Deciphering insurance coverage with Invisalign treatment

Invisalign insurance coverage for your patients requires dental team members to have a basic understanding of orthodontic insurance plans. [ by Shannon Pace Brinker, CDA, CDD, ACE ]

Prior to the Orthodontic Consultation

Prior to the consultation, it is important to verify the patient’s orthodontic insurance coverage, as it is necessary for the dentist and team to conduct the orthodontic consultation, treatment, and fee presentation. By determining this information prior to the patient’s visit, the financial coordinator can be prepared to answer any questions and be the patient’s advocate throughout the Invisalign process.

Step 1—Verify patient’s orthodontic benefits

While scheduling the initial consultation, collect the patient and subscriber insurance information (see Table 1). This will ensure that you have the appropriate specifics when speaking with the insurance company. Prior to making the call, gather the patient’s information and Doctor’s Provider Identification Number. While speaking with the insurance company, verify all orthodontic benefits and previous history. Confirm

We know this fact all too well: insurance companies remain in business for their aptitude in collecting premiums and not for paying out claims. Thus, dental practices bear the burden for researching insurance plans to provide patients with accurate and reliable information regarding their orthodontic coverage. Although general dentistry and orthodontic treatments may require similar insurance codes and processes, orthodontic insurance utilizes an entirely different submission protocol and payout plan. Securing Invisalign insurance coverage for your patients, therefore, requires dental team members to have a basic understanding of orthodontic insurance plans and the appropriate questions to ask to determine a patient’s eligibility and benefits.

Approximately 10-15% of insured adults age 19 or older have orthodontic coverage, with lifetime maximums usually between $1,000 and $1,500. Typically, insurance companies pay 25-30% down within 2 to 6 weeks, depending on the mode of filing and the insurance company. The remainder of the maximum benefit is then paid out over the rest of the proposed treatment, ideally 12 to 18 months. By determining insurance coverage prior to the patient’s initial consultation, the clinician and office staff can provide the patient with the most accurate information. This includes establishing in-network or out-of-network treatment, contracted fee maximums, cosmetic upgrade allowances, down payments, lab fee coverage, and payment plans.

Dental practices can also negotiate with insurance companies, especially when the contract offers less payout than the orthodontic treatment fee. Therefore, dental practices play an essential role in determining coverage, using proper insurance codes, precisely filling out claims, and negotiating benefits when possible. By avoiding restricted orthodontic codes, such as 8030 and 8040, which have a limited payout, and using the codes 8080 for adolescents and 8090 for adults (usually defined as 19 or older) instead, patients can have the most potential in benefit coverage. Although every insurance company is different and there are hundreds of plans that vary by employer, by utilizing the following steps, dental practices can decipher their patients’ orthodontic insurance, ensuring maximum benefits for their patients and practice.

Education is key:
Courses can help dental teams better handle all aspects of Invisalign treatment.
the patient’s orthodontic coverage by asking the questions listed in Table 2. Make sure to note the name of the representative you spoke with and the date.

Step 2—Review all patient and insurance information
Prior to the initial consultation, schedule a meeting with the dentist and financial coordinator to review the patient’s orthodontic benefits. This should include age range of eligibility, orthodontic limitations and exclusions, benefits payout plan, orthodontic allowable, and orthodontic codes and fees (see Table 3). Many times the insured benefits reset if the insured’s subscriber employment changes. Therefore, don’t anticipate saving the orthodontic lifetime benefit.

During the Orthodontic Consultation
The orthodontic consultation includes the patient exam and presentation of the appropriate treatment recommendations. It also provides a place for the dentist, financial coordinator, and patient to discuss the payment options. In this meeting, the dentist acts as the clinical specialist and educator, while the financial coordinator is the patient’s advocate.

Step 3—Examine patient and present treatment recommendation
The dentist and dental team should evaluate the patient, assess clinical findings, and determine appropriate treatment options. Prior to recommending treatment, the dentist can review the contractual insurance obligations with the financial coordinator to ensure that the dental practice is not losing money on a recommended treatment option. The dentist should then present the clinical findings, treatment, and schedule options with the patient, answering all questions to assist the patient in selecting the best treatment choice.

Step 4—Present payment options
After the treatment options, the patient should be presented with the total fee and the patient’s remaining balance after insurance, spelling out exactly what the treatment fee covers. By clarifying to the patient that the insurance portion is estimated and determined by the insurance company, the patient should then be reminded that they remain responsible for all fees not paid by the insurance company. After presenting the treatment plan and total fee, the financial coordinator can present the available financing options.

Although in-house financing may seem beneficial, it can be an uncertain financial risk and an administrative collection nightmare. Utilizing experts for financing can avoid the headache of collecting late or unpaid payments. Offering a payment in full option with 3% savings for credit card or 5% savings for cash or check, if no insurance or third party financing is involved, can provide your patients with an incentive to pay in full prior to treatment.

Another option for payment is utilizing a third party to finance the treatment (e.g., CareCredit, www.carecredit.com), which patients can apply for independently, and select the appropriate payments and timeline. Personal bank loans also serve as another third-party financing option.

Step 5—Sign Contract & Collect Payment
Once the patient has made a decision to proceed with orthodontic treatment, they must sign several documents and pay for the treatment. The dental team can then take the appropriate Invisalign records as needed to begin. According to Charles Blair’s “Coding Advisor” program you should always list and separate out individually the codes for the consult, exam, study models, digital photography, panoramic x-ray, cephalometric and non-ortho insurance benefits (See Invisalign Code Advisor).

After the Orthodontic Consultation
Step 6—Submit signed agreements to the third party financial institution
As soon as the patient has agreed to begin treatment and signed the appropriate documents, and they decided to use third-party financing, follow the financial institution’s requirements to submit the agreements. Additionally, submit all necessary records to Invisalign to begin the patient’s treatment.

Step 7—Deliver the Invisalign aligners and submit the insurance claim
Once the aligners arrive at the office, schedule an appointment with the patient to deliver the first aligner set. After the first Invisalign aligner set has been delivered to the patient, the initial insurance claims should be submitted. It is important to accurately and precisely fill out these claim forms because insurance companies can quickly reject claims for small errors.

Summary
Although deciphering orthodontic insurance is challenging, it’s the responsibility of the dental practice to offer a comprehensive summary of the patient’s benefits and cost while being treated at your practice. By providing a complete picture of the treatment, timing, and fees, patients are more apt to accept the treatment, follow through with payment, and be satisfied with the results. The financial coordinator can utilize this article as a checklist and guideline to ensure the appropriate information is collected and the ideal questions are asked, avoiding unnecessary surprises during the payment and claims process.