

## Role of the Treating Dentist in Claim Preparation and Submission

In a typical dental office, the business staff file claims on behalf of the billing entity and the treating dentist. However, the treating dentist has an important responsibility to assure the accuracy of submitted claims. Both the electronic and paper claims require that the treating dentist certify that the claim correctly reflects the procedures that were performed. In most practice management systems, this is done through the process of signing the electronic clinical note. See below for certifications process when using the ADA claim form.

TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.	
X _____ Signed (Treating Dentist) Date	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code
57. Phone Number ( ) -	58. Additional Provider ID

## ADA Claim Form – Box 53 and Your Signature

53. Certification: Signature of the treating or rendering dentist and the date the form is signed. This is the dentist who performed, or is in the process of performing, procedures, indicated by date, for the patient. If the claim form is being used to obtain a pre-estimate or pre-authorization, it is not necessary for the dentist to sign the form.

## Guiding Values for the Treating Dentist

The American Dental Association (ADA) makes a commitment to society that member dentists will adhere to ethical standards of conduct, which have the benefit of the patient as their primary concern as noted in the Preamble of the ADA Principles of Ethics and Code of Professional Conduct (ADA Code). All member dentists voluntarily agree to abide by the [ADA Code](#).

Specific to determining the treatment plan and procedure coding, in Section 5 of the ADA Code, the principle Veracity ("truthfulness") is one which all dentists should remain mindful of. This section specifically states that, "the dentist has a duty to communicate truthfully."

*This principle expresses the concept that professionals have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist's primary obligations include respecting the position of trust inherent in the dentist-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.*

Section 5 of ADA Code of Professional Conduct includes (but is not limited to):

- 5.A. Representation of Care. Dentists shall not represent the care being rendered to their patients in a false or misleading manner.
- 5.B. Representation of Fees. Dentists shall not represent the fees being charged for providing care in a false or misleading manner.

### Related Advisory Opinions

- 5.B.1. Waiver of Copayment. A dentist who accepts a third party payment under a copayment plan as payment in full without disclosing to the third party that the patient's payment portion will not be collected, is engaged in overbilling. The essence of this ethical impropriety is deception and misrepresentation; an overbilling dentist makes it appear to the third party that the charge to the patient for services rendered is higher than it actually is.
- 5.B.5. Dental Procedures. A dentist who incorrectly describes on a third party claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form is engaged in making an unethical, false or misleading representation to such third party.
- 5.B.6. Unnecessary Services. A dentist who recommends and performs unnecessary dental services or procedures is engaged in unethical conduct. The dentist's ethical obligation in this matter applies regardless of the type of practice arrangement or contractual obligations in which he or she provides patient care.

## Role of the Office Staff in Claim Preparation and Submission

Business staff have the responsibility to file claims with each insurance carrier starting with verifying eligibility, providing the patients with cost estimates, ensuring the correct co-payments are collected and accounts payable/receivable are reconciled. In performing these activities, office staff have the responsibility to be sure the treating dentist has had the chance to review before anything is submitted under that dentist's name, license, etc.

**It is important to train office staff to not change or upcode any procedure code(s) on the claim form without the consent of the treating dentist.** Front office staff should address any concerns with the completed claim form with the treating dentist before submittal of the claim. For more information on how office staff can prevent billing fraud, please see the "How to Protect Your Office from Fraud" section below.

If utilizing an outside agency to perform billing services on behalf of the dental office, the rendering dentist(s) is still responsible for ensuring the accuracy of the claims submitted on their behalf.

## Office Workflow: Best Practices

- The treating dentist has an obligation to be fully up to date with the current CDT Code. Be sure to code for what you do.
- The completeness of the treating dentist's treatment (i.e., clinical) notes is crucial. In those instances when there may be questions about what services were provided versus what may have been billed, the treatment notes are the dentist's infallible documentation.
- Always ensure that the dentist's full fee is listed on all claims.
- Use routing slips and day sheets to streamline communication between business staff and the treating dentist.
- Your practice management software's reporting functions should include the capability to generate route slips, day sheets and insurance batch preview reports electronically.
- If any issues come up in the established work flow, it is best to address those as a team as quickly as possible in either your daily huddle meetings or weekly clinic all-staff meetings.

### **Best Practices: Suggested Reports to Run and Review Daily to Ensure Claims Accuracy**

Most practice management systems are capable of generating hundreds of different reports to help you manage your practice (including tools to manage clinical workflows such as those noted below), maintain financial information and detect practice trends. The following reports are listed with a suggested frequency. Obviously, your practice may not need to run every report, and the suggested frequency is only a recommendation.

**Route Slip:** The route slip provides all-inclusive patient, account, and treatment plan information for each scheduled patient. It can be a useful tool for the clinical team to refer to when the patient is being treated in the operatory. Having relevant information about each of the patients being seen that day, including their health history, outstanding treatment, account balance and insurance coverage summary, can be very useful to refer to throughout a patient's appointment.

The route slip can also provide a good place for the dentist to jot down quick notes, including the CDT codes for the procedures rendered, which can be available to easily refer to when writing clinical notes.

*Helpful Hint: If your office is using route slips, you'll want to save time by printing the slips for the entire day at one time.*

**Day Sheet:** The day sheet displays charges, payments, adjustments and unearned revenue for your organization, locations, and individual providers for a specified date range. At the end of each day, the dentist's review allows him/her to confirm that all procedures posted were done and were accurately represented. Day sheets can be customized by provider, billing type, date range (by entry date or procedure date), totals type (month-to-date, year-to-date, provider totals), etc.

*Helpful Hint: Try not to fall behind in your day sheet reviews. Multi-day or even multi-week day sheet reports are usually available through the practice management systems but can be more tedious for the dentist to review.*

**Insurance Batch Preview Report:** Generally, this report will identify all insurance claims that have been created in the database (to be printed), sent for batch processing or sent electronically through eClaims. Key report elements should include the claim date, claim status, claim amount, claim expiration date (date by which payer must receive the claim) and totals (includes the total value of primary and secondary claims). By generating this report on a regular basis, you can catch unprocessed claims in a timely manner so you can make sure to submit them and get paid.

*Helpful Hint: This report is usually the most efficient way to catch those claims that sometimes get overlooked and reviewing this report helps to ensure that all claims are submitted.*

### Things to Consider: The Employee-Employer Contract

Signing an employment agreement is one of the most important decisions a dentist will ever make. It is highly recommended that dentists consult their personal attorney before signing any agreement. The ADA also offers important resources for dentists including the [Dentist Employment Agreements: A Guide to Key Legal Provisions](#), a downloadable publication that explains many of the terms and provisions common to dental employment agreements.

Additionally, the [ADA Contract Analysis Service](#) is available for ADA member dentists who may want to submit an unsigned agreement to their state or local dental society who will forward it to the Service. The Service provides a plain language explanation of contract terms of each agreement analyzed. The Service does not provide legal advice or recommend whether a contract should or should not be signed.

The following statements are excerpted from the ADA policy titled, **Statement Regarding Employment of a Dentist** (Trans.2013:353; 2018:357; 2019:251).

*An employee dentist should not be disciplined or retaliated against for exercising independent professional judgment in patient assessment, diagnosis, treatment and comprehensive management.*

*All employers and employee dentists must conform to applicable federal, state, and local laws, rules and regulations. Employed dentists should not be disciplined or retaliated against for 1) adherence to legal standards and 2) reporting to appropriate legal authorities suspected illegal behavior by employers.*

***\*Dentists are advised that employment contracts may have provisions that conflict with these guidelines and the ADA recommends that dentists seek legal counsel when considering how contracts affect their professional rights and responsibilities.*** [\*emphasis added]

### How to Protect Your Office from Fraud

Billing fraud is the most common type of fraudulent activity in healthcare as noted in the ADA's publication "[Protecting Your Dental Office from Fraud](#)". According to this publication, dental insurance fraudulent activity can result from:

- Billing for services not provided.
- Reporting a higher level of dental service than was actually performed. This is often called "upcoding."
- Submitting a dental claim under one patient's name when services were actually provided to another person (even a fictitious patient).
- Altering claim forms and dental records.
- Billing for non-covered services as if they were covered services.
- Routine waiver of a patient's co-payment or deductible, if applicable.

**Summary:** As noted above, the treating dentist is responsible for assuring the accuracy of claims submitted to the third-party payer and should be aware of these potentially fraudulent activities related to claim submissions.

Additional information on other valuable educational ready-to-use resources on innovative dental insurance solutions for dentists can be found at [ADA.org/dentalinsurance](https://www.ada.org/dentalinsurance).