanation of Benefits)*.

**ATRIDOX** is indicated for the management of adult periodontal disease. Due to the presence of periodontal disease, I have administered **ATRIDOX** as an essential part of *(his/her)* treatment. I would appreciate a reconsideration of the claim from *(date of service)* for *(Patient name)*. To further support the necessity of this patient's treatment with **ATRIDOX**, I am including the following information:

*(List additional information attached to appeal including patient history, diagnosis, past treatments, and product information such as package insert)*.

Based on the above facts, treatment with **ATRIDOX** is appropriate for this patient. I would appreciate a reconsideration of this claim. If you have any further questions, please call me at *(doctor's telephone number, including area code)* to discuss. Thank you in advance for your immediate attention to this request.

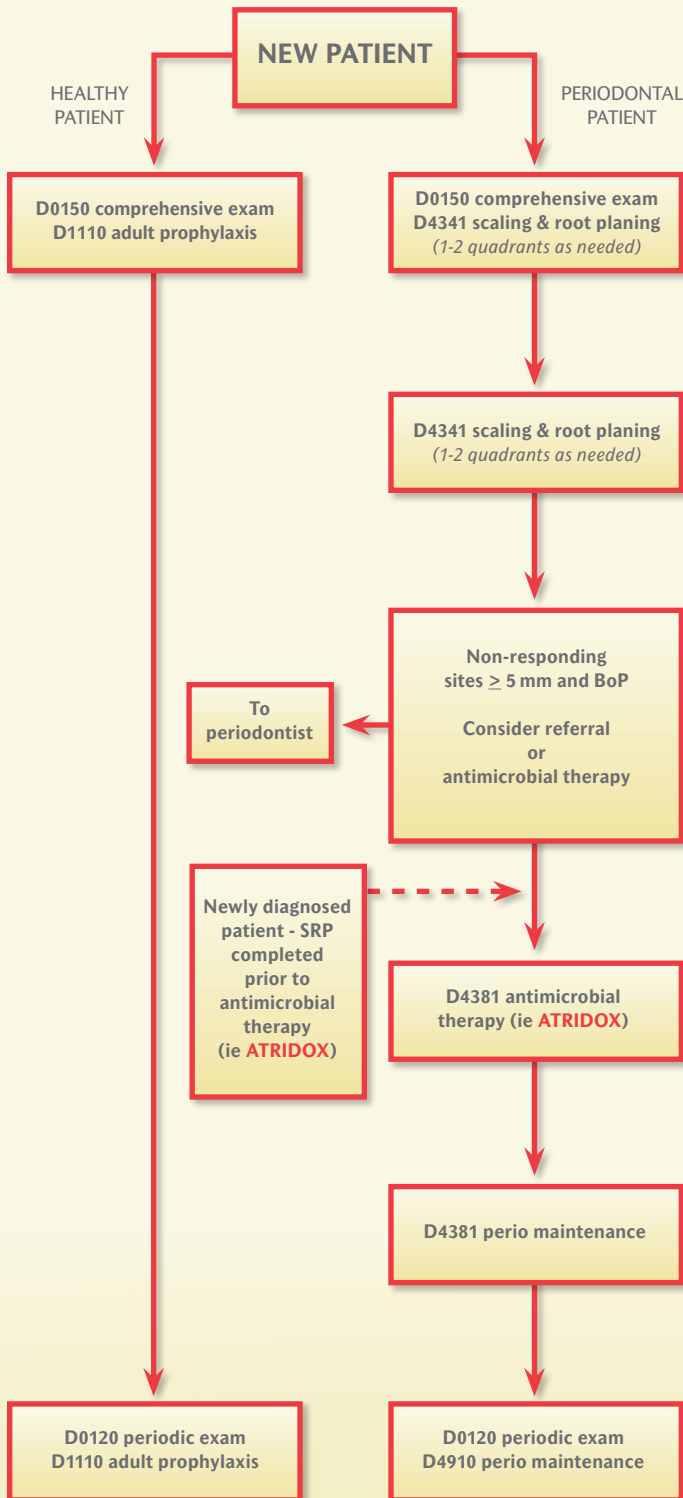
Sincerely,  
*(Dr. name)*  
*(Practice name)*  
*(State license #)*

Enclosures:  
*Patient history*  
*Diagnosis, past treatments*  
*ATRIDOX*<sup>®</sup> full prescribing information

\* If deemed essential by doctor

# Treatment plan & claim submission tips

## Sample periodontal treatment plan for the patient utilizing dental insurance



## 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**<sup>®</sup> 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

## Claim rejection troubleshooting tips

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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® hits the mark in safety and administration

## An effective treatment option for your patients with chronic adult periodontitis

**ATRIDOX** is clinically proven and indicated to achieve all three of these outcomes:

- Gain in clinical attachment<sup>1</sup>
- Reduction in probing depth<sup>1</sup>
- Reduction in bleeding on probing<sup>2</sup>

**ATRIDOX** is clinically proven to reduce the levels of pathogenic bacteria. Even at 6 months, the pathogenic bacteria counts remained below baseline levels.<sup>3</sup>

## The only locally applied antibiotic (LAA) gel that flows deeply into infected pockets

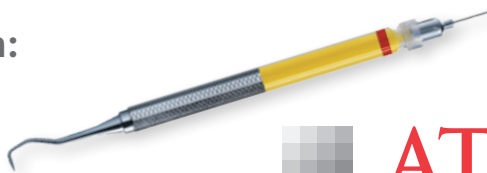
- Flows freely and easily to the bottom of pocket to adapt to root morphology
- Controlled release of doxycycline for a period of 21 days<sup>4</sup>
- Bioabsorbable—no removal required
- Allows precise placement for targeted therapy
- Dosing flexibility allows for treatment of multiple tooth sites with a single syringe



For more information:

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

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



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(doxycycline hyclate) 10%

**ATRIDOX** should not be used by patients who are hypersensitive to doxycycline or any other drugs in the tetracycline class. The use of drugs in the tetracycline class during tooth development may cause permanent discoloration of the teeth. Tetracycline drugs, therefore, should not be used in pregnant women, unless other drugs are not likely to be effective or are contraindicated. **ATRIDOX** should be used in conjunction with a comprehensive oral hygiene program and regular dental visits.

References: 1. Garrett S, Johnson L, Drisko CH, et al. Two multi-center studies evaluating locally delivered doxycycline hyclate, placebo control, oral hygiene, and scaling and root planing in the treatment of periodontitis. *J Periodontol.* 1999;70:490-503. 2. Garrett S, Adams DF, Bogle G, et al. The effect of locally delivered controlled-release doxycycline or scaling and root planing on periodontal maintenance patients over 9 months. *J Periodontol.* 2000;71:22-30. 3. Red Bacteria Reduction, Dr. Walker, University of Florida; 45 subject well-controlled clinical study; Data on File, TOLMAR Inc. 4. Stoller N, Johnson L, Trapnell S, et al. The pharmacokinetic profile of a biodegradable controlled release delivery system containing doxycycline compared to systemically delivered doxycycline in gingival crevicular fluid, saliva and serum. *J Periodontol.* 1998;69:1085-1091.

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