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2017 Insurance Coding Guide

*The codes provided are for the ordering healthcare provider’s consideration when filing for dental or medical insurance.

Please contact the insurance provider directly for any questions.
2017 Insurance Coding Contents

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2017 Insurance Codes

The CPT®/CDT® code examples are based on AMA/ADA guidelines and are for informational purposes only. CPT®/CDT® coding is the sole responsibility of the billing party.

DENTAL BILLING (CDT®):

Consider For Use With: MyPerioPath®:

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

Consider For Use With: MyPerioID®:

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0422 Collection and preparation of genetic sample material for laboratory analysis and report
D0423 Genetic test for susceptibility to diseases, specimen analysis – certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases

Consider For Use With: Celsus One™:

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes
D0422 Collection and preparation of genetic sample material for laboratory analysis and report
D0423 Genetic test for susceptibility to diseases, specimen analysis – certified laboratory analysis to detect specific genetic variations associated with increased susceptibility for diseases.

Consider For Use With: OraRisk ® HPV:

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes
D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions
**DENTAL BILLING (CDT®):**

**Consider For Use With: OraRisk® CT/NG:**

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

**Consider For Use With: OraRisk® Candida:**

D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions

**Consider For Use With: OraRisk® HSV Types 1 and 2:**

D0417 Collection and preparation of saliva sample for laboratory diagnostic testing

D0418 Analysis of saliva sample – Chemical or biological analysis of saliva sample for diagnostic purposes

D0431 Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions
**MEDICAL BILLING (CPT®):**

**Consider For Use With: MyPerioPath®:**

87801 Infectious agent detection by nucleic acid; multiple organisms; amplified probe technique

**Consider For Use With: MyPerioID®:**

81479 Unlisted molecular pathology procedure – **Narrative description required to describe performed procedure:** e.g.: IL6 gene analysis

**Consider For Use With: Celsus One™:**

81479 Unlisted molecular pathology procedure—**Narrative description required to describe performed procedure:** e.g.: DEFB1 / CD14 / TLR4 / TNF / IL1 / IL6 / IL17A / MMP3 gene analysis

**Consider For Use With: OraRisk HPV®:**

87624 Human Papillomavirus (HPV), high-risk types

**Consider For Use With: OraRisk® CT/NG:**

87491 Chlamydia trachomatis, amplified probe technique

87591 Neisseria gonorrhoeae, amplified probe technique

**Consider For Use With: OraRisk® Candida:**

87481 Candida species, amplified probe technique

**Consider For Use With: OraRisk® HSV Types 1 and 2:**

87529 Herpes simplex virus, amplified probe technique (CPT® applied for each germline variant HSV1 or HSV2 and may require the use of a modifier, consult your payors accordingly.)
MEDICAL BILLING (CPT®):

Consider For Use With: DNA DrupMap™ Profile:

81225  CYP2C19 Cytochrome P450, gene analysis, common variants

81226  CYP2D6 Cytochrome P450, gene analysis, common variants

81227  CYP2C9 Cytochrome P450, gene analysis, common variants

81240  F2 (prothrombin, coagulation factor II) gene analysis, 20210G>A variant

81241  F5 (coagulation factor V) gene analysis, Leiden variant

81291  MTHFR (5, 10-methylenetetrahydrofolate reductase) gene analysis, common variants

81355  VKORC1 (vitamin K epoxide reductase complex, subunit 1) gene analysis, common variants

81401  Molecular pathology procedure, Level 2 – Narrative description required to describe performed procedure: e.g.: CYP3A5 gene analysis

81479  Unlisted molecular pathology procedure – Narrative description required to describe performed procedures: e.g.: CYP3A5 / GRIK4 / ABCB1 / HTR2A gene analysis
Example ICD10 diagnosis codes that may apply to your patient’s condition:

***October 1, 2015 is the date that the International Classification of Diseases, Tenth Edition is to be implemented and will replace ICD-9-CM for reporting medical diagnoses on claims with dates of service furnished after September 30, 2015. (This is not an all-inclusive list, each medical provider ordering services or diagnostic testing is required to evaluate and use their medical judgment in the application of diagnosis codes to each patient.)

A48.8 Other specified bacterial disease
B10.89 Other human herpes virus infection
B00.2 Herpetic gingivostomatitis
B07.9 Viral wart, unspecified
B20 Human immunodeficiency virus [HIV] disease
B37.0 Candidal stomatitis
B37.83 Candidal cheilitis
B37.9 Candidiasis, unspecified
B99.8 Other infectious disease
B99.9 Unspecified infectious disease
D04.9 Carcinoma in situ of skin, unspecified
D23.9 Other benign neoplasm of skin, unspecified
D37.01 Neoplasm of uncertain behavior of lip
D37.02 Neoplasm of uncertain behavior of tongue
D37.03 Neoplasm of uncertain behavior of the parotid salivary glands
D37.031 Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032 Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039 Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04 Neoplasm of uncertain behavior of the minor salivary glands
D37.05 Neoplasm of uncertain behavior of pharynx
D37.09 Neoplasm of uncertain behavior of other specified sites of the oral cavity
D48.5 Neoplasm of uncertain behavior of skin
D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.89 Neoplasm of unspecified behavior of other specified sites
K01.11 Chronic gingivitis, non---plaque induced
K05.00 Acute gingivitis, plaque induced
K05.01 Acute gingivitis, non---plaque induced
K05.10 Chronic gingivitis, plaque induced
K05.20 Aggressive periodontitis, unspecified
K05.21 Aggressive periodontitis, localized
K05.22 Aggressive periodontitis, generalized
K05.30 Chronic periodontitis, unspecified
K05.31 Chronic periodontitis, localized
K05.32 Chronic periodontitis, generalized
K05.5 Other specified periodontal diseases
K06.0 Gingival recession
M35.01 Sicca syndrome with Keratoconjunctivitis
R21 Rash and other nonspecific skin eruption
Z11.2 Encounter for screening for other bacterial diseases
Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.51 Encounter for screening for human papillomavirus (HPV)
Z11.59 Encounter for screening for other specified viral diseases
Z11.8 Encounter for screening for other infectious and parasitic diseases
Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z33.1 Pregnant state, incidental
Z72.51 High risk heterosexual behavior
Z72.52 High risk homosexual behavior
Z72.53 High risk bisexual behavior
**Coding Tips**

**INDICATING LAB COSTS**  *(See Medical Claim form)* When an outside lab is used for pathology service, the lab fee is inserted in box 20 on the CMS1500 form to indicate this information.

What are modifiers used for? To inform the insurance company of a more in depth look at the meaning of the code. The following are the most commonly used:

**59 Distinct Procedural Service**

**90 Reference (Outside) Laboratory**
*Commonly used with the following modifier(s):*
91 Repeat Clinical Diagnostic Laboratory Test
GW Service unrelated to the hospice patient’s terminal condition
GZ Not reasonable and necessary

**91 Repeat Clinical Diagnostic Laboratory Test**
*Commonly used with the following modifier(s):*
90 Reference (Outside) Laboratory

GZ Not reasonable and necessary
*Commonly used with the following modifier(s):*
90 Reference (Outside) Laboratory

**Important notes:** CPT® Codes that are unspecified need to have an additional information to describe the service performed, condition or circumstances of patient health or status that allow the code to be payable. The following tips below are helpful in making the proper determinations for claim filing.

- Make sure there is no listed code for the service, or it will be denied.
- Be sure to verify... Is the service separately reportable and not a component of a more comprehensive procedure?
- Check the CPT® Category III codes, as well as HCPCS codes, to see if there is a code that could be used.

Also important to note, if you perform an unlisted procedure in an ASC, Medicare will not pay a facility fee for the procedure. Unlisted codes are strictly off the ASC list of payable codes.
**Reimbursement Tips**

Always check your payer’s policy for any special documentation or billing instructions. The Payer should tell you what is required for reimbursement.

- Private payers often require pre-authorization for any unlisted procedure.
- Some payers have specific documentation criteria, depending on the type of unlisted procedure provided (e.g., an op note to support an unlisted surgery, an imaging report for a procedure or the NDC number for an unlisted drug code).
- Many payers will ask you to submit a code with comparable work relative value units (RVUs) they can use to price the code.
- Many payers tell you DO NOT attach a modifier to the code or to report only one unit of an unlisted code regardless of the number of services it involves.
- Other information that may be required (Be sure your documentation supports any/all information you submit to the payer.
- A clear description, Nature, extent and need for the service being performed.
- Time, Effort, Equipment used to provide the treatment.
- Time spent, Number of times the service was provided.

*(Nov. 2008 CPT® Assistant): "When reporting an unlisted code to describe a procedure or service, it may be necessary to submit supporting documentation (e.g., procedure report) along with the claim to provide an adequate description of the nature, extent, need for the procedure, and the time, effort, and equipment necessary to provide the service."

### Dental Claim Form

#### Record of Services Provided

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**33. Missing Teeth Information** (Place an “X” on each missing tooth)

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**34. Diagnosis Code/Qualifier**

( ICD-9 = B, ICD-10 = AB )

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<th>34a. Diagnosis Code(s)</th>
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**35. Remarks**

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**36. Other Fee(s)**

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<th>B</th>
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32. Total Fee
Sample Letter of Medical Necessity

<Dentist> DMD,DDS
<Institution>
<Address 1>
<City>, <State>
<ZIP>

<Date>

<Medical Director/Physician Name>, M D
<Insurance Company Name>
<Address 1>
<City>, <ST>
<ZIP>

Re: <Patient Full Name> DOB: <MM/DD/YYYY>
Member ID: <Enter Member ID> Group ID: <Enter Group ID>

Dear Medical Director:

I am writing this letter on behalf of my patient <Patient Name> to request coverage for the <Test Name>. This letter documents the medical necessity for this test to confirm the diagnosis of <Disease Name> (NOTE: Use one of the oral diagnosis codes and description -- see pg.4) and provides information about the patient’s medical history and treatment.

e.g.: Gingivitis: (NOTE: use 523.3, 523.8, 528.9, 210.1, 352.1, 522.8, 523.3, 528.6 -- see pgs.6/7)--
Approximately 50 percent of the population has the gum disease gingivitis. The oral systemic connection is an important tool in inflammation affecting many body systems, as the bacteria from the mouth have also been found systemically. The inflammation may be reduced significantly by treatment of the infection.

<Insert narrative supporting remarks here> See choices at the end of letter template

I am requesting that <Patient Name> be approved for <Test Name> testing through OralDNA Labs, Federal Tax ID #:41-2007276 and NPI #: 1265458921 with the following CPT® code(s): <CPT® Codes>.

I am specifying OralDNA Labs to perform <Test Name> analysis because (Reason for using OralDNA Labs) for this testing.

I hope you will support this letter of medical necessity for <Patient Name>. Please feel free to contact me at <Physician Phone> if you have additional questions.

Sincerely,

<Physician Name>, DDS or MD
NPI #: <Physician NPI#>
**Narrative Support Choices for Consideration:**

1. **Periodontal Bacteria**
   
   Certain periodontal bacteria may be locally invasive, cause tissue destruction, invade host cells and enter the blood stream. Possible introduction into the bloodstream may complicate certain systemic situations such as cardiovascular disease, diabetes, preterm and low birth weight babies and other systems.

2. **Inflammatory Disease**
   
   Research has connected C-reactive protein and other cytokines and chemokines to periodontal disease. The literature shows that gum disease is a significant cause of elevations in CRP levels.

3. **Diabetes Mellitus (DM)**
   
   Current evidence suggests that diabetes mellitus DM is associated with an increased prevalence and severity of gingivitis and periodontitis. Periodontitis may increase the risk for worsening glycemic control in diabetic patients, as well as increasing the risk for diabetic complications. The resulting increase levels of inflammation can result in impairments in the body’s ability to manage blood sugar levels. Reference: Diabetes Mellitus and Periodontal Diseases: Mealey, Oates; J. Peridontology 2006.

4. **Preterm Births**
   
   Hormonal changes and pregnancy gingivitis requires aggressive treatment as research has shown that periodontal disease may be significantly related to preterm low birth weight. Reference: Periodontal Therapy May Reduce the Incidence of Preterm Birth and Low Birth Weight Infants: Journal of Periodontology, 2007, Vol. 78 No. 5.

5. **Cardiovascular Disease**
   
   Studies find a direct association between cardiovascular disease and periodontal bacteria. Even small amounts of an inflammatory stimulus can provoke a substantial amount of C-reactive protein (CRP) production which then circulates throughout the body in the bloodstream. Periodontal disease is a primary cause of inflammation in the body and may be predictive of heart disease. References: Moise Devarieus, MD, PhD, Columbia University; NIH News; April 6, 2006; Conclusion: “...older adults who have higher proportions of four periodontal disease—causing bacteria (A.a., P.g., T.f., T.d.) inhabiting their mouths also tend to have thicker carotid arteries, a strong predictor of stroke and heart attack”

6. **Patient History and Diagnosis:**
   
   <Patient Name> is a <Age> year old <Gender> with a suspected diagnosis of <Disease Name> due to the following symptoms and clinical findings:
   
   - <Symptom #1 with ICD-9 code>
   - <Symptom #2 with ICD-9 code>

   **NOTE:** Use one of the periodontal codes and back up with a medical code that describes patient’s health history: e.g.:Heart, Diabetic, Organ Issues or any other issues.

7. **Family History**
   
   <Family History> these symptoms, as well as the examination are indicative of <Disease Name>. The only way to confirm a diagnosis of <Disease Name> is to perform this test.
8. Test Methodology Benefits

Molecular testing plays an important role in making a definitive diagnosis in cases of suspected <Disease Name> to treat the patient appropriately. An accurate diagnosis provides the following benefits to the patient:

• <Benefit 1> e.g.: List what the outcome of treatment would be with OralDNA <Test> as a tool that helps with diagnostics and treatment choices.

• <Benefit 2> e.g.: Patient has a medical issue (for example-diabetes, heart disease, autoimmune disease) may pose additional risk from the infection thru the oral cavity. The lab test allows for knowing type of infection present and customizing the treatment to better suit the patient’s condition.

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***Coding and billing decisions are personal choices to be made by individual health practitioners exercising their own professional medical judgment in each situation.