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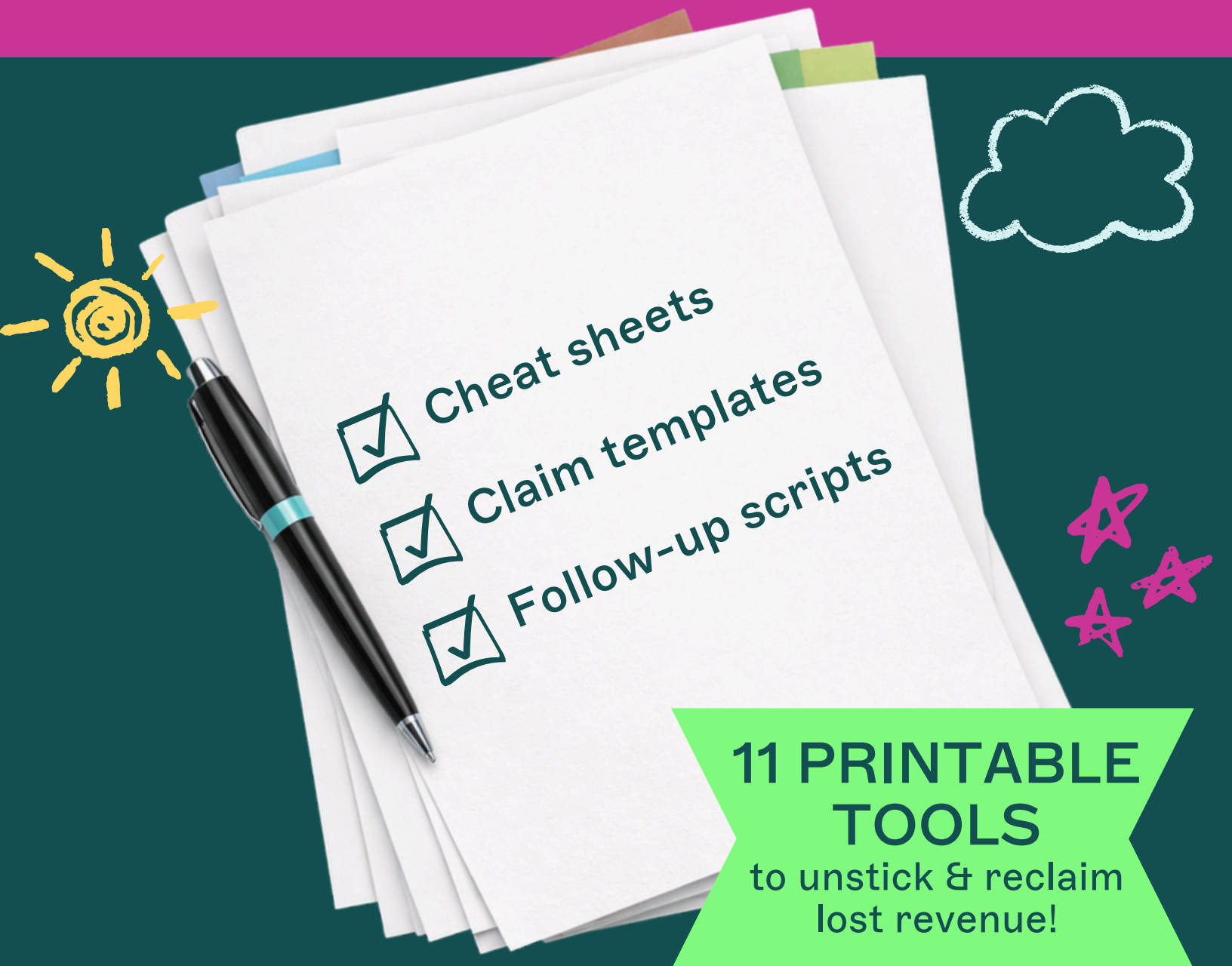
Insurance Aging Checklists



11 PRINTABLE TOOLS
to unstick & reclaim lost revenue!

Checklist: Common Denials

Most denials fall into predictable categories. When you know what to look for, you can start responding strategically.

Before posting a write-off or billing the patient:

- ☐ Review the EOB carefully
- ☐ Compare to your benefits breakdown
- ☐ Check frequency limitations
- ☐ Check waiting periods
- ☐ Confirm prior placement date (if applicable)
- ☐ Confirm attachments were sent
- ☐ Review clinical notes

Many denials are fixable with missing information.

Most common denial categories

Stainless Steel Crown Denied/Downgraded

Common issue: The payer questions why full coverage was necessary instead of a filling.

- Review the pre-op X-ray
- Confirm clinical notes document extent of decay
- Document why a direct restoration was not appropriate
- Include pulpal treatment documentation when applicable
- Check for alternate benefit or downgrade language
- Appeal when documentation supports necessity

Make the clinical story clear: Why did this tooth require full coverage?

Space Maintainer Denials

Common issues include missing documentation, tooth eligibility, or benefit limitations.

- Include pre-op X-ray
- Identify missing/extracted primary tooth
- Confirm permanent successor is unerupted
- Document why maintaining the space is necessary
- Verify fixed vs. removable coverage
- Check unilateral/bilateral benefit rules
- Review age limitations

Don't assume all space maintainers are covered the same way.

Fluoride & Sealant Denials

Often caused by age, frequency, tooth eligibility, or prior treatment.

- Verify patient's age
- Check frequency limitations
- Review prior fluoride/sealant history
- Confirm sealant tooth is eligible under the plan
- Confirm correct procedure code
- Review whether caries-risk documentation is required

Before adjusting, verify the benefit breakdown against the patient's actual history.

Nitrous Oxide (N_2O) Denials

N_2O may be denied as non-covered, bundled, or lacking documentation.
Before adjusting:

- Check age/frequency restrictions
- Review whether payer considers it inclusive
- Confirm clinical notes explain why N_2O was necessary
- Document behavior, anxiety, or treatment-related indication
- Appeal when coverage and documentation support payment

"N_2O used" isn't the full story—document the clinical reason it was needed.

Frequency/Limitations

Example: "Prophy not covered - frequency exceeded"

- Check ledger
- Confirm how many used this year
- Verify against breakdown
- Call if discrepency

Do not assume insurance is correct

$0 Payment Rule

Never auto-adjust. Before posting $0:

- Confirm truly non-covered
- Confirm no processing error
- Confirm documentation was included
- Confirm plan limitations

Ask: Is this unpayable, or undocumented?

Appeals Best Practices: When & How

Many offices only appeal when a patient complains or when the amount feels “big enough.” But consistent appeals send a message: your office pays attention, documents well, and doesn’t quietly write off earned revenue.

The more consistently you appeal, the fewer careless denials you’ll see.

Appeal If:

- □ Documentation supports medical necessity
- □ Denial contradicts benefits breakdown
- □ **N20 denied as inclusive**
- □ Frequency denial appears incorrect
- □ Downgrade seems misapplied
- □ $0 payment lacks clear justification
- □ Timely filing denial when there is proof of original electronic timely filing

Do not auto-adjust before reviewing

Weekly Appeal Workflow

- □ Review denied EOBs
- □ Add detailed claim status note
- □ Call payer to clarify denial reason
- □ Ask what reviewing dentist required
- □ Gather supporting documentation
- □ Scan appeal into the patient’s document center for proof of filing
- □ Submit appeal according to the payer’s correct appeals address or fax number [confirm info before sending]
- □ Set follow-up date (14 days)

Consistency beats intensity.

What to ask on the phone:

- What specifically caused the denial?
- What documentation was missing?
- What did the reviewing dentist note?
- Can I have the reviewing dentist’s name and license number?
- Is peer-to-peer available?

Appeals Packet Checklist

What to ask on the phone:

- What specificallycaused thedenial?
- What documentation was missing?
- What did the reviewing dentist note?
- Can I have the reviewing dentist's name and license number?
- Is peer-to-peer available?

Before Sending:

- ☐ Clear appeal letter
- ☐ Clinical notes (detailed and procedure-specific)
- ☐ Required radiographs (diagnostic quality)
- ☐ Intraoral photos (if applicable)
- ☐ Prior placement date (if crown or filling)
- ☐ Any additional requested documentation
- ☐ NEA/DCN referenced

Incomplete appeals waste time.

Escalation ladder | If denied again:

Repsesentative → Supervisor → Peer-to-peer review → Patient involvement (HR, benefits department)

Track your results. Review monthly:

- ☐ Number of appeals sent
- ☐ Appeal win rate
- ☐ Top procedures appealed
- ☐ Payers with highest overturn rate

Remember: Insurance companies use systems and automation. You must use systems too. Appealing isn't being difficult, it's protecting the revenue your team already earned.

Procedure Code Attachment Checklist

Orthodontics (D8010–D8090, D8210–D8220), Etc

- Appropriate orthodontic procedure code
- Pre-treatment photos
- Panoramic and/or cephalometric X-rays when required
- Treatment plan documenting diagnosis and medical/dental necessity
- Estimated length of treatment
- Appliance type documented
- Date appliance was placed/banded
- Prior authorization/pre-determination when required

Watch for: Ortho benefits often have age limits, lifetime maximums, waiting periods, and payment schedules.

Space Maintainers (D1510, D1516, D1517, D1520, D1526)

- Pre-op X-ray showing the missing/extracted primary tooth and unerupted permanent successor
- Tooth/area and arch clearly identified
- Clinical notes document why the space maintainer is necessary
- Type of appliance documented
- If replacing a previous appliance, document why replacement is necessary

Watch for: Confirm whether the payer differentiates between unilateral/bilateral and fixed/removable appliances.

Nitrous Oxide N_2O (D9230)

- Clinical notes document why N_2O was necessary
- Behavior/anxiety or treatment-related indication documented
- Procedure performed during the visit documented
- Duration/administration details documented according to office protocol
- Payer age and frequency limitations checked

Example documentation: Patient unable to tolerate treatment due to anxiety/behavior; N_2O utilized to safely complete restorative treatment.

Stainless Steel Crowns (D2930, D2931)

- Pre-op X-ray attached
- Tooth number documented
- Clinical notes clearly support why full-coverage restoration was necessary
- Extent of decay/tooth breakdown documented
- Pulpal treatment documented when applicable
- Replacement history reviewed if replacing an existing crown

Watch for: The documentation should tell the payer why a crown was necessary instead of a filling.

Fillings / Restorations (D2391–D2394,D2330-D2335)

- Pre-op X-ray attached when appropriate
- Correct surfaces reported
- Clinical notes match the surfaces billed
- Caries, fracture, defective restoration, or other diagnosis documented
- Additional surface involvement clearly supported by clinical findings-explain why the previous restoration now requires additional surface(s).

Pro Tip: Any anterior restoration involving the incisal angle is reported as D2335 no matter how many surfaces are involved, since the incisal angle isn't a surface itself.

Sealants (D1351)

- Tooth number documented
- Surface/area treated documented in clinical notes
- Tooth eligibility confirmed
- Caries status documented
- Age limitations checked
- Frequency/replacement limitations checked
- Previous sealant history reviewed

Watch for: Some plans restrict sealants to specific permanent teeth, ages, or replacement intervals.

Whew. That was a lot.

Want help managing all this?
That's what Wisdom is for.

If your team doesn't have the time, capacity, or systems to do all of this consistently, that's where Wisdom comes in.

We handle insurance billing & follow-ups for dental practices so nothing slips through the cracks, and you can focus on what matters: your patients.

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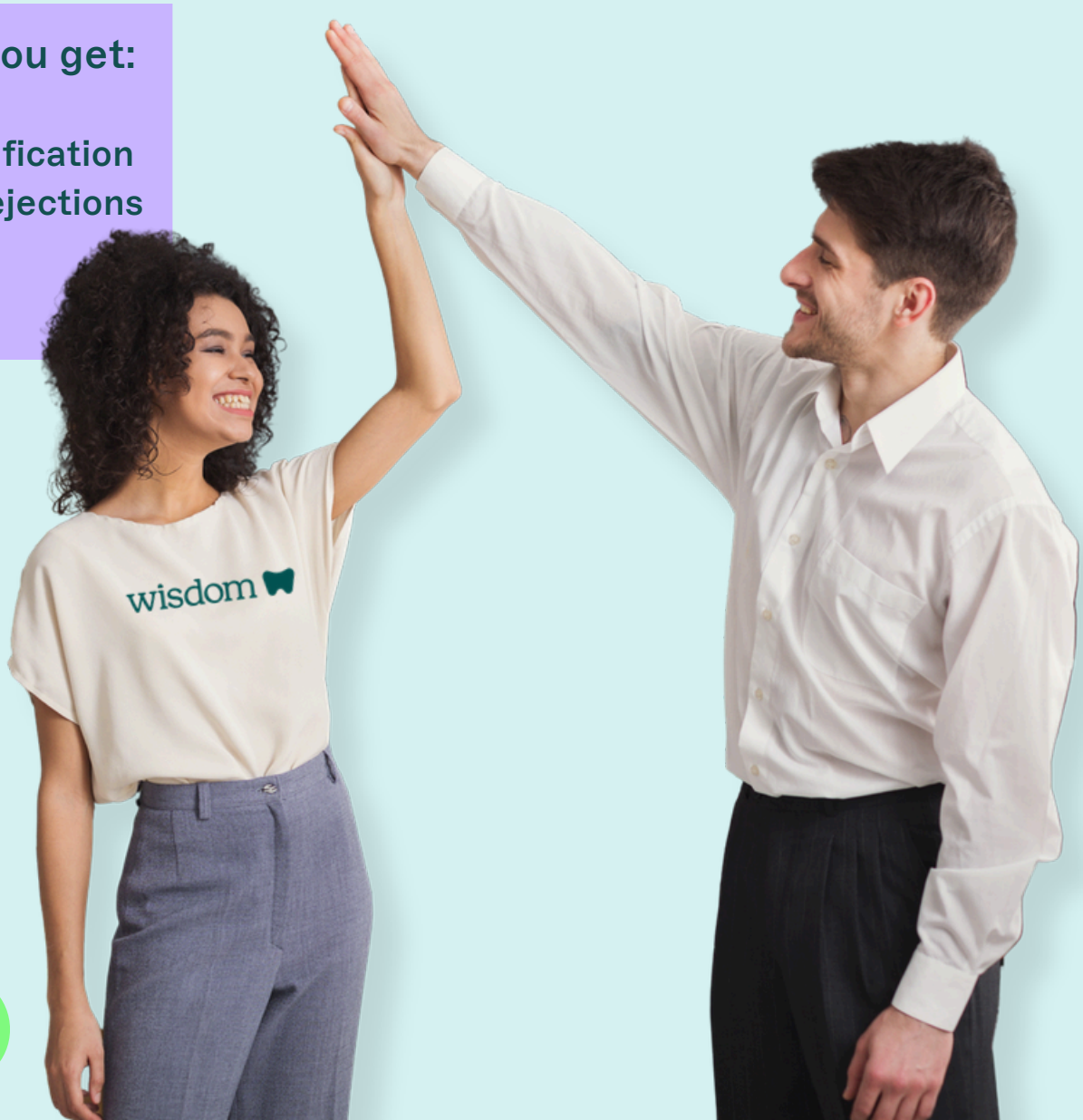

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