

NEWS dental care

Share the "News" with your office!
Please read, check your box,
and pass it on!

- Doctor
- Receptionist
- Office Manager
- Biller
- Hygienist

Preapproval not required for accident claims

BCBSM announced in the April 2006 issue of *Dental Care News* that, effective Jan. 6, 2006, we now pay claims under medical coverage for most members who are treated after accidents involving their oral structures.

Preapproval of medical treatment is **not** required. (This is an important change from the April article.) Emergency treatment must be completed within 24 hours and all subsequent services to treat injuries directly related to

the accident are to be completed within six months of the accident.

Please remember to submit accident claims on CMS-1500 forms. Send medical claims on the CMS-1500 form to:

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

You can order CMS-1500 claims from BCBSM. For information, go to

our Web site at www.bcbsm.com and click on the selections below:

1. Provider
2. Physicians/Professionals (in the left-hand column)
3. Contact
4. Dental Programs (from the drop-down box)
5. Supply Requisitions (under "Dental Supplies")

Print the form, and then follow instructions for ordering the CMS-1500 claims.

JULY 2006

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OCTOBER 2006



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X-ray change also applies to electronic attachments

As announced in the April 2006 issue of *Dental Care News*, BCBSM changed its policy for submitting X-rays with paper claims. This policy change also applies to attachments to electronic claims.

Please do not send X-rays or other attachments through the National Electronic Attachment *FastAttach* program to BCBSM

unless specifically requested to do so. Under our new policy, if we determine that a claim requires an X-ray, we will send a nonpayment message advising you to send X-rays and other documentation. At that time you should submit the requested material via the NEA *FastAttach* program.

National Provider Identifier now accepted on electronic claims

In recent *Dental Care News* articles, you've read about the upcoming deadlines for application and use of the National Provider Identifier, a 10-digit unique identifier that will represent health care providers in HIPAA standard transactions. Health care providers must apply for an NPI and begin using it by May 23, 2007.

BCBSM now supports a "dual-acceptance" environment for electronically submitted dental claims. This means our systems can accept your NPI as long as there is a corresponding tax identification number submitted with it on the electronic claim.

NPI continued on page 3

Just say the word; CAREN+ will too

It won't be long before you'll be able to tell CAREN+ just what you need. BCBSM is in the final phase of enhancing our automated benefit line with the latest in interactive voice response technology. Beginning in the third quarter of this year, CAREN+ will recognize and respond to your verbal requests for eligibility and benefit information.

This system enhancement will make it easier for you to do business with us. You can tell the new speech-enabled system what you want, then listen to the information you requested about BCBSM dental members. To make it even easier, CAREN+ will tell you how to use the system.

Here's how it will work:

1. Call CAREN+ at 800-482-4047.
2. The system will prompt you to recite the following:
 - a. Subscriber's numeric or alpha-numeric contract number from the identification card
 - b. Full eight-digit birth date (mm/dd/yyyy)
 - c. First five characters of the patient's first name
 - d. Specialty: "Dental"
 - e. Specific benefit
3. Then listen to CAREN+ to get the information you requested.

Note: You can still use your touch-tone telephone keypad to receive all member benefit and eligibility information from CAREN+.

This is another step in improving CAREN+ service for you. Look for more information about further enhancements in future issues of *Dental Care News*.

For more information, please contact provider inquiry.

BCBSM takes fraud seriously

Health insurance fraud is a crime. Fraud causes premiums to rise, and rising costs force employers to reduce benefits.

Blue Cross Blue Shield of Michigan takes fraud very seriously, and we make every effort to uncover it. Our corporate and financial investigations department supports a toll-free hot line (800-482-3787) for anti-fraud on which they receive tips, many of them anonymous. Callers range from patients who notice something unusual on an explanation of benefits statement to employees in dental offices who see improper billing practices.

BCBSM uses other methods to detect potential fraud. One way is to regularly review practice patterns of dentists compared to peers. These reviews can detect:

- Patterns of treatment that are typically out of scope for the

provider class; for example, dentists who write an inordinate number of prescriptions for drugs not normally used in their field of practice.

- Billing for a large volume of dental services that is extremely out of line with the number of patients in the dental practice. For example, a dentist may have a few BCBSM patients in a lower socioeconomic area but a large number of claims for high dollar services.

Upcoding or unbundling are also illegal. Examples include:

- Improper reporting of the metal content of the crowns you deliver (i.e., not reporting according to the American Dental Association Current Dental Terminology code definitions)

FRAUD *continued on page 3*

Billing Reminders

Use seat date when billing immediate dentures

When billing for immediate dentures, use the seat date and not the impression date. Otherwise, your extraction claims may be incorrectly rejected with code NP143, "Procedure not a benefit following payment for complete denture." Billing the claim with the extractions and the dentures on the same date of service will ensure proper payments to your office.

Filing deadline clarified

We want to remind you that claims must be filed within 24 months of the date of service.

We cannot process claims older than 24 months for payment, including those submitted for predetermination.

Exceptions:

- For Ford Motor Company claims older than 24 months, submit a status inquiry claim. Include appropriate documentation supporting the reason for the filing delay.
- For the Federal Employee Program, submit claims no later than Dec. 31 of the calendar year after the year in which the covered service was provided.

Continuing education offered

Don't miss the upcoming continuing dental education program offered jointly by Blue Cross Blue Shield of Michigan, OraPharma Inc. and DENTSPLY Pharmaceutical.

This program will be offered in Grand Rapids and Southfield. The course satisfies the new pain management continuing education requirement for dentists and hygienists. A total of 3.0 hours of CE credit can be earned.

- Topics:** "Periodontal Disease and the Perio/Systemic Link"
Co-sponsored by OraPharma Inc.
"Assessing Anesthetic Options for Non-Surgical Periodontal Therapy"
Co-sponsored by DENTSPLY Pharmaceutical

Speakers: Larry Sweeting, D.D.S., Certificate in Periodontics
Doreen Smeltzer, R.D.H., M.A.Ed.

When: Monday, Oct. 23, 2006
Registration 12:30 p.m., program 1-4 p.m.

Where: BCBSM Steketee Building
86 Monroe Center N.W.
Grand Rapids, Mich.

When: Tuesday, Oct. 24, 2006
Registration 5:30 p.m., program 6-9 p.m.

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

To register, please call the department of health care education at 800-921-8980.

For more information or directions, please call 248-448-7203, or go to www.bcbsm.com/directories/maps/mapsearch.shtml.

BCBSM is approved by the Academy of General Dentistry as a provider of continuing dental education. Our AGD sponsor number is 209448.

NEWS bites

- Provider fairs are coming! See the separate insert for dates, locations and a reservation form.

- Coupons for free cleanings mailed to patients with diabetes and heart disease expired June 30, 2006. A new campaign to provide free cleanings to pregnant women kicks off soon. See the related article in this issue.
- There's still time to attend a dental billing seminar. See the April issue of *Dental Care News* or call provider training at 313-225-8906 for information about the July 26 seminar in Southfield.
- The Contact Information for Dental Care Providers you received in April 2005 has been revised. An updated list is enclosed with this issue.

BCBSM will close for these holidays:

July 3-4 (Independence Day)
Sept. 4 (Labor Day)

FRAUD continued from page 2

- Failing to finish a root canal and billing it as a completed procedure

BCBSM investigates all credible reports. Many cases prove not to be fraud and no action is taken against the dentist. However, when fraud is uncovered, BCBSM works with law enforcement agencies not only to recover funds but also to prosecute offenders.

When in doubt, please follow this simple rule: "Bill for what you do and do what you bill."

NPI continued from page 1

Providers that have multiple group practices should continue to bill as they do today, and include the NPI.

In this dual-acceptance environment, claims are processed with the tax ID. At this time, the NPI is being used for informational purposes only (to track your NPI for future claims processing verification). Electronic claims submitted with only an NPI will be rejected.

The dual-acceptance environment does not apply to paper claims. You should continue to follow your current process when submitting paper claims.

Also, for providers who are not enrolled with BCBSM, applying for and receiving an NPI will not automatically create a business relationship with BCBSM. NPI enrollment does not replace provider enrollment activities with BCBSM for new and existing providers.

For additional NPI information, including instructions on how to apply for your NPI, visit www.cms.hhs.gov/NationalProvIdentStand. For BCBSM-specific communications, visit www.bcbsm.com/providers/hipaa/index.shtml.

BCBSM offers free cleaning to pregnant members

Blue Cross Blue Shield of Michigan wants our members to be healthy. Recent studies show that good oral health impacts overall health, and pregnant women are no exception. In fact, maintaining good oral hygiene during pregnancy can prevent other health problems.

To help us spread the word about good oral health to pregnant women, we're offering those patients who have BCBSM medical and dental coverage a coupon for an extra, free dental cleaning as one way of emphasizing the importance of good oral health to them and their babies.

Obstetricians, gynecologists, family practitioners and nurse midwives will give coupons to qualifying patients. As noted on the coupon, patients must use the coupons within six months of the issue date (which the dispensing doctor will write in).

When patients call for an appointment, please verify that they have BCBSM dental coverage by calling CAREN+ at 800-482-4047. Instructions for submitting claims are printed on the coupon. Please bill procedure D1110, Prophylaxis-adult, and do not accept coupons issued after Dec. 31, 2006.

Blues to offer Blue Dental ChoiceSM

A new Blue dental product is coming. Effective Oct. 1, 2006, groups can offer Blue Dental ChoiceSM, a Traditional Plus benefit, and give their employees the option to decide whether they want to purchase the coverage.

We've summarized Blue Dental Choice coverage below:

Copayment	Class I – covered 100% Class II – covered 75% Class III – covered 50%
Waiting period	Class I – 0 Class II – 0 Class III – 12 months
Deductible	\$50/100 single/family per year, Class II and III services only
Benefit Maximum	\$1,000 per member per year
Crowns	Moved to Class III
Reimbursement	This product will use one fee schedule. Both DenteMax network and non-DenteMax providers will be reimbursed using the DenteMax fee schedule. Non-DenteMax providers have the choice of participating with BCBSM on a per-claim basis.
Orthodontics	<ul style="list-style-type: none">• Available as an option for groups, but requires a 12-month waiting period before benefits are available• Pays \$1,000 lifetime maximum at 50% of approved fees

ANS offers online eligibility verification

BCBSM wants to make doing business with us easier for you. We are pleased to announce an agreement with Affiliated Network Services to offer real-time eligibility verification through the ANS clearinghouse. This program allows dental offices that submit claims electronically through ANS to verify member eligibility using an electronic transaction.

The 270/271 eligibility transaction gives you a convenient alternative to calling the Blues' provider inquiry to verify eligibility. We encourage you to call ANS at 800-417-6693, ext. 234, to find out how to take advantage of real-time eligibility verification. You can also visit them on the Web at www.ANSDirect.com.

We also want to let you know that ANS, in conjunction with the Academy of General Dentistry, offers a special program for AGD members to submit electronic claims and associated transactions. You can find out more by visiting www.ANSDirect.com/agd.

Dental Care News

A quarterly publication for dentists produced by the Corporate Communications Division of Blue Cross Blue Shield of Michigan

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