Blue Cross Blue Shield of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Dental Care NEWS

JULY 2003

IN THIS ISSUE:

THE NEXT ISSUE: OCT. 2003

Provider ID verification required

When you contact BCBSM's Provider Inquiry department, we need to make sure of your identity before we can release sensitive data. This is especially true now with privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 in effect.

BCBSM uses the following items to verify provider identity:

1. Caller name
2. Name of provider, facility or office
3. Reason for call
4. Member contract number
5. Name of member
6. Provider's federal tax identification number (required for instate and out-of-state dentists)

Following this required identity verification process will assure privacy and security for you and your patients.

Important EDI format changes announced

In January 2003, BCBSM's Electronic Data Interchange area notified EDI dental software developers, billing services and clearinghouses that the non-HIPAA ANSI ASC X12N 837 version 4010 that EDI currently accepts for dental claims would be retired on Sept. 1, 2003. After that date, only the HIPAA version 004010X091 will be accepted, regardless of the claim's date of service.

The notice provided important information for dental software developers, billing services and clearinghouses related to the transition to this new format. If you have not heard about changes in electronic claims submissions, we suggest you contact your software developer, billing service or clearinghouse.

If you have questions or concerns regarding the content of this letter, please call EDI at (248) 486-2292.

Reminder: Use CDT-3 codes until Oct. 16

We want to remind you to continue to submit all claims with appropriate CDT-3 codes for services provided on or after Oct. 14, 2002. We will be ready to process the new CDT-4 procedure codes by Oct. 16, 2003, the HIPAA-mandated date.

You should also continue to file claims on the ADA 2000 form.

We continue to receive claims with incorrect codes. When billing a CDT-3 code, please be sure to report all **five** digits, including the D.

Example: D1110 — correct
D01110, 01110 or 1110 — incorrect

Effective Oct. 16, 2003, dental claims billed electronically must use CDT-4 codes. Codes other than CDT-4 will be rejected before the electronic transaction reaches BCBSM. We will have no record of such claims, so it is very important that you monitor claim transaction reports from your EDI vendor.

Newsbites

BCBSM will be closed:

- July 4 for Independence Day
- Sept. 1 for Labor Day

Use CPT code *00170 to bill general anesthesia

The Health Insurance Portability and Accountability Act of 1996 mandates that all professional anesthesia services performed on or after Sept. 1, 2002, be reported with CPT-4 anesthesia procedure codes (range *00100-*01999) and national modifiers.

The correct code to report general anesthesia **for dental services** under the medical program is:

*Code	Explanation
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified

The medical criteria for the procedure are:

- Children under age four (i.e., through the end of their third year) are approved based on age alone.
- Older patients require a total of six or more teeth extractions, restorations or other procedures performed in two or more quadrants of the mouth, and one of the following:
  - High-risk medical condition that does not permit the procedure to be performed safely under local anesthesia
  - Infection that does not allow the use of local anesthesia
  - Extensive orofacial and/or dental trauma for which treatment under local anesthesia would be ineffective or compromised

Documentation and billing

The anesthesia record must clearly define and document that portion of time that anesthesia is rendered by the provider of anesthesia services. Documentation must include an explanation of the service performed, the duration of the service and the length of time the rendering physician, resident, CRNA or anesthesia assistant was involved with the case. Submit a copy of the anesthesia record and the supporting documentation when you file a claim on the CMS-1500 form for anesthesia services.

BCBSM requires time to be reported in actual minutes of anesthesia care for anesthesia claims. Our claim system will round up the minutes to 15-minute time units. Report all appropriate modifiers to ensure accurate payment. If the same provider performs both dental surgery and anesthesia, the anesthesia is included in the billed dental surgical procedure.

General anesthesia and intravenous sedation are billable under the medical-surgical program in conjunction with procedures billed under the dental program. The dental procedures must meet medical criteria and must be performed in a hospital by a health care provider other than the surgeon.

Dental procedures such as preventive services, restorations, endodontics, periodontics, extractions, etc., are not covered under the medical-surgical program and should be billed to the patient's dental plan.

BCBSM covers dental implants used to reconstruct the mandible

Under the medical-surgical program, all dental implant brands that have the American Dental Association's Seal of Acceptance can be used to reconstruct the mandible. The benefits are payable for most BCBSM groups, effective April 23, 2002, if they meet BCBSM's medical necessity criteria.

You should bill reconstruction of the mandible with implants on either a CMS-1500 or UB-92 claim, using this CPT procedure code:

*Code	Explanation
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete

Here is other billing information you will need to file your claim:

Location of Service	Instructions for CMS-1500	Instructions for UB-92
1, 2, 3, B	Enter procedure code *21249 in field 24D, CPT/HCPCS.	• Enter the appropriate revenue code in form 42, REV. CD. • Enter procedure code *21249 in form locator 44, HCPCS/RATES.

Professional benefits

Coverage is limited to surgery for the placement of the implant substructure, which includes:

- Surgical placement of the devices, two or more
- Uncovering the implants at a later date

Cost of the implant cylinders is included in the surgical allowance for the service.

Charges for implant mesostructure, superstructure, attachments, connecting devices, prostheses or maintenance are **not** covered.

Medical necessity criteria

- There are no medical contraindications to treatment.
- Documentation that more conservative treatment has been attempted and has not been successful must be provided.
- Totally edentulous mandible must have less than 20 mm in radiographic height from the inferior border to the crest of the ridge in the mandibular symphysis region.
- Documentation of the functional problem(s) associated with the mandibular deformity must be provided.

Noncovered services

CPT code *21248 is not payable for BCBSM groups. Single implants may be payable for certain groups under the **dental program**. The placement coverage for endosteal implants in the dental program includes both ADA- and FDA-approved implants.

Dental implants *continued on page 4*

How to load your dental manual onto your computer

Tired of looking for your *Guide for Dental Care Providers* CD-ROM? You can make access to the Guide more convenient by loading it onto your computer.

Here are a couple of ways to do this. Methods vary depending on the type of software installed on your PC.

Method 1	Method 2
1. Load disk into CD drive. 2. Click on "Start." 3. Select "Programs." 4. Select "Windows NT Explorer." 5. In left column — "All Folders" — click on 'DCP_Guide (E:)'). 6. In right column select file name — 'DCP_Guide.' 7. On menu bar, click "Edit" then "Copy." 8. In left column select "Desktop." 9. On menu bar, click "Edit" then "Paste." 10. In right column — "Contents of Desktop" — file name 'DCP_Guide' will appear. 11. PDF icon — 'dcpguide' will appear on main screen; click for easy access to *Guide for Dental Care Providers*.	1. Load disk into CD drive. 2. Click on "Start." 3. Select "Programs." 4. Select "Adobe Acrobat," then "Acrobat Reader 5.0."* 5. On menu bar, click "File" then "Open." 6. Click on drop down box arrow. 7. Cursor to, select 'DCP_Guide (E:).' 8. File name 'dcpguide' will appear in window; select and click "Open." 9. On menu bar, click "File" then "Save A Copy." 10. Click on "Save in" drop down box arrow. 11. Cursor to, then select "Desktop." 12. Make sure 'dcpguide' appears in "File Name" box. 13. Click "Save" button. 14. Close Acrobat Reader program. 15. PDF icon-'dcpguide' will appear on main screen; click for easy access to *Guide for Dental Care Providers*.

* The Adobe Acrobat Reader is available free from the Internet. Just visit Adobe's Web site at **www.adobe.com/products/acrobat/readstep2.html**, and follow the instructions.

Submit X-rays, narrative for these procedures

In the April 2003 issue of *Dental Care News*, we told you about changes effective May 1, 2003, in documentation requirements for 3/4 crowns and periodontal scaling. The chart below lists all codes requiring documentation when submitted to BCBSM. Please clip and post it for future reference.

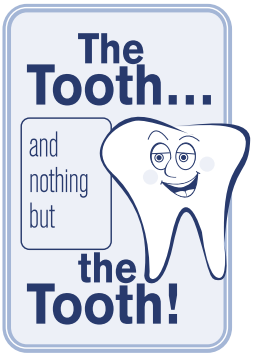
Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Effective May 1, 2003

The following procedures require narrative and X-rays: (Please send duplicate films and keep the original X-rays in your files.)	
Type of Service	**Procedure Code**
Veneers	D2960-D2962
Periodontal scaling and root planing	Under age 40 – Include perio charting for D4341
Onlays	D2543-D2544, D2643-D2644, D2663-D2664
3/4 crowns	D2780-D2781, D2782-D2783
The following procedures require narrative only:	
Repairs	D2980, D6980
Stress breaker	D6940
Incision and drainage of abscess	D7510
Removable and fixed appliance therapy	D8210-D8220
General anesthesia and IV sedation	D9220-D9242
Hospital call	D9420
Behavior management	D9920
Occlusal adjustment	D9951
Unspecified procedures	D0999, D2999, D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999

Providers on Focused Review are required to submit narrative and X-rays for an additional list of codes.



The Tooth... and nothing but the Tooth! is our regular feature that will answer your questions on topics of interest to you.

Q. Does BCBSM accept predetermination claims that are submitted electronically?

A. Yes. We recommend you electronically submit predetermination claims for procedure codes that don't require X-rays or narratives. You and your patient will receive quick responses that contain detailed benefit coverage information for the procedures submitted.

If you have questions about electronic billing, please contact our Electronic Data Interchange department at (248) 486-2292.

Do you have a question for our newsletter? Send your questions to Dental Care News *Editor, Jim Matuszak, by e-mail at jmatuszak@bcbsm.com, or fax at (313) 225-7709, before Aug. 15 so they may be considered for publication in the October issue.*

Continuing education seminar

Thursday, Aug. 28

Topic:	Acute Pain Management
Speaker:	W. Choong Foong, PhD Associate Professor, University of Detroit-Mercy
Location:	BCBSM Metro Service Center Auditorium 27000 W. 11 Mile Road, Southfield
Time:	Registration 5:30 p.m. Program 6 – 8:45 p.m.
Registration Deadline:	Aug. 18

The seminar is free to participating BCBSM providers. You can register by calling the Department of Health Care Education hot line at 1-800-921-8980 or on the Web at **www.bcbsm.com/providers/cme.shtml**.

For more information about the seminar or directions, please call (313) 225-6398.

BCBSM is approved by the Academy of General Dentistry as a provider of continuing dental education, AGD sponsor 83104.

Dental implants

continued from page 2

*Code	Explanation
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial

Maxillary dental implants, peri-implant bone grafts and related surgical services are not payable under medical-surgical benefits.

* CPT codes, descriptions and two-digit numeric modifiers only are copyright 2002 American Medical Association. All rights reserved.

Audit tips

Good record keeping is good business

We understand that audits can be stressful, but our goal is not to burden you or your staff. BCBSM values its relationship with dental providers, and by working together the audit process can be useful to both parties.

To minimize the impact of an audit on your day-to-day operations, we suggest that you maintain good records. Incomplete records make it difficult to verify that appropriate procedures were billed. For guidelines, consult:

- *Current Dental Terminology* manuals published by the American Dental Association
- *Dental Risk Management Reporter*, October 2000, published by the Michigan State Board of Dentistry
- *Administrative Code* published by the Michigan State Board of Dentistry
- BCBSM's *Guide for Dental Care Providers*

Please also remember to:

- Understand the definition for the procedure performed so coding is correct.
- Make all entries legible — If we can't read it, we may deny it.
- Make each entry complete — Include tooth number, surfaces, quadrants and reason for treatment.
- Sign each entry for any treatment performed on a patient. When an exam is performed during a hygiene appointment, the doctor **and** hygienist must initial the chart.
- List all materials used in treatment and amounts, if appropriate

Accurate record keeping always makes good business sense. And there's an added bonus if you're selected for an audit — you'll be ready!

Blue Cross Blue Shield of Michigan

Dental Care News

A quarterly publication for dentists produced by the Health Care Products and Provider Services Division of Blue Cross Blue Shield of Michigan

Jim Matuszak, Editor
(313) 225-0019
jmatuszak@bcbsm.com