Clinical

How hygienists can support patients’ overall body health

Use the power of cross coding

By Marianne Harper

Have you lost the excitement? Are you content with what you might now perceive as the same-old, same-old every day? Day after day you may be performing hygiene procedures over and over again, all the while knowing you are helping your patients but perhaps you simply don’t feel as though you are truly making a significant difference in their overall health. If you feel that level of frustration, or even if you don’t, but you are less interested in advancing your career, then read on to discover some ways in which you can make a significant difference in the health of your patients.

As you are aware, dentistry is becoming recognized as a medical discipline. We in the dental field are in a unique position to support our patients’ overall body health. Our patients who maintain their regular recare schedules are quite probably seen by us more frequently than they are seen by their primary care providers. “Around 39 percent of adults see their physicians in a year while 64 percent see their dentists, which means we see 25 percent more patients than they do.”

Update recare forms

Hygienists can be key players in this opportunity by thoroughly questioning their new patients and by providing and reviewing medical history forms that are updated with the most current medical questionnaires. Hygienists can begin an evaluation of their patients’ medical state.

In addition, our established patients may have had a change in their medical history since their last appointment, so a recare update form is an efficient way to inquire about their health. If your practice is not familiar with recare update forms, it is likely time to re-establish proper oral care techniques and routines to inspire confidence in having a healthy smile. If you feel overwhelmed with questions about the treatment and best products for their oral health condition,” says Dr. Jennifer Salzer, a New York-based orthodontist and mother of four, who is featured on the website. “Embracet.com has a wealth of information on orthodontic treatment, presented in a user-friendly format to help patients and parents navigate the braces experience and feel confident with their mouths during the process.”

To ease the transition to braces, Crest and Oral-B offer Ortho Essentials, the ideal collection of oral care products for someone with braces including simple education tools to guide proper use and produce results that exceed expectations. With Ortho Essentials, patients can steer clear of common problems such as gingivitis, tartar and demineralization, which can result in additional time and expense — and get the most beautiful and healthy smile possible.

For patients in the tween age group particularly, getting braces is the perfect time to re-establish proper oral care techniques and routines to inspire confidence in having a healthy smile. To help tween patients through this awkward phase, Crest and Oral-B have updated their line of tween-friendly Pro-Health FOR ME oral care products to include the Oral-B Pro-Health FOR ME Electric Powered Toothbrush. With a built-in two-minute timer and multiple brush heads for sensitive teeth and gums, it enables patients to power the gunk away — something orthodontist can appreciate.

For more information on Embrace It!, you can visit www.embracet.com. To learn all about Ortho Essentials and Crest and Oral-B Pro-Health FOR ME products, visit www.dentalcare.com. (Sources: Crest and Oral-B)

Embrace It! (www.embracet.com), is a complete online resource for parents and patients preparing for or maintaining braces. Photo/Provided by Crest Oral-B

Fig. 1: Example photocopy of CMS-1500 form, which is printed in red ink, provides spaces for at least four diagnosis codes and six procedure codes. Codes within these code systems provide further diagnostic information or details on why a procedure might have been modified. The complexity serves as a fair warning that cross coding is not an easy system to implement.

Fig. 2: Blank, original CMS-1500 form, which is in red ink, provides spaces for at least four diagnosis codes and six procedure codes. Coding is not an easy system to implement.
Commentary: Not all hand-held X-ray systems are created equal

By Joel Gray, PhD

As a recent article on [www.dental-tribune.com] points out, there are some safety issues with hand-held X-ray units made in China and Korea, as well as elsewhere outside of the United States. There are two sources of radiation from an X-ray system — leakage radiation from the X-ray tube and scattered radiation from the patient. The leakage radiation is minimized by placing highly absorbing material, such as lead, around the X-ray tube. The major issue with the hand-held X-ray units is the scattered radiation, that is X-rays that are scattered from the patient towards the operator.

In fact, about 20 to 30 percent of the X-rays are scattered from the patient toward the person holding the device. The X-ray units from outside the United States, which are under FDA scrutiny, do not provide any protection from X-rays scattered from the patient. These systems look like a large camera that you hold with both hands.

There is no shielding provided by these hand-held systems; that is, the user’s hands are exposed to all of the X-rays scattered from the patient. Consequentially, the user’s hands are going to receive a radiation dose that will probably exceed the radiation-protection limits for skin and extremities. Therefore, these units should not be hand-held.

We evaluated one hand-held X-ray unit manufactured in the United States (Nomad, Aribe Inc) and compared staff doses with those for the same staff using conventional wall-mounted systems prior to acquiring the hand-held systems (Gray et al. 2012). This hand-held system uses a proprietary shielding material around the X-ray tube, resulting in leakage radiation levels that are virtually imperceptible. In addition, there is an integral lead-acrylic shield that protects the user from radiation scattered from the patient.

The results of our study indicated that the users of the hand-held X-ray system received lower radiation doses than they did when they were using conventional wall-mounted X-ray systems. Buyers should be aware that not all hand-held X-ray systems are created equal and not all of those being sold on the web have been reviewed by the FDA. Hand-held X-ray units should have sufficient shielding to minimize leakage radiation from the X-ray tube and an integral shield to protect from radiation scattered from the patient.

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see an article about in Hygiene Tribune? Let us know by e-mailing feedback@dental-tribune.com. We look forward to hearing from you! If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at database@dental-tribune.com and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to six weeks to process.
procedures with their medical plans. Implementing cross coding creates greater case acceptance resulting in increased patient affordability and practice profitability. Hygienists can play a key role in the implementation of cross coding.

Hygienists can be the communicators for cross coding in their practices by alerting the practice of patients whom they believe are medically compromised. Such patients are excellent candidates for cross-coded claims.

As an example, hygienists can inquire about conditions that might indicate that a patient has sleep apnea (Fig. 1). For those practices that treat sleep apnea, the practice would then need to refer the patient for a sleep study before commencing treatment. If the practice does not treat sleep apnea, this referral would at least get the ball rolling for treatment by another provider.

Hygienists can also be the champions for cross coding by encouraging that their practices implement a cross-coding system. In most practices, the business office staff will need to play a significant role, but the hygienists can spearhead the process.

Dental, medical claims differences

There are significant differences between dental and medical claims. The biggest difference is that, at present, medical insurance is diagnosis driven while dental insurance is not as of yet.

Medical insurance uses diagnosis codes to explain why a procedure was performed. Without at least one appropriate diagnosis code, a claim will not be paid. The diagnosis codes are titled ICD-9-CM. The procedure codes are titled CPT codes.

At present, there are growing numbers of dentally related diagnosis codes, which are very helpful when cross coding. However, it is not so easy to use the CPT codes because there are so few dental CPT codes. This is the area that makes cross coding more difficult. The medical claim form is a bit different than the dental claim form. It is titled the CMS-1500 form and is printed in red ink (Fig. 2).

The form provides spaces for at least four diagnosis codes and six procedure codes. There are also other codes within these code systems that are used to give further diagnostic information or to provide information on why a procedure might have been modified by a specific circumstance.

As you can see, cross coding is not an easy system to implement. The answer to easing the difficulty with cross coding is to take a good course on the topic. You always advise practices that cross code and receive negative responses to encourage their patients to complain to their employers. Insurance contracts are between the insurance company and the employer, so dental practices have little power to make any plan changes. However, the more that complaints are issued, the more likely that medical insurance carriers will begin to see the necessity for including these types of procedures in their plans.

More cross-coding procedures

The full scope of cross coding is much more extensive than just these tests. There is no guarantee that these tests would be covered by the plan. According to the Centers for Medicare and Medicaid Services, “the existence of a code does not, of itself, determine coverage or non-coverage.”

It is certainly worth the effort of a phone call to determine coverage. You always advise practices that cross code and receive negative responses to encourage their patients to complain to their employers. Insurance contracts are between the insurance company and the employer, so dental practices have little power to make any plan changes. However, the more that complaints are issued, the more likely that medical insurance carriers will begin to see the necessity for including these types of procedures in their plans.

Dental practices should be cross coding for the following:
- Trauma procedures
- Oral surgical procedures
- TMJ procedures
- Sleep apnea procedures
- Medically necessary endodontic procedures
- Medically necessary implant and periodontal procedures
- Exams, radiographs and diagnostic procedures for any medically necessary dental procedure

Positive changes to your career

Between implementing disease testing and cross coding, a hygienist will significantly make positive changes to his or her career. These hygienists will not only help patients obtain optimal health, but they can also help make procedures more affordable.

Patients will be able to see that their dental practice truly cares about their health and will have more confidence in the practice. This is a true win-win situation. The dental practice will value the contributions of these hygienists, and hygienists will rarely face each day with that “same-old, same-old” feeling.

References