

Scheduling Center - Treatment Plans

Reading the treatment plan boxes:

Priority = Is the arrangement or order in which we want treatment to be done or needs to be done. A crown seat can't come before a crown prep, implant abutments and crowns cannot come before the implant body placement, we may need to do a crown and filling before an implant placement due to decay, etc. This usually can be found in the clinical notes from their last consultation or cleaning appointment if they are thorough. If a patient calls wanting to know what's next and/or first on their treatment plan, follow the priorities.

Th = Very simply, the number of the tooth we are treating. If there is no tooth number, it is generally something that is not necessarily tooth specific or encompasses many teeth.

Fee = Our base fee system without any insurance or discounts added in.

Allowed = The allowed amount is what the insurance company (if they have it) tells us the maximum we can charge for a certain procedure, even if it is not as much as our base fee. We honor the insurance's allowed amounts over our own.

Pri Ins (Primary Insurance) = Primary insurance is the first insurance that a patient is contracted with. The amounts in these boxes are the amount of money the insurance is going to pay based on certain percentages. Some will pay 80% of a filling. So that 80% is taken from the allowed amount box before it.

Sec Ins (Secondary Insurance) = Secondary insurance is the second contracted insurance under a patient's plan. This insurance will pick up a portion of what the primary insurance doesn't based on a percentage scale like the primary.

Discount = This box is the difference between the base fee and the allowed amount by the insurance. It subtracts the allowed amount from the base fee of each line item.

Pat = The patient portion. This box is taking all of the discounts and insurance payment into consideration leaving the ESTIMATED payment the patient will give us for each item. We always tell patients with insurance that our breakdowns are estimates and if something ends up not being covered, it is the patient's responsibility regardless.

Scheduling a patient who's ready to start treatment:

- If a patient is ready to move forward with their treatment plan, the first place we need to go is to their SCANNED treatment plan under Images in Open Dental. There are Patient Treatment and Treatment Plan categories that have scanned treatment plans that include their discounts and any specials that have been added while they were in the

consultation. At that point, if there are multiple priorities or plans, we need to find out what it is the patient is wanting to move forward with. If there is only one plan, we will start with priority one. Ask the patient if this tooth or area is the correct place and if they say yes or they aren't sure, that's where we'll start. The treatment plan tab and the scanned treatment plan may reflect different things so we want to make sure we go by what they signed. Especially if they are asking about cost. There are going to be notes from HCI typically if there are any additional discounts. If there is no scanned treatment plan, you can go off of the treatment plan tab. Anything to do with starting All on 4 or Snap On needs to be handed off to HCI or OD due to the financial aspect unless they have paid to begin the process. See below.

- The second thing we'll need to do, especially for large cases or anything that involves money, is to check and see if they are going to be owing us money when they come in. If the patient does not ask about their copay, just let them know that their payment will be due at the time of their appointment. If they do ask, here's how to check. Typically, money is collected beforehand but in a lot of instances, they have not paid. The easiest way to tell if someone has paid for something is to go into the account tab in Open Dental. If the "=Est. Bal" with the red number has a negative, that means they have a credit on their account. That means "Estimated Balance" which means this number is including estimated insurance payments that haven't been received. This number can change depending on insurance payments but it's a reference point to look at. And if you look below in the payments box, the entries in green are payments that have been made. Most of the time, there will be a note stating what that payment is for unless it is insurance. We don't go off insurance payments, only look for the Credit Card, Cash, Check, Cashier's Check, CareCredit, GreenSky, LendingPoint, etc. entries. Those are all forms of patient payments. If the patient has not made a payment, you can either ask the HCI or OD at that point what is owed, or if you are confident and it's a simple treatment plan, read the Pat box (patient portion) on the treatment plan according to whichever priority or tooth we are looking for to see what is owed and look at the notes from HCI, if any to provide that to the patient. *****When in doubt**, tell the patient that the payment for the services we are providing will be due at time of service when they come to their appointment. Any further questions can be directed to HCI or the OD at that point.***
- The next step once we have established what we are scheduling, find the appropriate block on the schedule to place it. As a rule of thumb, anything over 2 hours such as multiple implants or crowns, 4+ fillings, any combination of 4 or 5 teeth restoratively, etc. should be placed in high production with NOTHING in the middle of it besides assistant time. You can overlap other doctor time appointments on the half hour at the beginning and end of treatment. Otherwise, assistant time can always go next to a procedure. Anything under two hours, like single crowns, 2-3 fillings, single implant, 2-3 extractions, etc can be placed in the regular production 1050+ spots with the same idea, nothing besides assistant time in the middle of it, doctor time on the first and last half hour. Use each office's blocking schedule accordingly. Some have different time blocks than

others. If it is something you are unsure of, ask your scheduling managers at the respective location.

NOTE: Anything to do with sedation needs to be handed to the respective office. Each patient will typically need a medical clearance so if they are asking to be sedated, transfer that patient to the scheduling managers or OD.

- Once the time has been set, make sure the appropriate procedures are attached. You can follow the treatment plan to see code/codes go with what tooth. A crown prep will generally have a core build up and gingivectomy attached to it and an extraction/implant will have a tissue regeneration and bone graft attached with it, an implant crown impression will have the abutment and crown codes attached to it, etc. Make sure all the codes in a priority are grouped together if we are scheduling by priority. It will become easier the more times you do it! If you are unsure about which codes to attach to it, just put detailed notes in the appointment on what the patient is scheduling for and we can adjust it accordingly in the respective offices.

Length of time for appointments:

Impressions or Assistant time:

Flippers (Interim partial denture) D5820/5821 - 30 mins assistant time

Surgical stent D5982 - 30 mins assistant time

Partial and full dentures (see tx plan) - 30 mins assistant time

Hard (lab) relines D5750/5751 - 30 mins assistant time first in the AM/last in the PM - NEEDS TO BE SCHEDULED WITH THE LAB

Same day repair for temp AO4 - 30 mins first ½ hour of the day, 30 mins last ½ hour of the day assistant time - NEEDS TO BE SCHEDULED WITH THE LAB

Soft (chairside) relines D5730/5731 - 1 hour assistant time

Start AO4 Impressions/Headshots (Imp/Head) - 1-1 ½ hours assistant time (depending on clinic)

Wax up impressions (occlusion analysis) D9950 - 30 mins assistant time

Single implant crown impressions D6057 & D6058 together - 1 hour doctor time

Multiple or uncover implant crown impressions D6057 & D6058 together - 1 ½ to 2 hours depending on how many teeth.

Bleaching tray impressions (WTRAYS) - 30 mins assistant time

In office bleaching (InHouWhit) - 1 ½ hours assistant time

-Interim partial denture, surgical stent, and occlusion analysis appointments ALWAYS come before the implant and crown visits if they need to be done.

-Relines can be tricky to know ahead of time. The easiest way to gauge it is to ask how long they've had the denture. If it's less than 2 months, usually it's a soft reline. If they've had it longer, typically a hard reline.

-All of the impressions have dental codes attached to them that I listed above that can be searched. If you can't find the codes in their treatment plan when scheduling a visit, you can search for them and enter them that way. But most should already be in their treatment plan.

Doctor's time: NOTE these are estimations. It can change by location.

ONE HOUR: 1-2 crowns, 1-3 fillings, 1 implant placement, 1-3 extractions, 1-2 crown seats, 1-2 implant crown seats, wax rims, wax try-ins, PMMA try-ins, 1 root canal w/o crown

ONE AND ½ HOURS: 3 crowns, 4-5 fillings, 2 implant placements, 4-5 extractions, 3-4 crown seats, 3-4 implant crown seats, 1 root canal w/ crown prep

TWO HOURS: 4+ crowns, 5+ fillings, 3+ implant placement, 5+ extractions, 2-3 root canals w/ crown prep

****Any treatment over 2 hours, please consult with the scheduling managers or OD's at the respective offices.**

NOTE:

Crown impressions, crown seats, wax rims, wax try-ins, PMMA try-ins, all of the assistant time and impression appointments listed above, same day repairs, etc. are **NON-PRODUCTION** appointments.

Crowns, fillings, bridges, veneers, implants, extractions, root canals, etc are **PRODUCTION** appointments.

If a patient is calling in regards to issues or concerns with treatment we've already done, always make the appointment a **POST OP**. We won't attach any new production to something we've recently worked on.