

## **CDSS Position on Billing of Comprehensive and other examinations:**

The only provider qualified to arrive at a definitive comprehensive diagnosis and treatment plan is the dentist upon whom the final responsibility of the comprehensive diagnosis and treatment planning rests (**Fee guide Preamble**). Following the dentist's involvement in the Comprehensive Examination, Comprehensive Diagnosis and Comprehensive Treatment plan those procedures may be billed to the patient.

New and previous (recall) patients attending a clinic who are seeking care may first be attended to by a therapist or a dental hygienist for a **limited examination** (procedure codes 01201, 01202), **The codes 01201 and 01202 require dentist involvement in the examination, diagnosis and treatment plan since the descriptor includes checking of occlusion and appliances.** This code could be used once the dentist has performed the required elements in addition to the screening/authorized practice portion done by a therapist or a hygienist. The codes 01201, 01202 and 01205 are used in the **MOH Supplementary Health Schedule**. The MOH does not recognize the 01011-01103 codes. **The codes 01201 and 01202 require a dentist's involvement in the examination, diagnosis and treatment plan since the descriptor includes checking of occlusion and appliances.**

A **specific examination** (code 01204) or an **emergency examination** (code 01205) can be used **within the limitations of a therapist or hygienist authorized practice and their license**. Calibrated **Screening observations of new or recall patients can be performed** by an assistant, a hygienist or a therapist. These screening observations may become a part of a **Comprehensive (Complete) Examination** or a **Limited, Specific or Emergency** examination by a dentist but these examinations should not be billed until the dentist portion is performed.

The screening observations may include, as necessary and as may be identified in a written protocol, the following: radiographs [**Radiation and Imaging Standard, MCPPS 2, I, v**], photos, videos, recording of screening observations including medical health information, dental history, chief complaint, soft tissue, lymph nodes, periodontium, occlusal screening caries, etc. and a draft treatment plan.

A Dentist must attend the patient in person to finalize **Comprehensive (Complete) Examinations (01101-01103)** and limited exams (01201 and 01202) confirming the screening information, that may have been gathered in exams 01202,01204,01205. The screening and examination information would be used in performing comprehensive diagnosis and to finalize the **Comprehensive Treatment Plan**.

Third party payers may not pay for a 01101-01103 code, under some circumstances, if they have already paid for one of the codes 01201, 01202, 01204, 01205.

Involvement of the dentist by real time videoconferencing (skype, facetime, etc.) may be useful in emergency or specific examination situations but is not equivalent to the dentist's in person involvement in the Comprehensive Examination, Diagnosis and Treatment Planning unless the dentist can show evidence that it is equivalent. [**DDA 23(1); MCPPS, ACFD Competency 1.2**]

Members are obligated to educate patients and the public regarding the importance of a comprehensive examination at least every two years by a dentist and the patient record must indicate any patient refusal.

The coding system (USC&LS) is proprietary and is owned by the CDA and is created for dentists. The descriptors are developed by the CDA and its partners. The CDSS owns and approves the CDSS Fee Guide for the use of its members.