

NEWS

dental care

Share the "News" with your office!

Please read, check your box, and pass it on!

- Doctor
- Receptionist
- Office Manager
- Biller
- Hygienist

Payment policy changes for cast restoration, prosthetic placement

Blue Cross Blue Shield of Michigan has changed its definition of service date for several procedures. Beginning April 1, 2005, please use the preparation date for cast restorations and fixed prosthetics, and the impression date for removable prosthetic placements. This is a change from our previous policy that required the completion date when you billed these services.

The updated policy allows you to bill on the date of tooth preparation for cast restorations (such as crowns) and fixed prosthetics (bridges), and on the date of the final impression for removable prosthetics (dentures).

APRIL 2005

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Only current ADA claim form can be processed

As announced in previous issues of *Dental Care News*, BCBSM now only accepts claims on the "2002, 2004 American Dental Association" form. The data content of the ADA paper claim reflects the HIPAA standard electronic dental claim.

Using this one form is part of our continuing effort to streamline our systems, as is the installation of optical character recognition equipment. The move to OCR requires that paper claims be submitted on standard forms. Also, claims must be typewritten or printed — **not** handwritten — in order to process correctly.

Beginning April 1, 2005, we will return claims received on nonstandard forms. If you have not already done so, please:

- Order the current forms by calling the ADA at 1-800-947-4746.
- Contact your practice management software vendor to upgrade your system to the current ADA claim format.
- Submit claims electronically by contacting BCBSM's Electronic Data Interchange department at (248) 486-2292.

Please also submit orthodontic claims on the current ADA form and destroy any forms supplied by the American Association of Orthodontists. We can no longer process their nonstandard format.

The next issue ...

JULY 2005



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It's no myth: Dentist focus groups share their thoughts

In December 2004, BCBSM invited dentists in southeast and west Michigan to participate in a series of focus groups. Thirty-eight of your colleagues attended these meetings and shared their thoughts about insurers in general, and the Blues, specifically.

Some of the comments we received surprised us! Read on for “the truth” about some of “the myths” revealed by focus group participants.

The myth	The truth
BCBSM communicates with dentists in a monthly newsletter, which also contains articles on many topics, some of them dental.	You're thinking of the <i>Service News</i> , and that's old news! Since April 2001, you've received the <i>Dental Care News</i> , a quarterly newsletter published exclusively for dentists.
The only help available to dentists is the Provider Inquiry department.	Dental field consultants can answer questions and help resolve problems. See page 2 of the <i>Guide for Dental Care Providers</i> for the name and phone number of your field consultant.
Other carriers fax eligibility and benefit information. Why can't Blue Cross?	BCBSM now offers the option of a hard copy “fax back” when you call CAREN+.
BCBSM coverage doesn't keep up with the latest advances in dentistry.	Among several changes since 2003, BCBSM covers posterior composite and porcelain on molars (except Ford Motor Co.), and implant supported prosthetic crown restorations on endosteal implants. In the near future, you'll see announcements about coverage for oral brush biopsies and antimicrobial agents.
Insurers reject every fifth claim.	Absolutely not!
Claim reviewers are not qualified.	A practicing dentist serves as a consultant for BCBSM and reviews claims for medical and dental necessity.
Dentists sign a formal participation agreement with BCBSM.	BCBSM does not have participation agreements with our dentists; participation is per claim. Refer to part 2 of the <i>Guide for Dental Care Providers</i> for more information.
BCBSM fees vary throughout the state of Michigan.	BCBSM uses one fee schedule for the entire state. We review fees annually and update them using the 80th cumulative frequency percentile of charges billed, based on data from the previous year.
BCBSM dictates benefit plan design (i.e., annual maximums, frequency, etc.).	Groups and/or employers choose benefit levels; BCBSM pays claims based on a group's plan.
Providers who do not participate receive lower payments for claims.	BCBSM uses the same fee schedule to pay participating and nonparticipating providers.

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

X-rays, photographs no longer returned

We want to remind you that BCBSM no longer returns X-rays or photographs to your office. We image only X-rays required to adjudicate a claim and they become part of the permanent claim record. Please see the chart below.

There is one exception to this new policy: We will return originals when we request them as part of the formal appeals process.

The American Dental Association's CDT-2005 manual states that radiographs/diagnostic imaging "is a part of the patient's clinical record and the original images should be retained by the dentist. Originals should not be used to fulfill requests made by patients or third-parties for copies of records." Please note that BCBSM does not pay for duplicating X-rays.

You can avoid sending X-rays and photographs to BCBSM by enrolling in our e-attachment program. Call National Electronic Attachment at 1-800-782-5150, and select option 2, or e-mail them at sales@nea-fast.com. Enrolling with NEA means you'll be able to send all your claims electronically.



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Effective Jan. 1, 2005

**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	*D2712, 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	D4341 – Include periodontal charting for patients younger than 40
Periodontal scaling and root planing – one to three teeth per quadrant	D4342 – Include periodontal charting for patients younger than 40
The following procedures require narrative only:	
Repairs	D2980, D6980
Stress breaker	D6940
Incision and drainage of abscess	*D7511
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 procedure code. D7510 no longer requires documentation as of Jan. 1, 2005, and has been removed from the list.

Decision to participate on a claim is final

Your participation decision is final for each claim. After we process your claim, we cannot change payment from provider to subscriber. So please do not return a check and request that it be reissued to the subscriber.

For details about participation guidelines, see the January 2004 *Dental Care News* article, "Your rights, obligations when participating on a claim," and part 2 of the *Guide for Dental Care Providers* titled, "Provider Participation."

Use ADA quadrant, arch designation codes

When billing services that require you to identify the quadrants or arches treated, please report them using the International Standards Organization system. This system, as shown below, is described in the American Dental Association CDT-2005 procedure code manual.

Code	Designated area
00	Whole of the oral cavity
01	Maxillary area
02	Mandibular area
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

Quadrant and arch designation codes should be reported on the 2002, 2004 ADA form in field 25, "area of the oral cavity." **Do not** report them in field 24, "tooth number(s) or letter(s)," or in field 27, "tooth surface."

You should no longer use alpha codes UL, LL, UR, LR, UA or LA in any field when reporting the quadrant or arch designations.

Use care when billing scaling and root planing procedure codes

BCBSM will enforce the benefit criteria policy for procedure codes D4341 and D4342, scaling and root planing. As stated in the BCBSM *Guide for Dental Care Providers*, D4341 and D4342 are "payable once per quadrant in a 24-month period on patients 18 or older," and "no more than two quadrants are payable on the same date of service."

Any quadrant(s) billed beyond the maximum two per visit will be rejected. Individual consideration, however, will be given when more than two quadrants per visit are required, and supporting documentation of extenuating circumstances is submitted with the claim.

BCBSM policy states that dated bitewings (duplicate X-rays) and periodontal charting and/or narrative to support services are required for patients under age 40. Also, post-treatment follow-up and evaluation of the treated area are included in reimbursement for the completed service.

NEWS bites

- To celebrate our fourth year of publication, we've given the *Dental Care News* a facelift. We hope you like the new design.
- We've enclosed a "contact sheet" that contains frequently used information. This replaces a lengthy publication, *Blue Pages*, that is no longer being printed.
- This issue also includes an insert about upcoming billing seminars.
- We recently sent you the January 2005 *Guide for Dental Care Providers* CD-ROM. If you did not receive a copy, see the contact instructions in the "Inci-dental-ly" article in this newsletter.
- BCBSM will be closed Monday, May 30, 2005 (Memorial Day).
- Don't forget to visit your BCBSM dental field representative at the MDA 2005 convention in Grand Rapids from May 11 – 14, 2005.

Dental Care News

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

Editor: Rob Sawalski

Phone: (313) 225-5839

E-mail: rsawalski@bcbsm.com



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