EXPANDED HORIZONS

Challenge your way of thinking at these two lectures

An Introduction to Medical Billing in the General Dental Practice
Olya Zahrebelny, DDS
Thursday, June 14 from 8:30 a.m. - 11:30 a.m.

Tongue Tied: A Story NOT Silenced by Stage IV Oral Cancer
Eva Grayzel
Friday, June 15 from 8:00 a.m. - 11:00 a.m.

Dr. Olya Zahrebelny · Medical billing

Dr. Olya Zahrebelny is pretty blunt about it: "Let's face it, " she says, "You can practically be brain dead and do dental billings correctly." But billing your dental patient's medical insurance, while definitely more exacting and specific, isn't something you should be afraid of. Quite the contrary — in this economy, and with the recent fee reductions by WDS — learning how to properly bill your patients using their medical insurance makes good sense for both you and them. "First of all," Zahrebelny says, "Medical billing is a big mystery to most dentists — it's not something that they're exposed to in school, and most of them are unsure whether medical billing is even legal or not." In fact, that's the question she says she gets asked the most — is it legal? She shrugs it off with a laugh, saying she's been billing her patient's medical insurance for 20 years, and there has never been an issue. The key, she explains, is doing it properly.

Zahrabelny was first exposed to medical billing while doing her hospital residency program, where it was part of her training. Later, as attending staff at two Chicago hospitals and as a consultant for insurance companies, she learned much more about the vagaries of medical insurance billings — and how they could be used for routine dental procedures. She explains, saying "For some reason people think that only oral surgeons can bill medical insurance, and that somehow you have to use shady tactics to get paid, and neither of those is true." The trick, she says, is understanding the language of medical billing. "Dentists have tried billing medical insurance, but because they have gone about it incorrectly, they have not been paid. And when I say incorrectly, they're using dental codes, a dental claim form, and dental terminology. You have to consider who you're talking to — you're talking to a physician or a nurse, so if you use dental terminology like tooth numbers, for instance, they're not going to know what you're talking about, and they're going to tell you it isn't a covered benefit. If they don't understand it, it's not going to be covered — that's the bottom line." She goes on to say that once a person has been trained — knowing the correct way to bill medical plans for procedures, the different claim forms and documentation requirements — they'll realize that past rejections weren't rejections at all — they simply weren't speaking the right language. Or, as she says, "If you talk to Greeks in Italian, you need some kind of translator so that they can understand you, and that's what this is all about, translating from dental speak to medical speak."

So if it's so simple, why isn't everyone doing it? Well, first of all, it is more difficult to learn. Zahrebelny explains, "It does take more time, there is no question. There is a learning curve, it's not as simple as dental insurance. Medical insurance requires more training and expertise, but most dentists have competent staff to handle it — it requires them to 'switch off' the dental aspect of their thinking and 'switch over' to medical.

Another misconception is that only traumatic injuries qualify. Not so, she says, "With implants for example, if you have any kind of deterioration in the jaw, infection in the jaw, sinus issues, then you will have implant coverage — there doesn't have to be a traumatic injury or a greater medical condition. If, for instance, a patient has an infection in the bone, whether it is in the femur, hip or jaw bone, a bone infection is a bone infection and is covered by medical insurance — and a regular, garden variety abscess would qualify. Because again, whether it's a cyst, abscess or something with the TMJ joint, they're all covered procedures under medical plans."

So will attendees walk away from the lecture and workshop ready to bill medical insurance? No, but they will leave with a clear understanding of the processes involved, and the knowledge of which of their patients will qualify for medical billing. She says that all types of practices can benefit, as will all specialities. It really doesn't matter whether you have a general, endo, ortho or surgical practice — medical billing can benefit nearly all patients, because so many of the procedures are identical. And patients come on board easily — once they realize that they benefit with a reduction in out of pocket expenses.

Want more information? Zahrabelny has two online articles for perusal — We'll link to them on our blog as well.

http://www.glidewelldental.com/dentist/inclusive/volume2-1/billing-patient-medical.aspx

http://www.glidewelldental.com/dentist/inclusive/volume2-2/billing-implants-services.aspx

Eva Grayzel · Oral cancer survivor

Eva Grayzel is quite the talker, which is remarkable, given that 13 years ago she could easily have died from tongue cancer. Today, she's on a mission to educate dentists, hygienists, students — anyone who will listen, really — about the disease. Grayzel endured chemo and painful radiation after doctors misdiagnosed her stage four tongue cancer more than once. She was one of the lucky ones — many tongue cancer survivors who survive are left deformed in the process, rendered unable to speak or eat. Grayzel had a portion of her tongue removed, new tissue grafted on, and is able to talk — in part, because doctors managed to leave the tip of her tongue intact. And while she's healthy and in remission today, she says that mouth cancer screenings are still not emphasized enough in dental offices and schools around the country. "I see the need," she says, "What's lacking in dentistry is that most dentists are afraid to use the words *oral cancer* because they are afraid to scare their patients. But they're doing a disservice to them — just look at my story — I have an Ivy League education, my husband is a physician, my father is a physician. I had a sore on my tongue that wasn't going away and nobody knew what it was. I never heard the words oral cancer, I never knew the disease existed. When I had my first biopsy, they didn't even tell me they were going to biopsy the tissue, so when the receptionist told me two weeks later that my biopsy was negative, I thought they had called the wrong patient. I thought to myself "what on earth could they be looking for in a biopsy?" If I had heard the words oral cancer, if I had even known it existed, I believe that I would have acted differently in my treatment."

The second time Grayzel got a sore, she was treated for trauma for nine months when her dentist looked at her old pathology and theorized that either she was gnawing at her tongue or her teeth were sharp and cutting her tongue — again, no one ever mentioned oral cancer as a possibility. That, she said, was the biggest failing of her dentist, "Nobody's heard of oral cancer — it's why most are diagnosed late. If you ask the general population about it they're usually unaware of it. I believe that awareness is the key — if patients know that oral cancer exists and have something unusual in their mouth, they might be more inclined to make sure it's not something serious."

And, while the ADA has mandated that a dentist should perform an oral cancer screening at every checkup, they don't detail what an oral screening consists of. "Taking a good look simply isn't enough," says Grayzel, "An oral cancer screening is uncomfortable — the dentist needs to physically pull out the patient's tongue using gauze to look at all of the tongue — the back of it is a classic place for a change in color or texture that can't be felt until stage three. That's the terrible thing about oral cancer (and some others, like cervical cancer) You really don't feel it. It has to be detected by a trained eye and it's possible if they're looking." Oral cancers run the gamut, she says, some are slow growing, others not. By the time Grayzel's was finally diagnosed, it had spread to the lymph nodes and beyond, into the lymphatic tissue. She's fortunate to be alive, with survival rates for stage four oral cancer at about 15 percent.

Grayzel's harrowing experience prompted her to begin her grassroots effort, which includes lecturing around the country to raise awareness of oral cancer and the proper way to screen for it, and a website devoted to proper screening — sixtepscreening.org. There, Grayzel explains the six steps to a proper oral cancer screening (see below). But lest you think that learning about oral cancer screenings is all Grayzel brings to the table, think again. Her lecture at the PNDC will be as much about clear communication and opening a dialogue with your patients about oral cancers — what they are, what the risks are, and what both patient and dentist can do to remain vigilant about the danger of oral cancers. Grayzel explains, "What we need to do is really increase communication between dentist and patient, and I think it's the dentists' responsibility. I'm traveling across the country to give dentists the tools to communicate better with their patients, and to ensure that they're doing a proper cancer screening every visit. We can save lives."

Six Step Oral Cancer Screening

Tongue 'n Gauze
- Pull out the tongue with gauze, visually examine it for any swelling, ulceration or variation in size, color or texture. Gently run your index finger along the lateral borders to feel for any hard tissue.

Lip & Cheek Roll
- Roll the tissue of the buccal mucosa and lips between your fingers noting any firm or nodular areas
- Pull the upper and lower lips out completely, examining the labial mucosa and sulcus of the maxillary vestibule and frenum, and the mandibular vestibule
- Examine both sides of the buccal mucosa. Check for change in color and texture
- Don't forget to move your mirror

Double-Digit Probe
- Visually examine the floor of the mouth and palpate it bimanually with a gloved finger beneath the tongue and another under the chin on the exterior skin

Palate Tickle
Check the hard and soft palate visually and palpate with your finger

Neck Caress
- Roll tissue over the edge of the mandible
- Have your patient turn his head to the side and look down to make the Sternocleidomastoid muscle (SCM) stand out. Roll the soft tissue of the neck over the SCM
- Palpate the tissue around the Adams apple

Tonsil Ahhhhhh
- Take a good look at the tonsils and the back of the throat
- Check for asymmetry, ulceration, or redness
- Examine the retromolar pads and all of the adjacent tissue
- Ask your patient if they have experienced any hoarseness, voice changes, or pain.