

Most Frequently Asked Insurance Questions:

It seems like a lot of office that accept PPO's are having a hard time charging a full fee because of their "In Network" contracted fee. I have received numerous calls about the coding and there are 3 common questions.

Q:When they use the codes D8090 and D8999, do they submit it all at once or do they bill separately?

A:The code D8090 and D8999 may be billed at the same time.

Q: When submitting both codes (D8090 and D8999) what verbiage should they use when describing the treatment?

A: Billing amounts for D8090, if in network, are their contracted fees. Per each patient's policy and coverage the plan will pay accordingly (ie. 50%-80% of that fee up to the patients orthodontic maximum). D8999 will be an upgradable amount for ceramic braces, Invisalign, lingual braces etc. **You will want to include expected length of treatment, total cost, patients down payment, monthly payment terms, and case diagnosis. The diagnosis is the verbiage (ie.Class 1 with lower crowding of 6mm, or Class II div II deep bite, etc) these are determined by the doctor.**

Directly from Delta Dental's website--- For special appliances like Invisalign, we will make an allowance for comparable standard treatment and the patient is responsible for any additional fee. On claims, submit the total fee (you may list your standard fee separately from any additional fee for the specialized appliance).----That is where you will place the additional upgrade amount.

Q:Does treatment time have any impact on these codes?

A:NO, not under PPO plans.

Additional Tips:

1-Determine if your patient is elig for Ortho benefits through their insurance, along with coverage type how payments are made(automatic or do you need to manually submit and in what interval?)

-how often they will be made-quarterly, monthly ,annually or other interval

2- Retention (a lot of time retention is including in original fee with insurance companies--verify when checking eligibility)