Diagnostic Codes

Background

The World Health Organization has developed ICD-9 & ICD-10 codes to systemize the disease classification for medicine. There are oral health/dental disease codes available in ICD9/10. In medicine these diagnostic codes are required as part of the billing process for public and private insurance plans. The National Network for Oral Health Access (NNOHA) has received queries from members regarding the use of diagnosis codes in Health Center dental programs. While dental services have traditionally been billed using procedure codes, there has been ongoing and growing discussion on the need for methods to track the clinical diagnoses associated with dental procedures performed in Health Center dental clinics as a means to improve quality of care and patient outcomes. There is a general concern among providers that diagnosis code information is not currently being captured consistently in dental programs.

In 2011, as part of NNOHA’s cooperative agreement with the Health Resources and Services Administration (HRSA), NNOHA chose to “Work with partners to review current efforts to develop and implement diagnostic codes for oral health programs and determine next steps.” NNOHA conducted a conference call with NNOHA’s Practice Management Committee members and partners in April 2011, to discuss the current usage, benefits and barriers of integrating diagnostic codes in Health Center oral health programs and determine if it would benefit safety-net oral health programs to pursue utilizing the codes. Highlights of the conference call include:

Examples of Current Use

- In states where ICD-9/10 codes are required for FQHC Medicaid billing, the primary driver for use in Health Center dental programs is billing requirements. However, unless dental staff is knowledgeable about the requirements for completing the FQHC billing process, some Health Center dental programs may not be aware that diagnostic codes are being used to submit for Medicaid reimbursement.
- Some Health Centers are early adopters and are using diagnosis codes for billing and to conduct quality improvement activities. The Veteran’s Administration has been using ICD-9 codes since 1996, and has used the data to pilot quality initiatives such as increasing the use of fluoride in Veterans at high risk for caries. The Indian Health Service uses ICD-9 codes for billing purposes.
- The military services are not currently using diagnostic codes but are working to develop a Department of Defense electronic record and will then implement diagnostic codes. The plan is to use ICD-10 codes.
- Dental schools use diagnostic codes in their clinics.
- The American Dental Association (ADA) has been developing another coding system called SNO-DENT (whose medical sister system is called SNOW-MED). It has been in development for many years and is currently in a testing phase. SNO-DENT would provide more detailed treatment codes to select but would also link to the known ICD-9/10 codes for diagnostic information.

Potential Uses and Benefits of Implementing Diagnosis Codes

- Document and describe the oral health problems of populations being served by health centers. Developing an accurate database of what conditions are encountered will allow tailoring of programs to deal effectively with those issues. An accurate reflection of community needs can validate recruiting other members of the healthcare team to support dental efforts.
- Using diagnostic codes could lead Health Centers to the next phase of dentistry, which emphasizes prevention and disease management over end-stage surgical repair.
- Supports evidence-based dentistry.
- Diagnostic codes could be helpful in promoting Meaningful Use, if oral health specific measures are adopted that require diagnostic code data for calculation.
- Codes could be used document Health Home initiative activities such as oral screenings conducted by non-dentists.
- Facilitate the measurement of outcomes in Health Center dental programs, leading to better tracking for Quality initiatives.
• Validate/support that Health Centers have quality programs and improve oral health and reduce disparities.
• Providing an opportunity to better coordinate with local, state and national quality initiatives such as that at CMS.
• In states where there are special reimbursement programs such as skilled nursing facility residents or pregnant pa-
tients, using the proper diagnosis codes may increase or insure payments to Health Centers.

Challenges

• Dentists are generally not educated or trained to use diagnosis codes unless they have trained or worked in the hospi-
tal setting.
• Training needs to be easy enough for students to understand. There is no standardization between dental schools in
type of diagnosis codes utilized.
• There are variations in how diagnostic codes are used in Health Center dental programs. Uniformity is a large bar-
rier.
• Most Health Center dental programs use procedure codes instead of diagnostic codes because this is the traditional
billing practice for dental insurance plans.
• Getting good data is dependent upon the software in use. Some Electronic Dental Record systems (EDR) can be con-
figured to collect diagnostic code information.
• Complete integration of diagnostic codes requires participation by software developers and vendors who produce
electronic dental record systems. Depending on the EDR and EMR systems used by the Health Center, diagnostic code
data may not be accessible from the EMR. EDRs should be configured so that diagnosis codes are associated with the
appropriate dental procedure codes.
• Implementing diagnostic codes may result in short-term increased costs due to initial IT programming, new encounter
forms and staff training.

Next Steps

NNOHA recommends that to further promote evidence-based dentistry, improve the care provided at Health Centers and
align ourselves with future systems innovation, we should pursue additional steps on the usage of diagnostic codes in
safety-net oral health programs. Possible next steps include:

• Conduct an environmental scan to find out the knowledge base and current scope of usage of diagnostic codes in

safety-net settings.
• Compile best practices from sites that have implemented diagnostic codes for quality improvement.
• Provide primary education to Health Centers/safety-net providers on diagnosis codes.
• Examine the feasibility of a pilot-testing program with a basic list of diagnostic codes (e.g. ten top codes instead of

the full ICD-9/10 list) to determine appropriateness.
• Produce formal recommendations to safety-net programs and software vendors on ways to integrate diagnostic codes
into their programs & products.

About NNOHA

National Network for Oral Health Access (NNOHA) is a nationwide network of dental providers who care for patients in
safety-net systems. These providers understand that oral disease can affect a person’s speech, appearance, health, and
quality of life and that inadequate access to oral health services is a significant problem for low-income individuals. The
members of NNOHA are committed to improving the overall health of the country’s underserved individuals through in-
creased access to oral health services. The mission of NNOHA is to improve the oral health of underserved populations
and contribute to overall health through leadership, advocacy, and support to oral health providers in safety-net systems.

This publication was supported by Grant/Cooperative Agreement No. #U30CS09745 from the Health Resources and Ser-
vices Administration Bureau of Primary Health Care (HRSA/BPHC). Its contents are solely the responsibility of the authors
and do not necessarily represent the official views of HRSA/BPHC.