

Dear i-CAT Customer,

It is our commitment to provide our valued customers with the tools and resources to achieve the highest level of success from the i-CAT®. We have prepared this document to serve as a guide for medical and dental billing references. Please keep this sheet as a resource for your practice and make it available to your entire team to assist in completing, processing, and submitting insurance requests for i-CAT® scans.

If you have any questions or need any additional information, please don't hesitate to contact us at (800) 205-3570.

### **i-CAT® Medical and Dental Billing**

<b>Medical CPT Code</b>	<b>Cost</b>	<b>Description</b>
<b>70486</b>	\$315 - \$410	Computerized Axial Tomography, Maxillofacial Area without Contrast Material
<b>76376</b>	\$185 - \$268	Coronal, Sagittal, Multiplanar, Oblique, 3-D and/or Holographic Reconstruction of Computed Tomography, MRI or other Tomographic Modality (use 76376 in addition to 70486).
<b>76380</b>	\$232 - \$337	Computed Tomography, Limited or Localized Follow-up Study.

The usual and customary (UCR) reimbursement for a maxillofacial scan is shown to average between \$315.00 and \$410.00\* using medical billing code CPT 70486.

**ICD diagnosis codes should accompany the CPT code.**

#### **Examples of ICD Codes**

<b>784.0</b>	Head/Facial Pain
<b>524.10</b>	Anomalies of Relationship of Jaw to Cranial Base
<b>525.22</b>	Atrophy of Mandible, Moderate
<b>525.25</b>	Atrophy of Maxilla, Moderate

#### **Dental Codes for Maxillofacial Scans** (Reimbursement and Fee Ranges Not Yet Determined)

<b>D0360</b>	Cone Beam - Craniofacial Data Capture
<b>D0362</b>	Cone Beam - Two-Dimensional Image Reconstruction using Existing Data, includes Multiple Images
<b>D0363</b>	Cone Beam - Three-Dimensional Image Reconstruction using Existing Data, includes Multiple Images

#### **Additional Medical (CPT) Imaging Codes**

<b>70355</b>	Panorex	<b>70250</b>	Lateral Skull	<b>70320</b>	Full Mouth Series
<b>76102</b>	Tomography	<b>70140</b>	PA Skull	<b>70100</b>	Mandible

#### **Sample Letter of Medical Necessity for Scanning for Implants**

A maxillofacial scan was taken for pre-surgical assessment of the alveolar process. Scanning will demonstrate the available bucco-lingual width of the bone, allow 3-dimensional reconstruction, imaging of maxillary sinus and/or the mandibular canal and visualization of bone height and density. High resolution screening for orthopedic or tissue abnormalities and defects can be accomplished while exposing the patient to minimal radiation with less chance of surgical complications to the patient.

#### **CPT Requires Written Report(s) for Radiology**

According to CPT and HCPCS guidelines, a written report, signed by the interpreting physician, should be an integral part of a radiologic procedure or interpretation. **For a sample written radiology report form, please fax a request to 561-744-5606 (corresponds to DentalWriter™ report software).**

*Disclaimer: Individual insurance contracts and location will determine the UCR or coverage.*

*Author, Rose Nierman, is the creator of DentalWriter™ and CrossCode™ Software. The Software and her Successful Medical Insurance in Dentistry Manuals have assisted thousands of dental practices with successful medical billing for dentistry and diagnostic report software to write personalized patient diagnostic reports to physicians and other providers. To contact Rose, call 1-800-879-6468 or visit her website at [www.dentalwriter.com](http://www.dentalwriter.com).*