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Dental Care NEWS



Use ADA 2002 version claim, CDT-4 codes

BCBSM now accepts the American Dental Association's 2002 version claim and the corresponding CDT-4 procedure codes for billing dental services.

Here are some important tips for billing with the 2002 claim:

- Type or print all information, and use black ink
- Use CDT-4 codes for procedures billed with dates of service on or after Jan. 1, 2003
- Use the appropriate ANSI/ADA/ISO Specification No. 3950-1984 Designation System to designate the quadrant(s) being treated for periodontal services and the arch for complete and partial denture services. Enter this information in field 25.

- Include all patient information requested in fields 18 through 22
- If payment should go to the dentist, have the subscriber sign in field 37 with a date, or enter "signature on file" if applicable. **Note:** If this field is blank, payment is directed to the subscriber. Don't enter comments such as "pay subscriber" here.
- If there are multiple billing addresses, enter the appropriate BCBSM group PIN in field 49
- In field 50, enter the treating dentist's license number. For a specialist in the DenteMax provider network, enter the license number exactly as it is on file.
- The treating dentist's license number can also be entered in field 55
- Enter the billing provider's Tax ID number in field 51 ♡

APR. 2004

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CAREN+ upgrades expected to save you phone time

When you call CAREN+ at 1-800-482-4047 for member eligibility and benefit information, you will notice two new features that are designed to speed up our providing the benefit information you need and save you time on the phone.

The "Fast Path" feature lets you advance quickly through your patient's benefits. The system will alert you when the "Fast Path" feature is enabled. You can listen for the benefit that you need, then move quickly through the other information. The "Fast Path" feature is not available for Blue Care Network, Blue Choice® Point of Service and Federal Employee Program member inquiries.

While you are listening to the benefits and have heard the benefit you need, the system will allow you to retrieve another member's benefits on the same contract by pressing 1

and entering the person's four-digit birth year. If you are finished listening to the benefit information for this patient and you want information on another BCBSM subscriber's contract, press 2. You will be instructed to enter the contract number.

It is important that you listen to the benefit information that CAREN+ is giving so you will not have to transfer to a live representative for the same information. CAREN+ and our provider inquiry representatives use the same data.

Repeat access gives you the opportunity to hear the benefits again. When you come to the end of your inquiry, just press 1 to listen to the information again. You will not have to re-enter any information to hear that patient's benefits.

Remember, you can always advance faster through the benefit information at any time on CAREN+ by pressing the pound (#) key. ♡

THE NEXT ISSUE:

JULY 2004

Continuing education seminars

Wednesday and Thursday, April 14 and 15

Topic: Improving Patient Safety through Innovation and Action

Speakers: See the Michigan Health & Safety Coalition Web site for a full schedule of speakers and topics: www.mihealthandsafety.org.

Time: April 14—Registration and coffee—8 a.m.
Program—9 a.m. to 4:15 p.m.

April 15—Registration and coffee—7:30 a.m.
Program—8:30 a.m. to noon

Location: Ford Motor Company Conference & Event Center
Dearborn, MI

Registration deadline: April 7, 2004
(Note: There is a fee for this seminar)

Thursday, May 20

Topic: Documentation Issues with Mitral Valve Prolapse, Dehydration and Chronic Obstructive Pulmonary Disease

Speakers: Beth Goldman, MD
Alan David Goldberg, MD
James F. Murphy, MD
Donald Dimcheff, MD

Time: Registration—5:30 p.m.
Program—6 to 8:15 p.m.

Location: BCBSM Metro Service Center
27000 W. 11 Mile Road, Southfield, MI

Registration deadline: May 14, 2004 (Register online at www.bcbsm.com/providers/cme.shtml or call the department of Health Care Education hot line at 1-800-921-8980.)

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



In February, BCBSM celebrated Children's Dental Health Month. Pictured above are Marquetta Lovell and Barbara Beaty of BCBSM with children from Schoenhals Elementary School in Southfield.

Submit only initial claim for automatic orthodontics program

The automatic orthodontics payment program allows you to submit your initial claim, then enjoy the convenience of receiving subsequent monthly payments without sending in additional claims.

Recently, however, we've noticed that some orthodontists enrolled in the automatic payment program continue to submit monthly claims. These additional submissions reject in BCBSM's system and delay your payment, because we must re-enroll you in the automatic payment program before we can process your next payment.

To take full advantage of the program, remember that all you need to do is enroll and submit your initial claim. Once that's done, do not file monthly claims for that orthodontic patient unless the automatic payment stops.

You can find information on how to enroll in the automatic orthodontics payment program in part 6b of the *Guide for Dental Care Providers*. ♥

How to follow up on a claim

If you don't understand or you disagree with a payment or nonpayment, send us a status inquiry on the ADA 2002 claim. Please see the October 2003 issue of *Dental Care News* for details on submitting a status inquiry.

Please do **not** use Status Inquiry Form CC 6807 or CN 6812. These forms have been discontinued and are no longer accepted. ♥

Submit initial D4910 as status claim for new subscribers

Because BCBSM does not have previous periodontal history on file for new subscribers, initial claims bearing periodontal maintenance code D4910 require special handling.

Please submit the initial claim as a status by printing "**Status Inquiry**" in bold letters on top of the claim, and also document the prior periodontal history (scaling and root planing or osseous and flap periodontal surgery) on the claim.

We will process the "status" claim as a D4910 procedure instead of the lesser code of D1110. Once this history is established, all future periodontal maintenance claims will process correctly. ♥

Billing reminders

Ensure fields print correctly on automatically generated claims

If claims you've submitted with correct procedure codes have rejected, the problem may be your claim form. We've recently received automatically generated claims with altered layouts; for example, the code prints incorrectly in the "diagnosis index" field because the "procedure code" field is missing from the form.

Please check your automatically generated claims to ensure that **all** fields print on the form. Our vendors cannot key-in information that does not appear in the approved field.

Label X-rays with name, address

When you send X-rays to us, please remember to attach an address label or write your name and address on the X-ray mounts. This will ensure that we can return the X-rays to you. ♥

Include modifier when billing for surgically assisted rapid palatal expansion

We would like to make sure that you are aware a modifier is required when billing for surgically assisted rapid palatal expansion (SA-RPE).

CPT code *21142 with modifier 52 is the most appropriate code for reporting this procedure.

Since there is no down-fracture and no grafts taken or placed with this procedure, the use of modifier 52 is necessary to report these reduced services without disturbing the integrity of the initial reported procedure (*21142).

*CPT codes, description and two-digit numeric modifiers only are copyright 2003 American Medical Association. All rights reserved. ♥

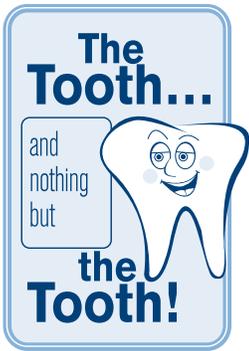
X-ray, narrative requirements change May 1

The chart below lists all procedure codes requiring documentation when submitted to BCBSM, effective May 1, 2004. Please clip and post this chart for future reference.

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
Onlays	D2543-D2544, D2643-D2644, D2663-D2664
3/4 crowns	D2780-D2781, D2782-D2783
Veneers	D2960-D2962
Gingivectomy or gingivoplasty – one to three teeth per quadrant	*D4211
Clinical crown lengthening – hard tissue	*D4249
Periodontal scaling and root planing – four or more teeth per quadrant – for patients younger than 40 only	D4341 – Also include periodontal charting
Periodontal scaling and root planing – one to three teeth per quadrant – for patients younger than 40 only	*D4342 – Also include periodontal charting
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
Behavior management	D9920
Unspecified procedures	D0999, D2999, D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999

*Indicates new code. D9420 and D9951 no longer require documentation as of May 1, 2004, and have been removed from the list.

Providers on Focused Review are required to submit narrative and X-rays for an additional list of codes that they will receive from BCBSM's dental administration area by separate letter. ♥



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

Q. Am I required to send X-rays to support periodontal scaling and root planing?

A. For patients younger than 40, you must include films when submitting claims for periodontal scaling and root planing, procedure codes D4341 and D4342. Please send your most recent **bitewing** films, rather than panoramic or periapical films.

Do not send a status inquiry if you forgot to include X-rays with a claim. Identify the date of the X-rays and send them with a new claim for the procedure.

Do you have a question for our newsletter? Send your questions to Rob Sawalski, Dental Care News editor, by e-mail at rsawalski@bcbsm.com, or fax at (313) 225-7709, before May 17 so they may be considered for publication in the July 2004 issue. ♡

Audit tips

Record keeping: more is better

In the July 2003 issue of *Dental Care News*, we published an article ("Good record keeping is good business") that gave suggestions for good record keeping. Here are a few more tips:

In the event you are audited, it is imperative that all procedures billed to, and paid by, BCBSM are accurately and completely recorded in the treatment notes. This is a must, not only for audit purposes, but also to meet requirements of your professional license (see the Michigan Department of Consumer and Industry Services, Board of Dentistry, administrative code general rules, section 338.11120).

If a procedure is not clearly documented in the patient's chart, BCBSM may recover funds paid to you. Chart notes must substantiate that the treatment was performed. Don't presume that the reader of your treatment notes knows what you did (or what you meant) if your entries include incomplete abbreviations, or worse, are not documented at all. Although you may perform the same treatment on a routine basis, each case must be documented to stand up under its own merits. ♡

Members say they're satisfied

BCBSM surveys a representative group of its members each year to measure general or overall satisfaction. The survey includes several questions about member dental care.

We're proud to share the results below.

Satisfaction with Dental Care			
		2002	2003
Dental Coverage	Blue	69%	75%
	Non-Blue	75%	74%
Access to Dentist	Blue	78%	89%
	Non-Blue	81%	86%
Quality of Dental Care	Blue	90%	94%
	Non-Blue	92%	94%
Service	Blue	77%	88%
	Non-Blue	83%	88%
Amount of Coverage	Blue	64%	60%
	Non-Blue	60%	64%

Inci-dental-ly...

It's easy to order the *Guide for Dental Care Providers* or to be put on our mailing list for *Dental Care News*. On your office letterhead, tell us how many CD-ROM provider manuals or newsletters you need.

Have you moved to a new office? Just give us your name and new address, along with the old address.

Please fax this information to our database administrator at:

 (313) 225-7709

Or mail it to:

 Database Administrator
 Provider Communications – **Mail Code J523**
 Blue Cross Blue Shield of Michigan
 600 E. Lafayette Blvd.
 Detroit, MI 48226-2998 ♡



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