# Bundling of Procedure Codes

Procedure code bundling is the systematic combining of procedures resulting in a reduced benefit for the patient, or beneficiary. Generally, when a dentist signs a participating provider agreement (i.e., contract), they agree to abide by the dental plan's processing policies which are used by the plans to control costs. These policies are typically not found in the agreement itself, but can be found in the dentist's providers manual or in the payer's online portal.

## Examples of Bundling

1) The most common example of a bundling issue pertains to radiographs. In particular, a panoramic image and bitewings may be combined and a benefit is provided for a full mouth series (FMX), which then subjects the claim to dental benefit plan frequency limitations. Many plans will only pay for one full mouth series of radiographs in a five-year period. Usually the number or type of radiographs taken would not constitute a full mouth series.

2) Another example occurs when a dentist has placed a two-surface restoration [e.g., mesial, occlusal (MO)] and a single surface restoration [e.g., buccal (B)] on the same tooth on the same date of service, the dental plan may provide a benefit for a three-surface restoration (MOB).

3) Many payers state that core build-ups are considered part of the crown procedure even though each is a distinct procedure as listed in the CDT Code. Remember that not every crown needs a buildup.

4) Another example is when a payer considers fees for direct or indirect pulp caps non-billable for contracted dentists when provided in conjunction with the final restoration or sedative filling for the same tooth, even though they are separate and distinct procedures.

The amount a dentist can bill the patient depends on whether or not the dentist has signed a participating provider agreement with the dental plan. The explanation of benefits statement should specify the patient's out-of-pocket responsibility.

In all of the scenarios provided above, an out-of-network dentist can bill up to their full fee for all of the submitted procedures. It is also important to note that appealing a claim may not always result in greater reimbursement but could simply help prevent misperceptions by the patient. Remember, the only proper action is for the dentist to code for what they have done.

## Resources for Dentists

If you feel that the claim was not properly adjudicated, you should appeal the adverse decision with the dental plan in writing. Learn how to file a proper claims appeal. You may want to call the plan using the toll free telephone number provided on the patient's identification card for further questions and assistance. Additionally, patients impacted by these policies should consult with their human resources department to determine their entitled level of benefit prior to treatment.

Another important resource the ADA offers is the Contract Analysis Service. Members may submit an unsigned contract to their state or local dental society and then it is forwarded it to the Service for a free analysis. The Service provides a plain language explanation of contract terms of each agreement analyzed. The Service does not provide legal advice or recommend whether a contract should or should not be signed.

For additional educational, ready-to-use information on handling other dental insurance issues, visit ADA.org/dentalinsurance.

 Updated: 04/20/2021