Integration of Oral Health Diagnostic Codes in Safety Net Dental Programs

October 25, 2011
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Brief History of the Use of Diagnostic Codes

• The International Classification of Diseases (ICD) is the oldest method of tracking diseases and mortality in the world. Developed in Europe, several versions have evolved over the years.

• The current version used in the United States was developed by the World Health Organization (WHO) and modified for use. ICD-9-CM (Clinically Modified) was adopted in this country in 1979.

Brief History of the Use of Diagnostic Codes

• The current version used in the United States was developed by the World Health Organization (WHO) and modified for use.
• ICD-9-CM (Clinically Modified) was adopted in this country in 1979.
• The code set is updated at least annually based on the input of providers, payers and others.
• A new generation and much larger code set, ICD-10-CM, will replace ICD-9 codes on October 1, 2013.

ICD-9-CM was mandated in 2003 by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Covered entities required to use the ICD-9-CM code set include health plans, health care clearinghouses and health care providers who transmit any electronic health information in connection with a transaction for which a standard has been adopted by the U.S. Department of Health and Human Services (HHS).

Knowledge of ICD-9-CM coding is essential to all medical coders and billers.

Brief History of the Use of Diagnostic Codes

- The Centers for Disease Control (CDC), the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS) are the U.S. governmental agencies responsible for overseeing all changes and modifications to ICD-9-CM.

American Dental Association Code on Dental Procedures and Nomenclature (CDT)

- The use of diagnostic codes in dentistry is not common practice
- Dental practitioners routinely use the American Dental Association Code on Dental Procedures and Nomenclature (CDT)
- The purpose of the *CDT Code* is to achieve uniformity, consistency and specificity in accurately reporting dental treatment.
- One use of the *CDT Code* is to provide for the efficient processing of dental claims.

http://www.ada.org/3827.aspx
American Dental Association Code on Dental Procedures and Nomenclature (CDT)

• On August 17, 2000 the *CDT Code* was named as a HIPAA standard code set.
• Any claim submitted on a HIPAA standard electronic dental claim must use dental procedure codes from the version of the *CDT Code* in effect on the date of service.
• The *CDT Code* is also used on paper dental claims, and the ADA’s paper claim form data content reflects the HIPAA electronic standard.

http://www.ada.org/3827.aspx
Dental Diagnostic Codes

- Utilization of standardized dental diagnostic terminology and codes are not commonly used in dental practice.
- ICD-9 codes do not have sufficient coverage due to lack of specificity for oral and dental diagnoses.
- There are several diagnostic coding systems being tested in the US and Canada:
  - Systemized Nomenclature of Dentistry (SNODENT)
  - Toronto System of Dental Diagnostic Codes (TSDDC)
  - Z Codes
SNODENT

- SNODENT was designed as a diagnostic companion to the Current Dental Terminology (CDT) treatment codes of the ADA

- **Purpose:**
  - Provide standardized terms for describing dental disease
  - Capture clinical detail
  - Capture patient characteristics
  - Permit analysis of patient care services and outcomes

http://www.nadp.org/Libraries/CONVERGE/SNODENT-Dental_Diagnostic_Coding_Narcisi_9_13_11.sflb.ashx
SNODENT

• SNODENT is dental diagnostic coding system currently being tested in dental schools, Government Agencies, providers, venders, and health systems.
• SNODENT is designed to provide:
  – Decision Support/Patient Safety
  – Statistical/population data
  – Financial Data
  – Administrative reporting – ICD-9/10
  – Development of decision support systems
  – Development of evidence-based practice research

http://www.nadp.org/Libraries/CONVERGE/SNODENT-Dental_Diagnostic_Coding_Narcisi_9_13_11.sflb.ashx
Toronto System of Dental Diagnostic Codes (TSDDC)

- TSDDC is a system of diagnostic codes for use in the computerized management information system.
- The codes are consistent with the format of other classification systems used in dental management information in Canada.
- System of four-digit, numeric codes for dental diagnoses.
- The diagnostic codes are specific at the level of the patient, consistent with current evidence on the natural history and classification of diseases, consistent with conventional measures of oral conditions.
- Fits the paradigm of the Canadian system of treatment codes.

TSDDC

- TSDDC useful to report burden of illness
- Facilitate illustration of dental comorbidities
- Software needed for processing diagnostic information in TSDDC and generating reports
- Prevalence and incidence data
- Collect information on comorbidities among dental conditions
- Quality assurance

Z Codes

• Z Codes were developed by a consortium of dental schools, the ”Consortium for Oral Health-Related Informatics” COHRI

• Expands and combines terms from the Toronto system and from the ICD

• Developed for user group that includes dental schools

• A structure was developed, consisting of thirteen categories, seventy-eight subcategories, and 1,158 diagnostic terms, hierarchically organized and mappable to other terminologies and ontologies

http://www.jdentaled.org/content/75/1/68.abstract
Z Codes

• Use of this standardized diagnostic terminology will reinforce the diagnosis-treatment link and will facilitate clinical research, quality assurance, and patient communication.

• Future work will focus on implementation and approaches to enhance the validity and reliability of diagnostic term utilization.

• Z codes were loaded into the EHR Axium

• COHRI has developed EZ codes as a further advancement of the diagnostic code and description system based on the Z codes.
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.

Potential Uses and Benefits of Implementing Diagnosis Codes

• 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.
Quality Oral Health in Medicaid Through Health IT and Meaningful Use

- The meaningful use incentive program, operated by the Centers for Medicare and Medicaid Services (CMS), provides eligible providers and eligible hospitals payment incentives to acquire, adopt, and meaningfully use EHRs.
- Eligible providers, including dentists, can qualify to receive incentives from both the Medicare or Medicaid incentive programs.
- Dentists are eligible to receive incentives if they practice at Federally Qualified Health Centers (FQHCs) or rural health centers with at least 30% of patients classified as “needy individuals” (including Medicaid and CHIP beneficiaries).

In order to qualify for meaningful use incentive payments, the EHRs must be certified and meet the criteria established under the final EHR certification rule.

The lack of diagnostic codes in dentistry presents a large problem for health IT adoption and meeting the meaningful use criteria.

While many of the barriers related to adoption and meeting meaningful use are common among medical specialists, these barriers coupled with the absence of dental standards of care that document assessments and diagnostic findings make utilizing health IT even more difficult for dentists.

Diagnostic Codes as a Link to Comprehensive Primary Care

• Introducing dental diagnostic codes in the electronic health record is an effective way to link primary care and dentistry.

• Dental diagnostic codes can help health center dentist implement risk-based care and improve access to quality oral health care.

• EHR incentive payments to FQHCs can significantly increase access to care for children enrolled in CHIP and Medicaid.

• EHR vendors must communicate to develop systems that facilitate meaningful use for dental and medical providers.
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