

# Practice Management

## Submitting Insurance Claims to Maximize Clear Aligner Therapy Benefits

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The process of submitting insurance claims for Clear Aligner Therapy patients is quite similar to that for patients undergoing any other form of orthodontic treatment. There are many ways to help maximize reimbursement, and sometimes even obtain some coverage for those with no orthodontic benefits.

Before filing any claims, it is important first to find out more information about the patient's eligibility and individual coverage. Benefits differ significantly from policy to policy. It is pertinent to determine when the last set of radiographs

was taken, whether the patient is eligible for orthodontic treatment, and if so, what the plan's lifetime orthodontic maximum is. Many plans only cover dependent children up to age 19. In the case that an adult is not covered, you will need to focus on billing for the initial visit and orthodontic records, which may possibly be covered under the regular dental plan. Once you are familiarized with the individual's plan, it is easier to determine how the case should be filed.

One of the most important considerations in maximizing the benefits for Clear Aligner Therapy patients is how the insurance claim form is to be filled out. In most cases, the claim for this treatment should be divided into at least 5 separate claims, as detailed below. Some insurance companies will require monthly or quarterly claim submissions for continuation of treatment; in those cases there will be more than 5 claims submitted.

Separating the claims in this fashion will provide the insurance company the opportunity to pay some of the fees from the patients' annual dental maximum, as opposed to their lifetime orthodontic maximum. It can also allow some patients, who may otherwise not have orthodontic coverage, to get some benefits from their insurance toward the treatment. Filing the claims separately can also speed up the payment process, and can give you an idea of how the company will handle future claims and payments.

The first claim to be submitted will be for the Pre-Orthodontic Treatment Visit (**D8660**). This claim will be submitted before any treatment has begun. It is for the patient's first visit to your office, even though you may choose not to charge the patient directly for an initial consultation.



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It is important to bill these separately to increase the chances of their being paid out of the patient's annual dental maximum, leaving the full lifetime orthodontic maximum for the Clear Aligner Therapy—or of getting the patient without orthodontic coverage some benefits.

The third claim concerns the appliance placement visit. This claim should be sent out after the initial clear aligners are delivered to the patient. The codes used for clear aligners are those that would be used for any comprehensive orthodontic treatment.

- **D8080**—Comprehensive Orthodontic Treatment of the Adolescent Dentition
- **D8090**—Comprehensive Orthodontic Treatment of the Adult Dentition

The above codes are for complete cases (including both upper and lower arches). In the event you are not treating both arches, the following codes should be used:

- **D8030**—Limited Orthodontic Treatment of the Adolescent Dentition
- **D8040**—Limited Orthodontic Treatment of the Adult Dentition

After the claim for Orthodontic Treatment has been submitted, the Periodic Orthodontic Treatment Visit (**D8670**) is billed at the next visit. Some plans require you to submit claims monthly or quarterly, while others allow you to file one time and will automatically pay for the duration of treatment as listed on the claim. If submitting monthly or quarterly, be sure to adjust the "Months Remaining for Active Treatment" in box #42 for each submitted claim.

The final claim will be submitted at the end of Clear Aligner Therapy for Orthodontic Retention (**D8680**), for retainers placed after active orthodontic treatment.

Some additional codes that can be used during the course of Clear Aligner Therapy are:

- **D8691**—Repair of Orthodontic Appliance
- **D8692**—Replacement of Lost or Broken Retainer

Navigating through your patients' insurance benefits can be confusing. Knowing the individual plans and submitting the claims properly can greatly help to maximize reimbursement. ■

The second claim to be submitted will be for the Clear Aligner Therapy "Records" visit. This is typically when the impressions are taken. The claim usually includes the following codes:

- **D0330**—Panoramic Film
- **D0340**—Cephalometric Film (if taken)
- **D0350**—Oral/Facial Images
- **D0470**—Diagnostic Casts



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