

Oftentimes Dental Treatment Narratives are needed for insurance reimbursement but also on occasion is needed to assist a patient in understanding their current dental condition. A well written and documented narrative will, in a vast majority of cases, eliminate the repetitive expenditures of dental staff energies in obtaining results.

Dental insurance companies often require narratives to be submitted by dental offices when seeking reimbursement for larger procedures. This requirement serves multiple purposes and helps insurance companies make informed decisions regarding coverage and payment. The following are some reasons why narratives are necessary:

Documentation of Medical Necessity: Dental insurance companies need to ensure that the procedures being claimed are medically necessary. By requesting narratives, they can review the details provided by the dental office to determine if the treatment aligns with accepted standards of care and justifies the need for the specific procedure. The narrative explains the patient's condition, the recommended treatment, and the reasons behind it, allowing the insurance company to assess its validity.

Verification of Covered Services: Dental insurance policies have specific coverage limitations and exclusions. Narratives provide comprehensive information about the treatment provided, helping the insurance company verify that the procedure falls within the covered services outlined in the policy. This helps prevent unnecessary claims or fraudulent activities by ensuring that the treatment meets the policy's criteria.

Evaluation of Treatment Planning: For larger dental procedures, insurance companies need a clear understanding of the treatment plan, including the steps involved, the expected outcomes, and the anticipated costs. Narratives provide an overview of the entire treatment process, outlining the stages, any alternative options considered, and the reasoning behind the selected approach. This allows the insurance company to evaluate the proposed treatment and determine if it aligns with the industry standards and guidelines.

Supporting Peer Review and Appeals: In cases where a dental claim is disputed or requires further review, narratives provide crucial documentation for the insurance company's internal processes. These narratives can be used for peer review or during the appeals process to assess the appropriateness of the treatment, involve dental experts if necessary, and make informed decisions regarding reimbursement.

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While the requirement of narratives might introduce an extra step in the reimbursement process, it plays a vital role in ensuring the appropriate and fair utilization of dental insurance benefits. By reviewing narratives, dental insurance companies can effectively manage their costs, protect their policyholders, and maintain the integrity of their coverage policies.

******* All Narratives are TIME SENSITIVE!!! Insurance companies purposefully place time limits on how long a dental office has to fight a denial. These time limits all ranges between insurance companies, but may be as short as 3 months. It is imperative that as soon as a denial comes in from an insurance company that we act as quickly as possible to substantiate our diagnosis and treatment choice.**

Policy: When writing a *Dental Treatment Narrative* five points need to be included. These points paint an irrefutable picture for the recovering party. This places responsibility on the dentist to assure all the required data is found and properly recorded in the patient's chart.

1. **Presentation** – How did the patient present? What were your clinical findings?
 - a. Existing amalgam/resin with failing margins
 - b. Fractured mesial marginal ridge
 - c. Bite pain isolated to the distal lingual cusp
2. **Diagnosis** – Based on your above findings – What was your diagnosis?
 - a. Recurrent decay both mesial and distal
 - b. Cracked tooth syndrome
3. **Documentation** – Radiographic evidence to support your diagnosis. ** If the radiograph doesn't CLEARLY support your diagnosis intra-oral photography is mandatory.
 - a. Always think like the dental insurance company adjuster – most times NOT a dental professional, but rather a minimum wage employee trained on the job. They have a set of requirements that are needed to be met for approval if the claim. If a single periapical radiograph shows an occlusal amalgam and a weak narrative is attached for a MODL onlay – a prompt denial is delivered. Ask yourself – can I visually agree with my own diagnosis? If not, a strong narrative and intraoral images are 100% required.
 - i. ** As an aside – most, if not all 3 surface onlay submissions will be denied strictly by the policy definitions. Remember – If the

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Cavosurface margin is carried up the cuspal incline more than 50%, that surface should be included. More so – If your onlay covers half the cuspal incline, that cusp is part of the onlay and should be coded as such.

4. **Recommended Treatment** and in select cases, why an alternate dental; options would not have sufficed.
 - a. A MODL onlay was selected in this case as the most conservative option for the patient
 - b. Full coverage crown was required as the most conservative option for the patient

5. **Finishing Statement** – “This treatment was selected in the best interest of the patient.” The dental insurance company does not work in the best interest of our patients. They work off strict rules that are designed to limit their expenses to pay on their client’s benefits. There was a legal case where the Dental Insurance Company did not work, “in the best interest of the patient”. Therefore it is thought that including this line will alert the insurance company that our office understands our patients’ legally proved rights. This especially works on 2nd or 3rd resubmittal.

Narrative for a Patient: On occasion a patient may be diagnosed for replacement restorative care on dental restorations that have been placed within a relatively close period of time. When this occurs, it can be upsetting for the patient. It is never our goal to “throw their past treating dentist under the bus”. We have all had open margins or unintended consequences with our dental treatment. Use a high level of communication to find out the relationship with the previous dentist. Are they close? Was it a working relationship? Sometimes the best thing to do is let the patient return to the dentist for evaluation and retreatment. Other times, the patient cannot due to distance or prefers not to return because of past experiences. In either case Modified Narrative should be provided for the patient – the Dental Findings. The Dental findings should be e-mailed to the patient’s home e-mail and only be addressed to the patient. It should include 4 key points:

1. Clinical Presentation
2. Diagnosis
3. Documentation
4. Recommended treatment

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NOTE: We do not contact the previous dentist. We provide the information to the patient so they can present it in their discussion with their previous doctor.

EXAMPLE: Mrs. Jones, as you requested I have included my findings from today's appointment as they relate to tooth 14. Please let me know if I can be of any further assistance.

The crown (cap) on the tooth # 14 (second from the last on the upper left) has a cavity on the distal (back) margin (fitted area). Please refer to the attached x-ray. If left untreated, this will lead to increased damage and tooth loss. I recommend prompt replacement.'

1. Contact should be clear and short
2. It should not include any reference to the originally placing dentist
3. Any dental terminology should be defined in following parentheses
4. Images should be referenced and attached as necessary
5. The correspondence must be transferred into the patient's chart
6. The patient must be placed onto the presented and accepted list to assure we follow up that the patient got the needed treatment. (refer to the Sales Policy)

Make sure that all of the narratives, emails, and/or communication are documented in the patient's chart.

NARRATIVES USUALLY REQUIRED BY INSURANCE COMPANIES

Submitting all necessary documents, including narratives, when you anticipate the insurance company may ask for additional information can be advantageous. By taking a proactive approach and providing comprehensive documentation upfront, you can potentially preempt the need for further back-and-forth exchanges with the insurance company. This strategy helps to expedite the reimbursement process and minimize potential delays. By anticipating their requirements and submitting all relevant documents from the beginning, you demonstrate your preparedness and commitment to efficient communication. This approach increases the likelihood of swift approval and reimbursement, saving time and streamlining the overall claim process for both the dental office and the insurance company.

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The following is a few of the more common required narratives. This is in no way a comprehensive list, however is a good starting point, with examples of verbiage to potentially use.

Crown: X-ray, date of original placement if replaced

Core Build-up: x-ray with narrative, “Less than 50% of the clinical crown remained necessitating core build up for required crown support.”

Root Canal: X-ray

Bridge: X-ray of each tooth involved, date of originally placement if a replacement or date the missing tooth was extracted.

Scaling and root planning: Periodontal diagnosis, CRS or Panex with BW’s, probings

Denture: PANEX, Date of original placement or date of last extraction

Partials: PANEX, list of teeth numbers missing, date of originally placement of date or last extraction

Night Guard: Narrative: “Our patient has a long history of oral facial pain, attrition and intense headaches directly associated with their nocturnal bruxism habit.”

Onlay/Inlay: A (ceramic) inlay was placed. An amalgam restoration would not be functional due to abrasion, erosion, attrition, alteration of vertical dimension, occlusal adjustment or splinting. The following condition(s) were present:

- Existing large restorations that require replacement and which undermine or weaken the cusp(s).
- Fracture which cause pain upon pressure to the tooth, which allow for a split under pressure and/or which are not visible on radiographs.
- Cast restorations older than 5 years with open margins and/or recurrent decay.

Supportive photos are terrific in these cases - one picture is worth 1000 words.

Narrative II: An amalgam or ceramic restoration would not be functional due to abrasion, erosion, attrition, and alteration of vertical dimension, occlusal adjustment or splinting. The following condition(s) were present:

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- Existing large restorations that require replacement and which undermine or weaken the cusp(s).
- Fracture which cause pain upon pressure to the tooth, which allow for a split under pressure and/or which are not visible on radiographs.
- Cast restorations older than 5 years with open margins and/or recurrent decay.
- This tooth serves as a retainer for a bridge.

APPEALING A DENIAL TO A CLAIM

In the case where the insurance denies or wants more information, it can take more information from the office and the dentist to attempt to still get the insurance company to pay. Below are appeal examples to help guide what to send or what they are potentially looking for.

Crown Lengthening: Upon clinical and radiographic examination, there was a problem with access to sound tooth structure and the adequate amount of biologic width for a crown margin and crown retention. The margin and carious tooth structure was too close to the bone and more room was needed between the bone and crown margin for adequate biologic width. Please see the radiograph included. Crown lengthening was performed on #___, to create the correct amount of biological width for crown prep. A split / full / split thickness flap to gain access to the attachment apparatus. A combination of ostectomy and osteoplasty were performed to provide adequate sound tooth structure for predictable restoration of tooth #_____.

APPEAL : Tooth #___ had decay beneath gum line, crown lengthening was performed to prepare the area for a new restoration to correct the damaged teeth allowing the general dentist to have more tooth structure exposed to perform a dental composite. Patient had a filling done at her primary dentist on _____ after she was clear and healed from our crown lengthening procedure. The necessity of the crown lengthening was vital in order for the patient to have a positive restoration done on tooth #___.

Emdogain: Emdogain was used as a biology-based product that promotes the predictable re-growth of hard and soft tissues lost due to periodontal disease.

Frenulectomy: Patient had an aberrant frenum attachment. Tooth number and charting.

Scalings: Perio Charting

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Graft and Implant: During surgery it was apparent that there was no buccal plate and a very large osseous defects in the site. The areas required a bone graft, use of biologic materials (emdogain) and a resorbable membrane to allow for proper healing and guided tissue and bone regeneration for implant placement.

Extraction, Graft, and Implant: The tooth was surgically extracted due to hopeless prognosis. During surgery it was apparent that there was no buccal plate and a very large osseous defects in the extraction site. The areas required a bone graft, use of biologic materials (emdogain) and a resorbable membrane to allow for proper healing and guided tissue and bone regeneration for implant placement.

Tooth extraction w/emdogain: The patient presented to our office with tooth # _____ with a hopeless prognosis. The tooth was surgically extracted and it was apparent that there was no buccal plate and a very large osseous defect. The area required a bone graft, use of biologic materials (emdogain) and a resorbable membrane to allow for proper healing and guided tissue and bone regeneration to prepare the area for future implant placement. The membrane is used in conjunction with the graft to inhibit the down growth of the gingival cells and allow for proper osteoblastic regeneration and development of bone in the extraction site.

Tooth extraction w/graft: The tooth was surgically extracted due to hopeless prognosis. During the extraction it became apparent that there was no buccal plate and a very large osseous defect. The area required a bone graft and a resorbable membrane to allow for proper healing and guided tissue and bone regeneration to prepare the area for future implant placement. The membrane is used in conjunction with the graft to inhibit the down growth of the gingival cells and allow for proper osteoblastic regeneration and development of bone in the extraction site.

Implant Removal w/graft: The implant was surgically removed due to failure to osseointegrate. During the procedure it became apparent that there was no buccal plate and a very large osseous defect. The area required a bone graft and a resorbable membrane to allow for proper healing and guided tissue and bone regeneration to prepare the area for future implant placement. The membrane is used in conjunction with the graft to inhibit the down growth of the gingival cells and allow for proper osteoblastic regeneration and development of bone in the site.

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Tissue Grafts: Patient presented with a mucogingival defect, and the tooth # ___ presents with no attached gingiva remaining. There is no keratinized gingiva remaining and there is more than 3mm of recession. The patient has a muco-gingival defect into the mucosal tissue. The patient is sensitive to hot / cold/ sweet/ sour and it hurts when brushing. The patient's perio charting indicated clinical attachment loss of 4-7 mm generalized throughout mouth. Active infection indicated with generalized bleeding upon probing. Periodontal Charting is attached . Soft tissue grafting was performed in order to increase the band of attached gingiva.

Tissue Graft ON IMPLANTS: The presence of healthy attached tissue at the implant soft tissue interface correlates with long-term success and stability in function. The increase of keratinized tissue volume and coverage provided to the implants are necessary for a long-term prognosis of the implant. The thicker periodontium is less prone to recession, because of the thickness of the cortical bone as well as the thickness of the surrounding gingiva.

Tissue Graft Appeal: The patient presented to our office for a Subepithelial Connect Tissue Graft for tooth area # _____. The patient showed to have severe inflammation and sulcular bleeding in area _____ with pocket formations of _____mm. However, the patient presented with little to no attached Keratinized gingiva associated with recession and root exposure resulting in poor gingival esthetics thus, the progression of recession. Functionally, the situation causes the area to be consistently irritated and continued to recede and she is extremely sensitive to cold, hot and sweets. In order to correct the problem and ensure that there will be no further periodontal inflammation, infection or destruction of tissue or bone, a Connective Tissue Graft was performed on each individual tooth in this area. Lastly, as seen in the photographs, the patient had severe or extreme root exposure, thus causing a caries risk, poor gingival esthetics and increased hyper- sensation. The grafting created an adequate amount of attached gingiva, decreased her risk of root caries by covering the exposed root and provided her with periodontal health to stop the recession and loss of tissue, bone and supporting structures.

Unspecified 6199: We had to change the abutments- from cover screw to healing abutment so that we provide the GP and the patient adequate space and correct anatomical contour for final restoration. This is done to prevent pain, tenderness, erythema and edematous tissue buildup around the implant site prior to impressions

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and final restoration. The final transmucosal healing abutment maintains the ability for final provisionalization or customization of an analog of the tissue contour for the proper anatomical crown to be the final tooth restoration.

Extraction 7210 Downgrade: At time of extraction tooth number ____, ____ and ____ required the reflection of a surgical flap, and the sectioning of the tooth structures. The remaining sockets required minor leveling of the alveolar crest and debridement of the defects.

Wisdom Teeth Extraction 7241: Pt presented with impacted wisdom teeth with decay present. Upon extraction, teeth were extremely brittle due to the decay which required large flap openings, removal of alveolar bone around the teeth, and removal of the roots. The maxillary wisdom teeth were both located into the maxillary sinus membrane requiring sutures upon closure.

Pt presented with impacted wisdom teeth with decay present. The roots were wrapped around the nerve bilaterally. Upon extraction, teeth were extremely brittle due to the decay which required large flap openings, removal of alveolar bone around the teeth, removal of the roots and dissection near the nerve so that there would be no damage.

Pt presented with impacted wisdom teeth with decay present. Upon extraction, teeth were extremely brittle due to the decay which required large flap openings, removal of alveolar bone around the teeth, and removal of the roots. The maxillary wisdom teeth were both located into the maxillary sinus membrane requiring sutures upon closure. Mandibular roots were wrapped around the nerve bilaterally, requiring the removal of the roots and dissection near the nerve so that there would be no damage.

Osseous: The patient came into our office in _____ for a periodontal re-examination after SRP in _____. He was complaining of extreme gingival tenderness and sensitivity, bad mouth odor and pain from the gums. He also complained that there was a lot of bleeding. After clinical and radiographic examination, it was noted that the patient had generalized severe aggressive periodontitis with BOP, pockets depth _____ mm, subgingival calculus and more bone loss and loss of attachment. It was determined that the SRP in the areas was not successful in removing all of the subgingival buildup and that the patient required osseous surgery for access and for removal of all toxic debris. The patient also presented with gingival hyperplasia resulting in soft tissue form not conducive for good access and plaque control.

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The patient came into our office for a re-examination after not being able to probe the depth of the pockets initially. She first had a full mouth debridement in _____. Upon return, she was complaining of extreme gingival tenderness and sensitivity, bad mouth odor, constant bleeding and pain from the gums. After clinical and radiographic examination, it was noted that the patient had generalized severe aggressive periodontitis with BOP, pockets depth ____ mm, subgingival calculus and more bone loss and loss of attachment. It was determined that osseous periodontal surgery was necessary. SRP in the areas would not be successful in pockets over ____ mm to remove enough or all of the subgingival buildup and that the patient required osseous surgery for access and for removal of all toxic debris at the levels of the bone and the osseous recontouring for better gingival adaptation and health.

OSS SX APPEAL: Patient complained of extreme gingival tenderness and sensitivity, bad mouth odor and pain from the gums in her UR quadrant. She also complained that there was a lot of bleeding. After clinical and radiographic examination, it was noted that the patient had generalized severe aggressive periodontitis with BOP, pockets depth ____ mm, subgingival calculus and more bone loss and loss of attachment. It was determined that the SRP in the areas was not successful in removing all of the subgingival buildup and that the patient required osseous surgery for access and for removal of all toxic debris. A full thickness flap was done from tooth # _____. All teeth in the quadrant were treated expect for tooth # __ which had very low prognosis. The bone along the alveolar process was reshaped to provide a more physiologic form. Refer to NEA# _____ for FMX and Perio Charting. Please reprocess the claim to allow for full quadrant benefits.

D7952 SINUS AUG: The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary for implant site preparation. May be appropriate at time of implant placement when implant stability is not obtained with existing bone.

Congenitally missing teeth: The maxillary lateral incisor # _____ are congenitally absent on patient. Dental implants are an appropriate treatment option for replacing missing maxillary lateral incisor teeth in adolescents and young adults when their dental and skeletal development is complete. This case report presents the treatment of a patient with congenitally missing maxillary lateral incisors using dental implants with angled abutments.

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