

NEWS

dental care

Share the "News" with your office!

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

- Receptionist
- Doctor
- Office Manager
- Biller
- Hygienist

Attention paper claim submitters...

Internet claim submission now available

Yes, it's here... As previewed in the October 2005 issue of *Dental Care News*, Blue Cross Blue Shield of Michigan now offers the option to submit claims via the Internet.

Our Internet claim submission tool gives your office the option to switch from paper to free electronic claim submission. This tool offers an efficient, cost effective means to submit

claims. Benefits include improved cash flow due to the significant reduction in claim corrections, and faster turnaround time from submission to payment.

The Internet claim submission tool can be used by dental offices that currently submit paper claims to BCBSM. The tool allows for direct data entry and it accepts a file download from practice

management systems that can generate a 2002, 2004 American Dental Association print image file.

To enroll for this service, providers should call the BCBSM EDI Help Desk at (248) 486-2292 and select option 4. We will advise you about prerequisites for using the tool, such as obtaining a web-DENIS ID and completing a Customer Profile.

JANUARY 2006

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APRIL 2006

Full orthodontic payment makes billing easier

Blue Cross Blue Shield of Michigan recently piloted a new procedure for processing orthodontic services faster and more efficiently. Consequently, some of you may have noticed that we now make the **full** orthodontic payment (up to the lifetime benefit maximum) on recently billed total treatment claims.

Effective Jan. 1, 2006, follow these guidelines when billing BCBSM for all orthodontic total treatment claims:

- Use the 2002, 2004 American Dental Association form to submit claims for orthodontic services.
- Bill the orthodontic treatment codes and the total fee. Include the initial banding and the monthly visit fees in the total fee.

Note: Always itemize diagnostics and bill them separately from the total orthodontic service.

You no longer have to bill the monthly visits as a separate charge or on a separate claim. When we process your total treatment claim, we will pay up to the member's lifetime maximum, minus applicable copays and deductibles. Whether or not you are enrolled in our automated orthodontic program, you will receive one total payment instead of monthly payments.

The new payment process does not apply to orthodontic cases in progress, or to patients who obtain BCBSM orthodontic coverage after treatment begins. In these cases, we will continue to process monthly visits until the planned



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ORTHODONTIC PAYMENT *continued on page 3*

Remember to use new provider group enrollment, change form

Blue Cross Blue Shield of Michigan and Blue Care Network have combined their group enrollment and change forms. Please use the new form. Sending the old form will delay your request.

To locate the new form:

- Go to www.bcbsm.com.
- Click on *Providers*.
- Click on *Physicians/Professionals*.
- Click on *Enrollment*.
- Click on *Dental* (on the left-side panel under *Enrollment*).
- Under the heading "Dental Provider Classification," click on *Dentist* or *Oral Surgeon*.
- Look for the new BCBSM/BCN Group Enrollment and Change Form under the *Group* column heading.

For more information or to obtain a hard copy of the form, please call the Provider Enrollment and Data Management department at 1-800-822-2761.

BCBSM will be closed Jan. 16

(Martin Luther King Jr. Day)



Billing Reminders

Enter 9-digit contract number

When entering the member's contract number in field 15 of the 2002, 2004 American Dental Association claim, please report the number as it appears on the BCBSM identification card. Do not include the alpha prefix at this time.

Keying the correct nine-digit contract number prevents your claims from rejecting or processing incorrectly.

Use numerical ADA quadrant, arch designation codes

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

Code 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

Do not use alpha codes UL, LL, UR, LR, UA or LA in any field when reporting quadrant or arch designations. Examples where these are required include periodontal quadrant procedures, such as scaling and root planing, and arch codes for repairs of denture bases and partial denture frameworks.

Please indicate quadrant and arch designation codes on the 2002, 2004 ADA claim 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."

Poor quality X-rays delay processing

When you send X-rays for procedures that require them, please make sure they are of diagnostic quality. Good quality X-rays help BCBSM's dental consultants make appropriate decisions about payment for treatment. Sending copies of less-than-optimal quality could delay claims.

You can also help us process your claim faster by marking the X-rays as left (L) or right (R) views.

Accept only original coupons for free cleaning

In our October 2005 issue, we told you about Blue Cross Blue Shield of Michigan's campaign to encourage good dental health. As part of our campaign, we are sending coupons for free dental cleanings to a select group of members who suffer from diabetes and ischemic heart disease. The front of the free cleaning coupon is pictured below.

Only Blues members can use these coupons, so please verify coverage at the time of their appointments. Also, accept original, color coupons only (not photocopies).

The back of the coupon will include instructions for submitting a claim for this "extra" cleaning.



ORTHODONTIC PAYMENT

continued from page 1

treatment has ended, or the member reaches his or her lifetime maximum, whichever comes first. If the member does not use the entire lifetime maximum, any remaining benefits will be available for future orthodontic services.

If you bill the monthly visit procedure code (D8670*) once we've processed the total treatment procedure code(s), we will reject the claim with nonpayment code 024 or X421.

Code*	Description
024	Allowance included in total allowance for completed procedure
X421	After review, it was determined that payment for this service was included in the total benefit payment for the completed procedure.

Please call our Provider Inquiry department if you have questions.

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CME seminar set

Don't miss this upcoming continuing medical and dental education program:

Topic: "Bisphosphonate Induced Osteonecrosis of the Jaws: What the Dental and Medical Communities Need to Know"

Speakers: Irving N. Riley, DDS, MPH, oral and maxillofacial surgeon

Lewis Clayman, DMD, MD, chief of Oral Surgery, William Beaumont Hospital and Sinai Grace Hospital

Allen Stawis, MD, medical director of Hematology and Oncology, Webber Cancer Center

Richard Small, JD, executive director, Michigan Society of Oral and Maxillofacial Surgeons

When: Wednesday, Feb. 8, 2006, 5:30 – 9:15 p.m.

Where: BCBSM Metro Service Center Auditorium, 27000 W. 11 Mile Road, Southfield

To register, please visit our Web site at www.bcbsm.com/providers/physicians/physician_cme.html, or call the department of Health Care Education at 1-800-921-8980. For more information or directions, please call 248-448-7203 or go to www.bcbsm.com/directories/maps/mapsearch.shtml.

Periodontal maintenance paid as Class II in 2006

Effective for dates of service on or after Jan. 1, 2006, BCBSM will pay D4910, periodontal maintenance, as a Class II benefit. This means that periodontal services will be subject to copayments, as determined by the member's specific group. Also, in order for D4910 to be covered for patients who only have dental implants, the member must have implant placement coverage with BCBSM.

To verify your patient's Class II copayment after Jan. 1, 2006, we suggest that you call CAREN+ at 1-800-482-4047.

Dental office staffs provide valuable feedback

In October, BCBSM invited dental billing staff to participate in a focus group. A total of 12 participants from Southeast and West Michigan attended the breakfast meeting and shared a wealth of information. Most of the attendees had 15-plus years of experience in the dental field and discussed working with insurers in general and, specifically, with BCBSM. We appreciate their input and look forward to exploring their suggestions as we continue to simplify doing business with the Blues.



Standing (l-r): Sue Stroud*, Sherri Dansby*, Sue Blandina, Nancy Brooks, Sandra Watkins*, Mary Guilfoyle, Esther Tal, Deanna Nellis, Donna Pounds, Lynn Bozyk*
Seated (l-r): Sara Morrison, Jackie Fritz, Christine Rase, Barbara Warschefsky, Karen Siegel

*BCBSM employee

Use only 2002, 2004 ADA claim

As reported in previous issues of *Dental Care News*, BCBSM now accepts paper claims only on the 2002, 2004 American Dental Association form. This standardization is part of our upgrade to optical character recognition, which processes typewritten or printed claims quickly and more accurately. We will return claims submitted on any other form.

The majority of claims now are submitted on the current form, and we would like to thank those who made the switch. To order 2002, 2004 ADA forms, call the ADA at 1-800-947-4746.

Or, consider submitting claims directly to BCBSM via the Internet. See the article on page 1 for more details.

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

Indicate 4 or more surfaces for D2335

BCBSM pays claims for procedure code D2335 (resin-based composite, four or more surfaces or involving incisal angle (anterior)) only when you indicate four or more surfaces were involved.

When a restoration involves the incisal angle, submit the "I" surface, the involved mesial and/or distal angle surface, and the lingual and facial (buccal and labial) surfaces. The American Dental Association defines the incisal angle as "one of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth."

For example, if the mesial incisal angle of tooth no. 9 is repaired with a direct fill restoration, bill tooth no. 9 with these four surfaces: M, I, L and F.

If you submit fewer than four surfaces when you bill D2335, we will convert it to the appropriate procedure code. We will not pay code D2335 when you report only the incisal angle or "I" surface.

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