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Institutions
- Cancer Center
- Medical Center
- Dental School
- Cancer
- Children’s Cancer
- Cardiovascular
- Neurosciences

Mission:
- Patient Care
- Research
- Teaching

CMS: Centers for Medicare and Medicaid Services
- 1992 - change in physician payment formula
- Standardized physician payment schedule based on a resource based relative value scale (RBRVS):
- Payments are determined by the resource costs to provide them
- Cost of providing each service is divided into 3 components: physician work, practice expense and professional practice expense and professional liability expense
- RBRVS do not include outcome factors, quality of service, severity or demand. It is determined by producer factors, not consumer factors. PQRI
- Payments are adjusted for geographical differences in resource costs.
- Physician work component accounts 52%
- Practice expense component accounts for 44%
- Professional liability insurance (PLI) accounts for 4%
The Components of the Total RVU

Total RVU (tRVU) = Work RVU (wRVU) + Practice Expense RVU (peRVU) + Malpractice RVU (mpRVU)

Physician’s (provider’s) time, mental effort, technical skill, judgment, stress, and amortization of the physician’s education

Cost of malpractice risk for the procedure

Facility PE–Use facility value for services provided in a hospital-based setting.

Nonfacility PE–Use nonfacility values for nonhospital-based settings (i.e., physician office).

Accounting for Geographic Differences in Costs

Geographic Practice Cost Indices (GPCI)

Payments need to be adjusted to account for cost differences from region to region
Regional cost estimates are developed and used to develop GPCI values
Separate values are applied to each RVU component:

Work GPCI (wGPCI)
Practice Expense GPCI (peGPCI)
Malpractice GPCI (mpGPCI)

Practice Expense Values

SSA (Social Security Act): primary authority for all coverage provision and subsequent policies for Medicare
Dental work and dentures are statutorily excluded in 1862(a)(12) of the SSA and the alloy framework and teeth set are not included in the Medicare payment for our CPT Codes

The dental exclusion was included as part of the initial Medicare program. In establishing the dental exclusion, Congress did not limit the exclusion to routine dental services, as it did for routine physical checkups or routine foot care, but instead it included a blanket exclusion of dental services.

CPT 21079: Impression & Custom Preparation; Interim Obturator Prosthesis

South Carolina:

Non-Facility:
(22.3100 wRVU) + (16.6187 peRVU) + (0.9411mpRVU) = 39.8697 tRVU

Facility:
(22.3100 wRVU) + (11.3812 peRVU) + (0.9411mpRVU) = 34.6323 tRVU

Institutions

Professional Payment
Technical (Facility) Payment
Professional & Technical Payment together
**Hospital (Facility Based)**

Keys:
- Hospital owns practice and pays for rent/lease of space, supplies, equipment, and clinical and administrative staff expenses
- Dental School: Hospital based Dental Clinic or MFP Clinic located within Dental School
  - The hospital has designated the clinic as an outpatient site of service and reports the facility charges on the hospital cost report. In order to be designated as a hospital outpatient facility, the staff must be hospital employees and the hospital must pay for the facility and all supplies and will use the facility payment to cover these expenses. It is possible for the hospital to be given space in the dental clinic or anywhere on or off campus which they would then request "outpatient status" for. But a dentist by himself can not designate his/her office to be "outpatient" in order to collect facility and professional charges.

- Hospital bills it on a UB04 hospital bill
- Status indicators on certain CPT codes only allow to be filed as doctor’s office or professional payment only for provider (facility) based
- MFP Codes do not have any status indicators and allow for both professional payment and facility payments
- Decision to pay facility is determined at the regional carrier level according to contract that hospital negotiates with regional carrier

**Comparison of Non-Facility/Facility Professional Payments**

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**Comparison of Nonfacility, Facility Professional and Facility Hospital Payments**

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**Gatekeeper**

Medicare
Medicaid
Uninsured

MFP Items not covered by Medicare deemed medically necessary by M.D.
- Have Medicare for medical insurance with no dental insurance
- Look upon that as uninsured for that procedure only, can adjust fee per the Guarantor Payment Policy.

**Medicaid Contract**

- Patterned after the Transplant Contract
- 70% federal dollars and 30% state dollars with limit
- Provides for H&N cancer, H&N trauma, and craniofacial patients.
- Treatment plan for most cost effective prosthesis
- Provides for implants with consideration for factors such as smoking, prognosis, etc.
- Provide for post-XRT dental care
**Managed Care Contracts**

- Negotiate MFP *separately* from the rest of the clinical services.
- Negotiate by charge amount – not RVU.
- Negotiate unlisted code 21089 separately.
- For the craniofacial patient for definitive rehabilitation (with implants) for CPT Code 21089, have managed care director negotiate these charges separately. Depending upon insurance, negotiate hospital bill and professional bill. Developed practice expense values for prosthesis with implants, tissue borne, and dentate borne prosthesis to aid in the negotiation process with the insurance.
- GAP request.

**State Funds**

- Single most important action step taken for clinic survival.

**Development Funds**

- Development Fund: Ability to control it.
- Goal: Endowed Chair for Clinical Research.
- Endowed Chair for Excellence in Patient Care.

**Sequencing of Care**

- New Patient:
  - Front Office: Verify insurance.
  - HMO get referral.
  - Uninsured: payment.
- Doctor Examination:
  - Do pre-determination except for CPT Codes 21076 & 21085.

For CPT Code 21076 & 21085, financial counselor on phone with insurance for approval.

For all other codes, do written pre-determination (for authorization) if needed. If not, financial counselor gets approval verbally with authorization number.

**Financial Counseling**

MUSC MFP Financial Counselor:
- Pre-Determination & enters charges tickets.
- Close relationship with front desk person (register either medical or dental or both).
- Financial Counseling for all patients: upfront collections & payment expectations.
- MUSC: Payment plans with no interest: medical vs. dental charges, private dental vs. medical diagnosis.
- Weekly & Daily huddle to review schedule and financials.
- Charge Entry Edits; UMA: Charge Scrubbing, bill form, and claim edits.

**The E/M Codes: Documentation**

- Documentation:
  - History
  - Exam
  - Medical Decision Making
  - Time
    - [http://oig.hhs.gov/oei/downloads/audit.htm](http://oig.hhs.gov/oei/downloads/audit.htm)
  - Audit Tools: 1995 General Exam

**The E/M Codes**

- New Patient Visit
  - CPT Codes 99201-99205
- Return Established Patient Visit:
  - CPT Codes 99211-99215
- Office and other outpatient consultations:
  - CPT Codes 99241-99245
The E/M Codes: New Patient Visit
- 99201: Problem focused hx, exam, medical decision making; 10 minutes
- 99202: Expanded problem focused hx, exam, straightforward decision making; 20 minutes
- 99203: Detailed hx, exam, low complexity medical decision making; 30 minutes
- 99204: Comprehensive hx, exam, moderate complexity; 45 minutes
- 99205: Comprehensive hx, exam, high complexity; 60 minutes

The E/M Codes: Return or Established Patient
- 99211: Doesn’t require doctor, 5 minutes
- 99212: Problem focused hx, exam, medical decision making; 10 minutes
- 99213: Expanded problem focused hx, exam, straightforward decision making; 15 minutes
- 99214: Detailed hx, exam, low complexity medical decision making; 25 minutes
- 99215: Comprehensive hx, exam, moderate complexity; 40 minutes

The E/M Codes: Consultations
- 99241: Problem focused hx, exam, medical decision making (15 minutes)
- 99242: Expanded problem focused hx, exam, straightforward decision making (30 minutes)
- 99243: Detailed hx, exam, low complexity medical decision making (40 minutes)
- 99244: Comprehensive hx, exam, moderate complexity (60 minutes)
- 99245: Comprehensive hx, exam, high complexity (80 minutes)

Additional Codes
- CPT Code 99360: Stand by for surgery and not needing your services. RVU’s is 1.68
- CPT Code 99367: Input for H&N Tumor Board and virtually planning a case. RVU’s is 1.53.
- CPT Code 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Add modifier 25 and use tobacco use disorder – 305.1 (ICD-9 code)
- CPT Code 99407: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes.

CPT CODES: 21076: Immediate Surgical Obturator (ISO)
- Global period 10 days
- Fee is for impression visit and unpacking visit
- After that they are charged for relines 21089

CPT CODES: 21079: Interim Surgical Obturator
- Global period 3 months
- Fee is for impression visit and relines for 3 months
- After that they are charged for relines 21089
CPT CODES: 21080: Definitive Obturator
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21077: Orbital Prosthesis
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21081: Resection Appliance
- Fee involves all visits for fabrication
- Global period 3 months
- Reconstructed maxilla or mandible
- Teeth?

CPT CODES: 21082: Palatal Augmentation Device
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21083: Palatal Lift Prosthesis
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21084: Definitive Speech Bulb Appliance
- Fee involves all visits for fabrication
- Global period 3 months
CPT CODES: 21085: 
Oral Surgical Splint
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21086:
Auricular Prosthesis
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21087:
Nasal Prosthesis
- Fee involves all visits for fabrication
- Global period 3 months

CPT CODES: 21088:
Facial Prosthesis
- Fee involves all visits for fabrication
- Global period 3 months

L codes for Facial Prostheses
- Nasal prosthesis L8040
- Maxillary prosthesis L8061
- Orbital prosthesis L8062
- Upper facial prosthesis L8063
- Hemifacial prosthesis L8064
- Auricular prosthesis L8045
- Partial facial prosthesis L8066
- Nasal septal prosthesis L8047
- Unspecified MXP L8068 (also materials for repair) Implants +30%
- Include photos and line 19 description
- Repair or modification, labor component, 15 minute increments, B049
- Prosthetic eye, custom V2623
- Clean and polish V2624
- V43.89 diagnosis code

L codes for Facial Prostheses
- Adhesive remover, per ounce A4455 AV
- Tape, all types per 18 square inches A4452 AV
- Adhesive liquid, per ounce A4364 AV
- Adhesive remover, box of 50 wipes A4365 AV
- Skin Prep A5120 AV
- KM-modifier- Replacement including new moulage
- KN-modifier- Replacement using previous master model
- RT-modifier- Right
- LT-modifier- Left
- LTRT-modifier- Bilateral with 2 units
Bill it out as a supply if you are in a facility based practice
Bill to patient if in a non-facility based practice

**CPT Code 21089: Sleep Apnea Appliance**
- Medicare bill out as DME
- Other insurance may allow it to be billed out as 21089
- Need sleep study
- Need physician order stating patient intolerate of CPAP and device is medically necessary
- Waiver

**DME: Sleep Apnea Appliance**
- E0485 – Prefabricated
- E0486 – Custom fabricated
- Repairs bill as DME, not E/M

**Fluoride Carriers and Varnish**
- Bill it out as a dental charge
- See radiation patients every 2 weeks for a fluoride varnish
- Bill as a dental charge

**Mouth Opening Devices**
- Bill device as a supply charge
- My time as E/M visit
- Document physician order for appliance

**MUSC Experience: Practice Trends**
Total: 65% Medical & 35% Dental
MUSC Experience: Practice Trends

**FY 2007 Payment Activity**

Total: 50% Medical & 50% Dental

**FY 2010 Charge Activity**

Total: 78% Medical & 22% Dental

MUSC Experience: Practice Trends

**FY 2010 Payment Activity**

Total: 73% Medical & 27% Dental

MUSC Experience: Lessons of Life

Most important, I was never afraid to fail, which meant I was never afraid to try. I was never afraid to look silly, which meant I was never threatened by a new idea. I see the road ahead, too, a stretch that bends into the undergrowth. I do not know what will happen there, but I do know, whatever it is, I will rush to meet it with joy.

Jerry Weintraub: *When I Stop Talking, You'll Know I'm Dead*, page 270

Acknowledgements

MUSC Family

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UMA Billing Dept.

Pat Mahoney, Director, Patient Operations

Hospital Billing, MUSC

UMA Billing Dept.