

MetLife Denied Root Planing

Claims are denied for many reasons. Read this interesting discussion of a periodontal case denied. Log on to the message boards of Dentaltown.com today to participate in this discussion and thousands more.

tedent

Posted: 3/4/2007

Post: 1 of 73

Total Posts: 91

We had a claim for root planing denied (by MetLife). The patient had 5mm to 6mm pockets with subgingival calculus that is visible on the X-rays. The consultant denied it due to not seeing radiographic bone loss. Anyone have any ideas as to what I can do? ■ **Ted**

beowoulf

Posted: 3/4/2007 ■ Post: 2 of 73

Total Posts: 676

MetLife is infamous for denying claims for the slightest reason; it is mostly a delaying tactic. Just write a letter spelling out the perio condition and that it will be addressed shortly and that there is no reason to deny this claim. ■ **Alex**

tedent

Posted: 3/4/2007

Post: 3 of 73

Total Posts: 91

I did write a narrative explaining the condition, but the consultant denied it because he did not see bone loss.

Is bone loss required in order to have root planing paid? I've never had this before. Is there any source that I can reference if I speak with a consultant? ■ **Ted**

Randy Nolf

Posted: 3/8/2007

Post: 8 of 73

Total Posts: 928



Dr. Shoen points out the recently announced initiative of MetLife utilizing PreViser scores in some of their plans. We as dentists often see the insurance industry as the evil empire and any requirement will be just another way to deny claims. I don't think I know any MetLife secrets but I have heard some of the logic behind the insurance companies in general. One reason is the claims approval process can be automated, less human review, a cost savings with a nearly instant adjudication. Good for providers if we could submit a claim with PreViser data and get an online approval while the patient is still standing at the front desk.

They think in terms of populations and how they present ROI (return on investment) to their customers. Employers are looking for innovation for managing disease other than simply funding the repair model of care in both medicine and dentistry. When an insurer can show data of their covered populations improving health with objective and reproducible scores it's a competitive advantage. Also, very compelling data has been produced by studies in Sweden during the last 30 years showing dramatic health improvement when risk data is used to help manage patient treatment.

All that being said, I'm not sure that over treatment with STM programs is a motivator for the insurers. I've talked with the PreViser CEO after discussions with insurers and surprisingly claims control isn't even on the radar screen. ■ **Randy Nolf**

continued on page 40

dr-tique

Posted: 3/8/2007
 Posts: 9 & 12 of 73
 Total Posts: 7299

Randy, I'm just going by what insurers do. Crown build-ups are a classic example. Some dentists do and charge for every tooth to be crowned with a build-up charge. Had every dentist been more judicious with the charging for build-ups, you would not see the rejections we see now for this code (some have eliminated reimbursement for this code altogether). MetLife is now rejecting SRP [scaling and root planing, putting the burden of proof on the doctor. PreViser is great for providing that proof, but again the proof has to be there. I think many STM'ers will be disappointed they cannot get their four-quads of SRP routinely through with minimal evidence of necessity.

I don't think this would be the focus of PreViser in selling their product... I see more as an ability to assess risk and come up with proper pricing for small groups that heretofore have not been able to get dental insurance quotes as a potential market that an insurance company would like to tap... things of this nature.

I don't think this would be the negotiating focus that MetLife would bring up to PreViser either... usually when purchasing a product that is very valuable for a very reasonable fee the purchaser does not tell the seller their product is under priced and will make us loads of money. Doesn't surprise me that you find the radar screen blank.

Posted: 3/8/2007

Doctors who care about their patients use risk factors to optimize their care. If an insco [insurance company] forces doctors to use risk factors, is this bad?

If MetLife denies SRP when PreViser says it is indicated, then there is a problem. It is a big risk to partner with PreViser, because they will have to pony up

the moolah. It's good for the patient, good for the doc, and if the insco cuts its labor costs and average cost per claim, it is good for the insco too. They are betting they will improve their bottom line with this move.

Mike Barr, I hate to say this, but I agree with you. When they do something that is good for the patient (a side effect of trying to make money), they are going to milk it for all it is worth.

I am happy to have a way all my requests will be approved. ■ Tom Schoen DDS U of MN '82

drdwm

Posted: 3/8/2007
 Post: 13 of 73
 Total Posts: 683

How cool is this? We can now buy a service (for a monthly fee) to allow us to get reimbursed at the lowest possible rate (MetLife fees) for treatment we provided. I for one have no intention of using PreViser or anything else like it. Dentists should rebel against this kind of stuff. If inscos want us to use something like this they should provide to the providers at no fee. BTW [By the way] the idea that dentists over-treat perio is a joke, perio is so under-diagnosed and treated to make me sick.

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Remember the motto of all inscos consultants: We are in the business of collecting fees, not paying claims. ■ **Dan Marcus, DDS**

dr-tique

Posted: 3/8/2007

Post: 14 of 73

Total Posts: 7299

Dan, the reason I use PreViser is to help my patients. If you look at what PreViser does, using it to prevent inscos from denying your claims is only a small part of its usefulness.

Before PreViser, I over-diagnosed some perio, under-diagnosed some, but under-treated a lot due to inability to convert diagnosis to treatment. Dental work... no problem... a Homily type presentation and we converted. Perio on the other hand was a hard thing for patients to take the type of action I knew they needed to be healthy. With PreViser my diagnosis to conversion for perio now far exceeds any other phase. Increased perio production almost 100 percent; made \$100,000 last year. So Dan, next time you diagnose some perio and the patient does not get the fully recommended treatment, think about all the money you are saving and how healthy you are helping your patients get. ■ **Tom Schoen DDS U of MN '82**

mkatz

Posted: 3/9/2007

Post: 22 of 73

Total Posts: 350

One admittedly naive thought, root planing requires access to roots. Without bone loss, roots may be inaccessible. Pockets of 10mm can exist without bone loss. As a periodontist I've seen lots of cases in which "root planing" was recommended by other office staffs and associated with "pockets." My examinations in some of those cases revealed an absence of bone loss or of pathology of any clinical significance. I, admittedly immaturely, get upset when I see offices fraudulently recommending, executing and charging for "root planing" when all that was indicated was a five-minute scaling.

Perhaps for the sake of argument, consider that some of the faceless insurance company consultants have encountered similar situations.

Consider also that "pocket" depths can be manufactured more easily than X-rays that demonstrate bone loss can. ■

Mike Barr

Posted: 3/9/2007

Post: 23 of 73

Total Posts: 16011



So, because there are a few less-than-ethical dentists practicing, you are in favor of inscos presuming guilt and dentists having to prove innocence? As much as pocket depths can be "manufactured," so can every other diagnosis within the realm of dentistry. Rather than presuming guilt of all my colleagues, I prefer to live in my "delusional" world where I believe most dentists are honest.

Gosh, these conversations make me so glad I don't have an insurance-based practice. ■ **Michael I. Barr, DDS**

drdwm

Posted: 3/10/2007

Post: 48 of 73

Total Posts: 683

Tom,

I will not take a computer program's diagnosis and treatment plan over my education, years of CE [continuing education] and experience. Sorry, I might play your game but I am not going to accept a computer algorithm over my clinical judgment. This might be the wave of the future but leave me out; we won't need doctors, just technicians. ■ **Dan Marcus, DDS**

Dan, PreViser is an education in and of itself. I am getting better and better at figuring out why the results are what they are. I overrule PreViser lots of times, but I know I am consistent and when I overrule, there is good reason to do so based on my experience and education. You don't have to defer to PreViser; you are still the pilot here.

You said it yourself... how hard can it be? If it is that easy, then technicians are the answer. But guess what, it is not that easy and education and experience count. PreViser lets you gather and manage data so you can make complex decisions in less time than it took to make less difficult ones. It's like using a calculator instead of doing long division. You still have to input the numbers and know what to do with the answers.

My education and experience tells me that the more information I have at my disposal, the better the decisions I can make. I like Diagnodent, and I like PreViser. They make me a better doctor, and thus my patients have the opportunity for better health. I hope you do take the time to see what PreViser is all about. ■ Tom Schoen DDS U of MN '82

dr-tique

Posted: 3/10/2007 ■ Post: 49 of 73

Total Posts: 7299

Read the rest of the conversation and add your comments on www.towniecentral.com. Type in "MetLife Denied SRP" into the search box and click, "Search." ■

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