

## Documentation Checklist 21085, 21110, D7880

PATIENT INFORMATION	
Patient Name:	
Date of Birth:	
Chart number:	
Insurance Name:	
Insurance Type:	<input type="checkbox"/> Commercial <input type="checkbox"/> Medicare/Medicare Replacement
Verification of Benefits	
<input type="checkbox"/>	Demographic and Insurance Information Form/ Intake Form
<input type="checkbox"/>	Upload copy of patient insurance card (front & back)
<input type="checkbox"/>	Upload copy of patient driver license
Pre-Authorization and/or GAP Exception	
<input type="checkbox"/>	Scan and upload copy of comprehensive exam SOAP note with DOS clearly reflected on note
<input type="checkbox"/>	Review VOB to verify coverage details
<input type="checkbox"/>	Ensure CPT code, diagnosis code and description of CPT code are clearly reflected in the notes
Other Documents that may be Required for Pre-Authorization and/or GAP Exception	
<input type="checkbox"/>	Scan and upload referral from assigned primary care physician (if required); Tricare, HMO, or IPA plan
<input type="checkbox"/>	Scan and upload Clinical Documentation (S.O.A.P. note format) including Patient Intake Forms
<input type="checkbox"/>	Scan and upload radiology report (if taken)
<input type="checkbox"/>	Scan and upload Member Authorization for a Designated Official * <a href="http://www.tritonmedicalsolutions.com/forms">www.tritonmedicalsolutions.com/forms</a> *
Claims/Billing in Addition to Documentation Listed above uploaded prior to Claim submission	
<input type="checkbox"/>	Scan and upload copy of impression note with CPT code listed and description attached (provider designed and prepared (21085/21110/D7880) with a custom impression taken on (Date).
<input type="checkbox"/>	Scan and upload copy of delivery note (ensure date of note matches Date of Service on Claim)
<input type="checkbox"/>	Ensure CPT code, diagnosis code and description of CPT code clearly reflected on initial, impression and delivery clinical note
<input type="checkbox"/>	Scan and upload Proof of Delivery (CPT code listed with description of device, Date on POD matches DOS on Claim)

\* Additional resources can be found in our forms library (<http://tritonmedicalsolutions.com/forms>)

# Documentation Checklist 21085, 21110, D7880

## ALL CLINICAL NOTES:

Many insurance carriers are denying claims for the CPT 21085/21110 for “TMJ coverage”. Triton recommends elimination of “TMJ” from the clinical note and substituting with “Orofacial Pain, joint stabilization and joint pathology”.

Date of Service clearly reflected on clinical note

## Impression Clinical Note:

Many insurance carriers are requesting additional information about the custom impression of the joint stabilization device. Triton recommends the following statement for the clinical note (IMPRESSION APPOINTMENT) as follows:

“21085/21110/D7880 was designed and prepared by (provider name) with a custom impression taken on (date).

## Delivery Clinical Note

### \*Description of CPT code billed with diagnosis clearly defined

Date 21085/21110/D7880 billed matches date on Proof of Delivery (POD)

“21085/21110/D7880 was designed and prepared by (provider name) with a custom impression taken on (date).

Include description of appliance as follows (if day AND night include both):

Maxillary Hard acrylic stabilization splint (CPT 21110/21085/D7880) for the treatment of \_\_\_\_\_(diagnosis)\_\_\_\_\_. Appliance to be worn at night to provide joint stabilization. This design is unsuitable for daytime use because the patient is unable to speak or function normally while wearing this appliance.

Mandibular/Maxillary Hard acrylic anterior repositioning appliance (21110/21085/D7880) for treatment of\_\_\_\_\_(diagnosis)\_\_\_\_\_. This appliance is to be worn during the daytime for approximately 4-6 weeks to reduce muscle tension and loading for joint stabilization. It is unsuitable for nighttime due to its design.