

Tips/Guidelines for Writing Narratives

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Guidelines for Writing Successful Narratives:

- Be precise in describing clinical facts and include the diagnosis for the procedure being submitted – minimize/exclude subjective remarks.
- Include clear diagnostic quality radiographs and photographic images printed on quality paper and do not fold the copy. Never send originals – send duplicates or copies.
- Ensure legibility. If possible, avoid handwritten narratives. Attach the narrative electronically or type and print a hard copy.
- Omit irrelevant or unnecessary comments such as “Please call if additional information needed” or “Please process for payment.”
- Avoid using abbreviations.
- Customize the narrative – generic narratives can decrease credibility.
- If the narrative exceeds the allowable space on the paper claim form, use a separate page, and be sure to note as such on the claim in the narrative section (e.g., see attached narrative). Only 80 characters are guaranteed to be received by the payor. Use an electronic attachment if more space is necessary.
- Utilize proper spelling, punctuation, and grammar.
- Be honest and truthful – never include anything that is not documented in the clinical chart.
- Never use aggressive language. Avoid statements such as “Insurance commissioner will be contacted if claim is not paid or denied in 30 days,” as this will have no positive effect on the processing speed, approval, or outcome of your claim.

Tips for Writing Narratives:

1. What did the doctor observe that made them decide that the patient needed a crown, onlay, buildup, etc.?
2. Is that information obvious on the radiograph?
If not, include a narrative and/or an intraoral image stating the details that are not evident on the radiograph, for example:
 - ML cusp fx off at gum line
 - MOD amalgam obscures gross lingual decay
 - 30 M decay & recurrent decay around existing occ. amal. Also, Class V wrap-around decay evident on B, L, M & D – not visible on radiograph.
3. Sample Buildup Narratives:
 - #19 large MOD amal., ML & DL cusps fx off at gum line
 - #30 large MOD amal., extensive caries, transillumination shows fracture lines into dentin at gingival margin across MF and DF cusps
 - Existing circumferential caries at gingival margin and extensive caries detectable by explorer under existing crown
4. Crown Narratives – what payors are looking for:
 - Must have pathologic destruction to a permanent tooth by caries or trauma and must involve 3 or more surfaces and at least 1 cusp (or at least 50% of the incisal edge, of anterior tooth)
 - Patient must be free of active periodontal disease
 - Tooth must exhibit a favorable crown to root ratio
 - If there is a previous endodontic treatment, the root canal fill must be adequate (not poorly condensed, not excessively overfilled, not excessively underfilled)

For additional guidelines and support, see *Dental Documentation With Confidence*.