

NARRATIVES THAT WORK

Multiple surface fillings in one tooth:

- *Fillings placed in distal occlusal pit and in mesial occlusal pit. Fillings did not connect. Please reimburse as two separate fillings.'*

Buildups:

- *More than ½ of the tooth structure is missing*
- *Less than 2-3mm collar of sound tooth structure remaining around gingival margin*

Crowns: make note of initial placement date if possible plus any

- *Crown present when patient became active in our office; pt states that crown is over 12 years old*
- *Open margins around amalgam #31; initial placement of crown – see attached I/O image*
- *Open mesiobuccal margin on existing crown #3; recurrent decay present upon removal*

Occlusal Guards:

- *Patient exhibits signs of bruxism from grinding at night. Complains of jaw pain upon waking.*

Temporary bridge/flipper after implant placement:

- *Extraction date 2/09 while on this plan; prosthetic will maintain space during implant site healing*

Payment requested of periodontal maintenance after treatment:

- *Scaling & root planing performed on patient in June 2010 while covered under this plan*
- *Please apply benefits for D1110 if no benefit exists for D4910*

Anterior veneers:

- *Teeth #22 through #28 had full facial composites with leaking margins and recurrent decay present. Also #27 had a DIF composite that had open margins with recurrent decay beneath. Vertical fractures from incisal edge to gingiva were present on the mesial and distal surfaces of #24, 25 and 27.*

Pulp caps:

- *Teeth #1 and 16 had visible caries with deep explorer sticks. After the caries and existing filling was removed, I found that the decay was very deep in all these teeth. Since the fillings were very close to the nerve, I felt that pulp caps were necessary to protect against possible irritation of the pulp chambers. Mr. Smith was informed of this. By placing the pulp caps, I had hoped to protect*

the teeth from further trauma. The teeth have not given Mr. Smith any additional problems. Please reimburse as coded on the attached claim.

Temporary partial that serves as permanent per pt choice:

- *Please reconsider Mrs. Smith's February 3, 2010 claim for a lower partial denture. This prosthetic falls outside your missing tooth clause since tooth #20 was extracted on July 7, 2009 while covered under this plan. The reason for denial on the EOB is that this prosthetic is considered a temporary prosthetic. This is not the case. Mrs. Smith realized that the prosthetic was not the ideal metal cast partial that is normally provided as a permanent prosthetic. Mrs. Smith requested the all resin partial and understood that this was to be a permanent prosthetic. She was also made aware of the replacement clause within her dental contract.*

Tooth extracted & bone graft placed

- *Tooth #31 extracted on 8/1/10. I determined that the tooth was not salvageable due to infection. After discussing this with the patient, he agreed to extract the tooth and have bone grafting material placed within the socket to preserve the bone. I believe that a bone grafting needed to be performed the same day so that healing would occur incorporating the bone grafting material. To place the material on a different day would have necessitated a re-opening of the socket that would have destroyed any healing that had occurred.*

Crown lengthening:

- *Crown lengthening needed on tooth #28 due to improper biological width. Without the procedure the crown margin would have been placed too close to the bone.*

Removables:

- *Prosthetic will replace missing teeth #3-5, 12-14. Teeth extracted over 10 years ago according to patient.*

Periodontal procedures:

- *Radiographs and periodontal readings attached (send complete probing with mobility, furcation, missing teeth, recession and bleeding noted. Send full-set radiographs of up to 3 yrs but also send most current bitewing set – preferably 4 bw's)*

Alternate benefit for bridge for implant:

- *Short version: Pt. is aware that policy does not cover implants. Please apply alternative benefit clause for removable prosthetic.*
- *Long version: The patient is aware that the policy does not cover implant placement or restoration. Please consider benefits for the alternate treatment of a 3 unit bridge or removable prosthetic. The patient is aware that the replacement clause limitation will be applied. Please call with any questions.*
- *For Implant claims, include date of extraction and if it was covered under this plan, note that also.*