



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

Dental Care NEWS



Changes coming Jan. 1, 2005

X-rays no longer returned

Effective Jan. 1, 2005, BCBSM will no longer return X-rays to your office. Any X-rays we receive will be destroyed after they are imaged and become part of the permanent claim record.

There will be one exception to this new policy: If BCBSM requests original X-rays under the formal appeals process we will return those X-rays to you.

We urge you to send duplicate X-rays for procedures that require them and keep the originals in your office file. Please note that BCBSM does not cover the cost of duplicating X-rays.

You can also enroll in our e-attachment program by contacting National Electronic Attachment at 1-800-782-5150, option 2, or e-mailing them at sales@nea-fast.com.

Use only ADA 2002 claim

BCBSM will accept claims only on the ADA 2002 form **beginning Jan. 1, 2005**. If you're not using the ADA 2002 claim, please plan now to convert to this form. We're converting to one form as part of our continuing effort to streamline our systems so we can process your claims quickly and efficiently. The ADA 2002 form continues to be the standard form for the CDT-2005 code update.

Here's what you can do now:

- Call the American Dental Association at 1-800-947-4746 to order a supply of the ADA 2002 forms.
- Contact your practice management software vendor if you use software to input your claims and your vendor has not

upgraded your system to the ADA 2002 claim format.

- Consider submitting claims electronically rather than converting to a new paper claim. Contact the BCBSM Electronic Data Interchange department at (248) 486-2292 for electronic billing information.

Attention orthodontists: Use ADA 2002 claim

Forms supplied by the American Association of Orthodontists are in a nonstandard format. Effective immediately, please destroy those forms and submit orthodontic claims on the ADA 2002 claim only. Call the American Dental Association at 1-800-947-4746 to order a supply of the ADA 2002 forms.

CDT-2005 codes accepted

Current Dental Terminology, fifth edition (CDT-2005) has been released by the American Dental Association. It contains the most recent revisions of the *Code on Dental Procedures and Nomenclature* and is **effective for services provided on or after Jan. 1, 2005**.

The *Code* has been designated by the federal government as the national standard for reporting dental services under the Health Insurance Portability and Accountability Act of 1996, or HIPAA, and is currently recognized by third-party carriers nationwide.

BCBSM will begin accepting CDT-2005 codes for paper and electronically billed claims on Jan. 1, 2005. Changes include:

- 39 new procedure codes
- Deletion of three existing procedure codes
- 47 revisions to code nomenclature or descriptors

The CDT-2005 version manual is available on diskette and in hard copy. To order, contact the ADA at 1-800-947-4746, or visit their Web site at www.ada.org.

OCT. 2004

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JAN. 2005

Newsbites

BCBSM will be closed:

- Nov. 2 (Election day)
- Nov. 25, 26 (Thanksgiving)
- Dec. 23, 24 (Christmas)
- Dec. 31 (New Years) ❄️

Billing Reminders

Code for proper number of surfaces

BCBSM pays claims for procedure code D2335 (resin-based composite — four or more surfaces or involving incisal angle (anterior)), only when submitted with four or more surfaces.

If the incisal angle is involved, please submit the “I” incisal surface, along with the involved mesial and/or distal angle surface, and the lingual and facial (buccal and labial) surfaces. The incisal angle is defined by the ADA as “one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth.”

Code D2335 will not be paid when only the incisal angle, or “I” surface, is reported. When fewer than four surfaces are submitted, BCBSM converts D2335 to the appropriate procedure code.

Use the right form for dental or medical claims

If a patient has dental coverage and you are performing surgical procedures such as extractions, you must submit the claim on an ADA 2002 form and use CDT-4 dental procedure codes. If you do not submit the correct form and use the right codes, your claim will be misrouted and payment delayed. Also note that we cannot change procedure codes from medical to dental, or vice versa.

For patients who do not have dental coverage, be sure to use the appropriate medical claim (i.e. CMS-1500) with medical codes. Do not use dental CDT-4 codes on a medical claim. Dental providers must have a medical PIN number to submit a medical claim.

Mail medical claims to:

Blue Cross Blue Shield of Michigan
P.O. Box 2500
Detroit, MI 48231-2500 ❄️

Continuing education seminars

Tuesday, Oct. 12, 2004

Topic: Domestic Violence — A Health Care Issue

Speakers: Mary Jane Hood, MSW, CSW, ACSW
Emily Wolfe, JD
Henry W. Maicki, MD, FACOG

Time: Registration — 5:30 p.m.
Program — 6 to 8:45 p.m.

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

Registration
deadline: Oct. 4, 2004

To register for the above program, call BCBSM’s department of Health Care Education hot line at 1-800-921-8980.

Friday, Nov. 19, 2004

Topic: Need Help With the Blues? (3 credit hours)

Speakers: Carl Stoel, DDS, MSBA
Glenn Melenyk, DDS
Lynn Bozyk, BGS, RDH
Dave Nicholson, BA, BS
Sandra Watkins, BAS, BA, RDH

Time: 2 to 5 p.m.

Location: Dearborn Hyatt Regency Hotel, Lecture L19-04

To register for the above program, call the Detroit District Dental Society at (313) 871-3500.

BCBSM is approved by the Academy of General Dentistry as a provider of continuing dental education. Our AGD sponsor # is 217416. ❄️

Questions
about your
patient’s
benefits
and
eligibility?

Call **CAREN+** at
1-800-482-4047 for the answer!

Orthodontic benefits paid in installments

We would like to remind you that BCBSM pays orthodontic claims based on a treatment plan.

Orthodontic benefits are usually payable at 50 percent coverage. The treatment plan should be submitted with the case code (i.e., D8080 or D8070) showing the total fee charged. On the same claim, you should also submit the first monthly visit — D8670 — along with the fee charged. Remember, however, that diagnostic services should be billed on a separate claim.

BCBSM cannot process the service unless the initial claim is billed with the case code and the first monthly visit. This means that you must wait until the month following the banding to submit the claim, since the procedures cannot be performed on the same date. This is especially important when scheduling monthly payments for providers enrolled in our automated orthodontics program.

We calculate 30 percent of our allowed amount for the total treatment to determine the approved fee for the initial banding service. We then pay 50 percent of that amount or whatever the contract covers.

The remaining 70 percent of the BCBSM allowed fee is paid over the course of treatment (12 or 24 months) and is calculated using 50 percent of our allowed amount for the monthly visit. We will continue to pay the monthly visits until the member reaches the maximum or the treatment ends, whichever comes first.

Please see below for an example of an orthodontic payment plan for 24 monthly visits.

Code	Fee charged	BCBSM allowed	50 percent coverage
D8080 – Case code	\$3,800	\$3,600 30 percent = \$1,080	\$540.00
D8670 – Monthly visit*	\$105	\$105	\$52.50

*The number of payable monthly visits based on the charge is calculated as follows:

BCBSM allowed amount	\$3,600
Less 30 percent of the total fee	-\$1,080
Balance	\$2,520
Divide the balance by the allowed monthly visit fee	\$105
Number of monthly payable visits	24

NOTE: the BCBSM allowed amount is based on the lesser of our fee or the provider's charge.

Remember to use the ADA 2002 form when you submit orthodontic claims. ♥

Member ID cards to change

By now you may be seeing new contract numbers on your patients' BCBSM ID cards. As we reported in the July issue of *Dental Care News* ("Member ID cards to change," page 3), members' Social Security numbers will no longer be the basis for the contract ID numbers. This change is necessary to comply with state legislation, as well as to protect our members' privacy.

By the end of 2005, each member will receive a new ID card with a different contract number and instructions to provide you with the new ID card at the time of his or her next office visit. It's also a good idea to ask the member if they have received a new card each time they visit your office.

When submitting claims, inquiries, appeals or correspondence to BCBSM, use the number that appears on the member's most current ID card.

We are working diligently toward a smooth transition and making system changes to ensure seamless claims processing. Look for reminders about changes to members' ID cards in future issues of *Dental Care News*. ♥

Save on e-attachment registration fee

In the July issue of *Dental Care News* we announced that BCBSM now accepts electronic attachments to claims. To promote e-attachments, National Electronic Attachment is offering a 50 percent discount on the registration fee, a savings of \$100, now through Dec. 31, 2004. Registration includes software, installation and training to help dental offices get started sending X-rays and other attachments electronically. Interested providers can contact David Fincher at NEA, 1-800-782-5150 ext. 1201. ♥



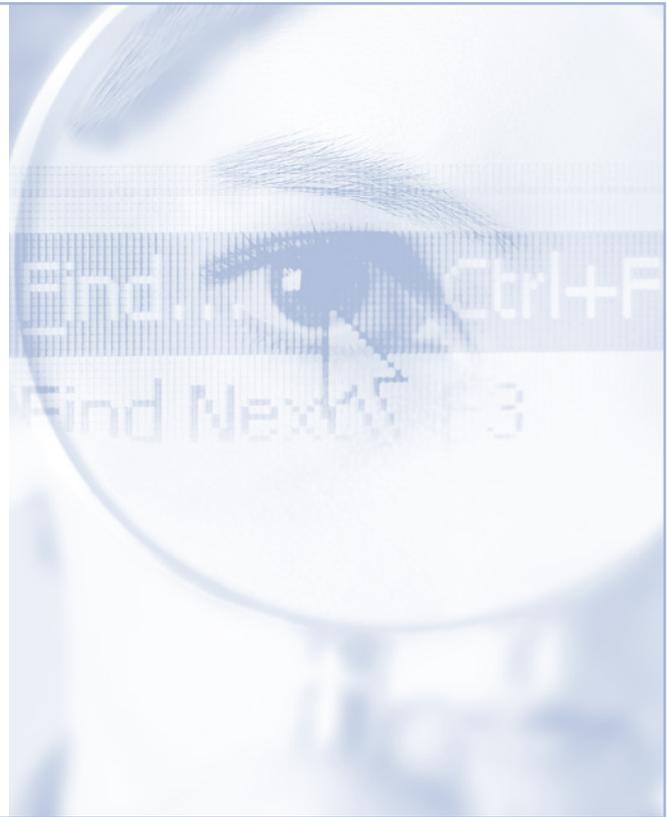
Online strategy launches redesigned provider site

Blue Cross Blue Shield and Blue Care Network of Michigan's provider Web site has a new look. Based on favorable focus group results, we've enhanced the site to give you easier accessibility with convenient ways to find information faster.

The redesign is one phase of our overall Internet strategy meant to make doing business with the Blues easier.

For now, enhancements to our Web site include timely news alerts on the home page and left navigation buttons tailored to help you find enrollment, contact information and resources readily. We've made these improvements based on feedback from medical office billers and managers in the Southeast and West Michigan areas.

Your feedback has been very helpful. So we can continue to find out how to serve you better, our new site includes a brief online survey. If you haven't taken a peek, check us out at www.bcbsm.com/providers. To familiarize yourself with the site, just follow the available online guided tour. ♥



Newest Blue product focuses on prevention

Effective Jan. 1, 2005, BCBSM will offer a new dental plan. The Traditional Plus IV program offers preventive-only, or Class I, benefits.

Covered services, which are all paid at 100 percent of the BCBSM allowed amount, include:

- Oral exams — twice per calendar year
- Teeth cleaning — twice per calendar year
- Bitewing X-rays — twice per calendar year
- Full-mouth and panoramic X-rays — once every 60 months
- Fluoride treatment — twice per calendar year
- Space maintainers — once per quadrant per lifetime, up to age 19

DenteMax providers, please remember that you can bill the member for noncovered services, but only at the DenteMax allowed amount. ♥

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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