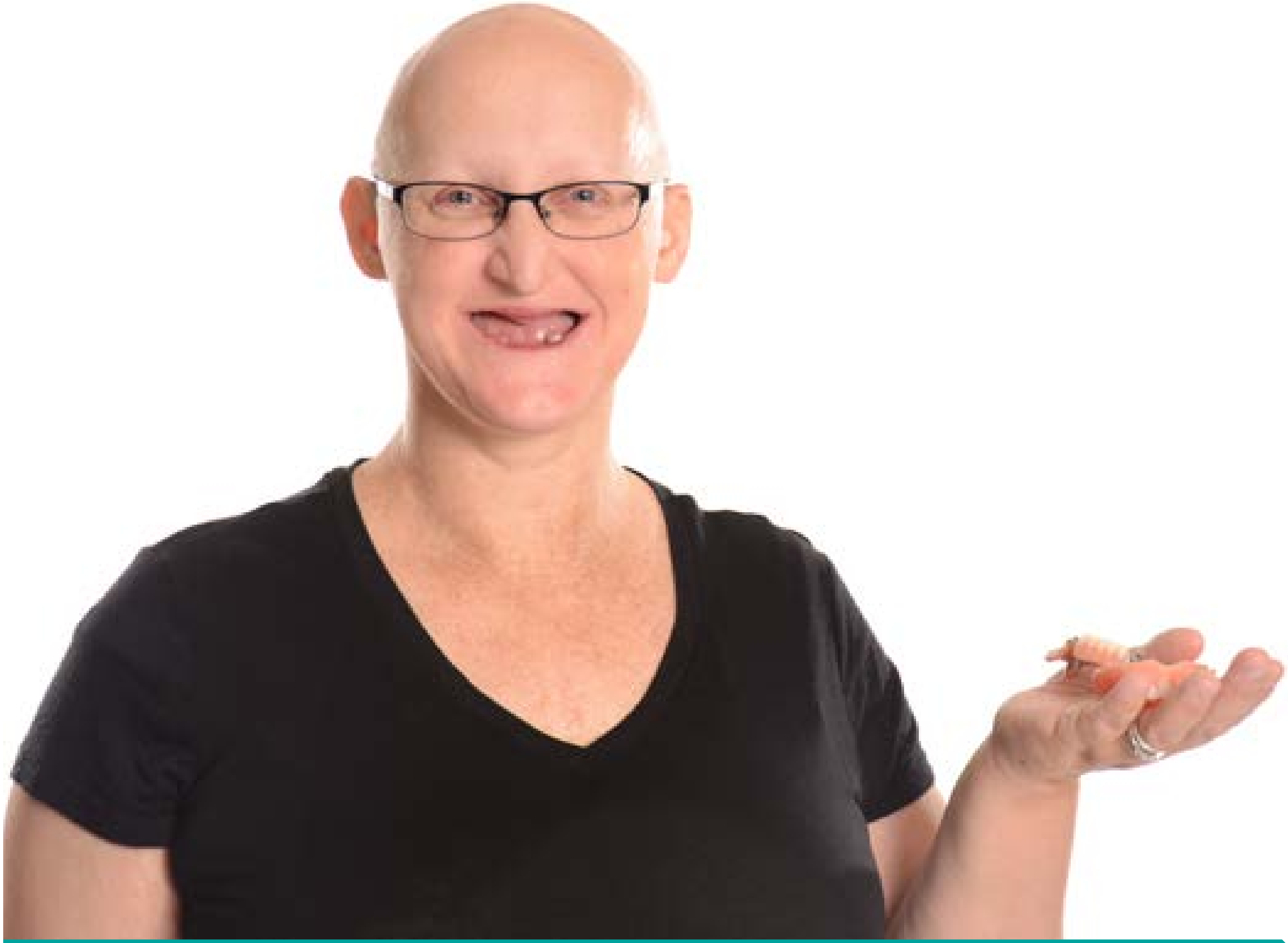

DENTAL PROVIDERS INSURANCE TOOLKIT

A Step-by-Step Guide for Dental Providers to to Help Their Patients Get Medical Benefits for Dental Care of Ectodermal Dysplasias

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NATIONAL FOUNDATION FOR
ECTODERMAL DYSPLASIAS

INTRODUCTION

Thank you for your interest in treating patients affected by ectodermal dysplasias. Finding a dental provider is often a huge challenge for our families.

Families affected by ectodermal dysplasias encounter a wide range of challenges as they strive to meet their needs and that of their children. They face troublesome problems such as treatment issues, school concerns and dealing with insurance companies.

Ectodermal dysplasias are a diverse group of genetic disorders that involve defects of the hair, nails, teeth, glands and skin. While medical insurance generally covers problems related to the hair, skin, nails and other aspects of the disorder, some don't cover the dental care needed because of dental exclusions.

We are counting on you to make a case with the insurer to encourage them to cover the dental-related costs of this medical condition. Proper education of the insurance company may enable approval of dental-related costs under the insurance policy's birth defect (congenital anomaly) language or medical necessity language. We have found if the family is persistent and they receive help from the dental office, that many times the treatment is covered.

We have developed a step-by-step toolkit for families to help them submit their claims to their medical insurance. Attached is a tool kit for your office to assist your patient with their claims. This process has a great track record for success!

Please do not hesitate to contact our office with any questions. On behalf of the ectodermal dysplasias community, thank you for dedication to your patients and for helping them get the smiles they deserve!

In the coming months, we hope to see federal legislation so that families no longer have to fight to have their claims paid. We hope that when the time comes you will join us in this effort.

Sincerely,

Mary Fete

Mary Fete, RN MSN CCM
Executive Director

The National Foundation for Ectodermal Dysplasias thanks Ozark Prosthodontics for sharing their process for submitting families claims to their medical insurance.

Ten years ago, our practice met a 14-year-old boy with ectodermal dysplasia. It was obvious the family would sell their home to get pay for him to have teeth. Around the same time, my husband and I had a baby boy with a congenital heart defect. Medical insurance paid for our son's open-heart surgery with no questions asked. Bills paid in full. If medical insurance paid for my son, why wouldn't they pay for ectodermal dysplasia, a congenital defect? We found proper training and consulting through The Z Group LLC. The rest is history. We have treated over 50 ectodermal dysplasia patients over the past nine years. Each full mouth reconstruction case was covered by medical insurance, thankfully. We just started six new congenital cases in the past 60 days. Each will be covered by medical insurance. We are happy to serve as a resource should you need our help.

Ozark Prosthodontics
Fayetteville, Arkansas
479-582-3360
www.ozarkpros.com

Billing Medical Insurance for Your Ectodermal Dysplasia Patients

Billing medical insurance can often be a daunting task for those of us on the “dental” side of healthcare. The process is different, the language is different, the forms are different, even the way you describe your procedures is different. This document has been designed to give you hope that your practice can file medical insurance. Becoming proficient in medical insurance will take time. But with proper training and dedication to following every critical step, you can help remove a significant amount of the financial burden from your patients.

Here are some critical things to know regarding medical insurance.

1. Invest time on the front end to understand the patient’s benefits. While most medical insurance plans will cover the services you plan to do for your patient, not all do. You can do this by reading the patient’s “Summary of Plan Benefits” and/or by calling into the insurance company. You need to know IF the treatment you propose is a covered service. By making one phone call, you will know. In this call, you need to state that you have a few CPT codes that you need to know if they are payable in the plan and if any of the codes have restrictions or limitations. You will be asked where the services will be taking place (i.e, in office, surgical center, hospital). Likewise, you will be asked if you are in or out of network. Be sure to record the results of the conversation, along with the customer service representative’s name, date & time of call. Make sure to request a reference number. ***Keep this information.***

2. You must write and speak in medical language using ICD-10 for diagnosis codes and CPT codes for procedures you plan to do. Frequently used ICD-10 and CPT codes for reconstruction of ectodermal dysplasia patients are noted at the end of this document.

3. Most surgical services (and many non-surgical) will require a pre-authorization. Documentation for medical insurance is very different than what dental insurance requires. This documentation should clearly demonstrate that these services are medically necessary. Here are the required documents you will need to complete for preauthorization.
    a. Head and Neck Evaluation
    b. Clinical Note, written in SOAP format (Subjective, Objective, Assessment, Plan)
    c. If a CT is made, CT interpretation report (or you could outsource this to a radiologist.
    d. Letter of Medical Necessity. Request that the patient’s primary care physician write a letter of the medical necessity.
    e. NFED Letter of Medical Necessity

4. PreAuthorization Approved or Denied
    a. If the PreAuthorization is approved, you are ready to begin services. Most pre-auth's will give you 90 days to complete services. Do not worry, requesting extensions is a fairly easy step
    b. If the PreAuthorization is denied, you typically are allowed two appeals. Appeals typically require additional information be provided.

5. Filing a Clean Claim. Again, different than dental insurance, medical insurance claim forms are CMS 1500 02/12. You must complete this form correctly and comprehensively. There are several inexpensive softwares that will allow you to complete the form. SpeedyClaims would be an example of a software. This form will require that you use ICD-10 and CPT codes.

6. Following the Claim. Claims typically take 30 days to process. During the processing time, it is common for medical records (i.e, operative reports) to be requested before the claim will finalize. You can call to find out status of claim. If you are in-network, you can expect to have an explanation of benefits (EOB). If you are out of network, you may not receive the EOB.

7. What if You Do Not Have the Time/Staff to Help? If the process feels overwhelming to you and your staff, please consider outsourcing to a proper medical billing company.

Commonly Used ICD 10 and CPT Codes

ICD-10 Codes Commonly Used Diagnostic Codes

K00.0	Anodontia, due to medical condition
Q82.4	Ectodermal Dysplasia
M89.09	Disuse Atrophy, Multiple Sites, (Maxillary/Mandible)
K08.26	Atrophy of edentulous alveolus, maxilla, severe
K08.23	Atrophy of edentulous alveolus, mandible, severe
K13.22	Minimized keratinized mucosa

CPT Codes Commonly Used

41899	Extractions (often can use D7210)
21210	Bone grafting, maxilla, including harvesting
21215	Bone grafting, mandible, includes harvesting
21085	Surgical stent
21248	Reconstruction of Maxilla/Mandible, partial (1-3 implants per jaw)
21249	Reconstruction of Maxilla/Mandible, complete (4 or more implants per jaw)
15275	Allograft, soft tissue, mouth
21089	Maxillofacial prosthesis

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To whom it may concern:

I have been a volunteer consultant for the National Foundation for Ectodermal Dysplasias (NFED) for approximately 30-years, and as one of two prosthodontists in the United States, I was involved in the NFED's development of age appropriate parameters of care for the Ectodermal Dysplasia patient. As a Maxillofacial Prosthodontist and Director of Maxillofacial Prosthetic Services at Tufts University School of Dental Medicine (TUSDM) for 29-years until my retirement in 2004, I have treated many patients diagnosed with Ectodermal Dysplasia , Dentinogenesis Imperfecta (DI), Amelogenesis Imperfecta (AI), Cleft Lip and Palate (CLP) and other related rare disorders manifesting profound oral/head & neck deformities. All these patients share a genetic etiology, present with unique dental/jaw malformations and require a team of physicians, dentists and related health-care professionals to provide treatment. I have lectured extensively on the subject of Prosthodontic "Habilitation" of the Congenital/ Developmental Head & Neck with anatomical abnormalities as well as have publications in referee journals.

Other oral manifestations seen with Ectodermal Dysplasias include abnormal speech, difficulty with chewing and swallowing, and deficient secretion of saliva. In all ectodermal dysplasia patients with partially/totally missing teeth, dental intervention "habilitates" the patient's vital oral functions of speech, swallowing and chewing; support them psychologically with peer group and support the patients nutritionally to insure normal development. The dental treatment of the Ectodermal Dysplasias and related rare disorders patient is medical in nature (not cosmetic). Dental restorative treatments are crucial for overall health and functioning of affected individual as well as supporting proper speech, chewing, swallowing, nutrition, bone health, emotional health, etc. A lack of timely treatment, especially for growing children, negatively affects all the above and can lead to developmental complications as well as negative emotional health issues.

Congenital disorders, as Ectodermal Dysplasias, lead to subsequent developmental complications further debilitating the affected individual, and non-treatment can lead to a life-long disability. Preventative treatment intervention can return the affected individual into the mainstream of society. These conditions are genetic and should be covered by medical insurance just like other birth defects including Cleft Lip and Palate. I urge you to provide coverage for this medically necessary treatment.

If you have questions, please call the National Foundation for Ectodermal Dysplasias, 618-566-2020.

Respectfully submitted,
Thomas J. Vergo, Jr., DDS, FACD, FAAMP, FGNYAP, FAP
Professor Emeritus: Tufts University School Dental Medicine

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Dear Friend of the NFED,

The National Foundation for Ectodermal Dysplasias has an exhaustive amount of data on the insurance industry's obligation to provide treatment for the dental aspects of the various ectodermal dysplasias. The data is based on the first-hand experiences of families who have dealt with the insurance industry and technical information from scientific journals about the scope of such treatment.

There is a compelling case that the ectodermal dysplasias are genetically determined birth defects, with inherent abnormalities of the teeth in individuals with ectodermal dysplasias, and treatment for the dental abnormalities must be covered as part and parcel of ordinary medical insurance. Fundamentally, it is to allow the individual to thrive and obtain normal, balanced nutrition. The oral treatment that may be necessary includes: 1) orthodontics for the alignment of teeth that are not positioned properly in the jaws; 2) crowns to reshape malformed teeth; 3) root canals (endodontics) that are necessary to facilitate placement of crowns; 4) full or partial dentures and bridges (removable and fixed prosthodontics) to replace missing teeth; 5) dental implants; 6) oral surgery to remove impacted teeth (if any) and to place dental implants; and 7) gum surgery (periodontics) that may be necessary for any of the treatments mentioned above.

There is less evidence about how to treat routine restorative work (fillings) or surgery for routine gum disease (gingivitis and periodontitis). In some forms of the ectodermal dysplasias, there is an impact on the physiology of the salivary system and this increases the risk for tooth decay. Any family applying to an insurance company for dental treatment under the auspices of medical insurance must be clear about this; the coverage the family asks for must be limited to the oral health problems that impacts on general health related to the ectodermal dysplasia. Then, the insurance company will more readily see the logic involved, and the decision it makes will be more clearly focused on the important issue; namely, the industry's obligation to cover all costs related to diagnosis, management, and treatment of birth defects.

Please feel free to refer to this letter in the course of your application or appeal to your insurance carrier, and do not hesitate to give my name to the carrier as a spokesperson on your behalf.

Sincerely yours,

Clark M. Stanford, DDS PhD
Chairman, NFED Scientific Advisory Council

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MEMO

TO: Insurance Carriers
RE: Insurance coverage for oral implants for individuals affected by ectodermal dysplasias

The ectodermal dysplasias are a group of genetic disorders involving more than one derivative of the embryonic ectoderm. In most ectodermal dysplasias, abnormalities of the oral structures and dentition are an integral part of the multiple system effects. The teeth may be totally absent (anodontia), a few to most of the teeth may be absent (hypodontia), the teeth may be misshapen or small (microdontia), or there may be defects of the structures of the teeth. The lack of teeth results in improper development of the bones of the jaws.

The utilization of oral implants to support the replacement of missing teeth has been proven to be an important and well-accepted treatment modality in older children, adolescents and adults. There is no evidence to show that implant-supported dental prosthesis affects growth and development of the craniofacial structures when used in the age-appropriate patient. The ideal replacement for natural teeth does not exist. However, after many years of basic and clinical research, dental implants have been developed which can predictably be used to support restorations replacing natural teeth. The most frequently used implants are made of titanium in cylindrical form.

Potential benefits of dental implants supporting restorations include increased biting force, improved satisfaction with the dental prosthesis, increased self-esteem, and improved ability to eat some foods. This leads to better nutrition, masticatory function and nutrient absorption, addressing a failure to thrive diagnosis common to this population.

It is the unanimous opinion of the Scientific Advisory Council and the Board of Directors of the National Foundation for Ectodermal Dysplasias (NFED) that the use of oral implants to support prosthesis to replace missing teeth in children, adolescents, and adults is a safe, effective and proper treatment for replacement of missing teeth in individuals affected with forms of ectodermal dysplasia.

Sincerely,

Clark M. Stanford DDS, PhD
Chairman, NFED Scientific Advisory Council

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ECTODERMAL DYSPLASIAS

MEMO

TO: Insurance Carriers
RE: Insurance coverage for individuals affected by birth defects

The ectodermal dysplasias are a group of genetic disorders involving more than one derivative of the embryonic ectoderm. In most ectodermal dysplasias, abnormalities of the oral structures and dentition are an integral part of the multiple system effects. The teeth may be totally absent (anodontia), a few to most of the teeth may be absent (hypodontia), the teeth may be misshapen or small (microdontia), or there may be defects of the structures of the teeth. The lack of teeth results in improper development of the bones of the jaws.

Whatever form the dental defects take, the oral health problems are some of the most important features of the ectodermal dysplasias. Management of these conditions is essential to the total treatment of the medical disorder. The lack of or presence of defective teeth affects nutrition, speech, oral function and self-image. Treatment of the dental conditions must be provided for the affected child to develop normally.

It is the unanimous opinion of the Scientific Advisory Council and the Board of Directors of the National Foundation for Ectodermal Dysplasias (NFED) that all treatment required by these individuals belongs under medical insurance coverage. This necessary treatment may include complete dentures, removable partial dentures, fixed bridges, crowns, orthodontic braces, and dental implants.

Sincerely,

Ruth Geismar
President, NFED Board of Directors

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Contact us at NFED.org, info@nfed.org or 618-566-2020