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# Dental Care NEWS



## Some documentation requirements change

Effective immediately, dental care providers are not required to send paper claims with attached narratives for occlusal guard procedure \*D9940. You are now able to electronically submit claims for this procedure code.

Also, on May 1, 2002, Blue Cross Blue Shield of Michigan will change documentation requirements for some procedure codes. The following onlay procedure codes will require review and must be submitted as paper claims with X-ray and narrative attachments: \*D2543, \*D2544, \*D2643, \*D2644, \*D2663 and \*D2664.

BCBSM's policy on two-surface onlays remains the same. All two-surface onlays are automatically converted to two-surface direct fill amalgam restorations.

The following list of procedure codes is separate from the list required for focused review. Dentists selected for focused review have a list of additional procedure codes that require manual review.

The charts below summarize documentation requirements effective May 1, 2002.

Send X-rays with your claim for the following procedure codes:

Type of Service	Code*
Onlays	D2543, D2544, D2643, D2644, D2663, D2664
Veneers	D2960 - D2962

Submit X-rays and narrative with your claim only for the following procedure:

Type of Service	Code*
Periodontal Scaling and Root Planing	Include periodontal charting for D4341 (under age 35)

Send only a narrative with your claim for these services:

Type of Service	Code*
Repairs	D2980, D6980
Stress Breaker	D6940
Incision and Drainage of Abscess	D7510
General Anesthesia and IV Sedation	D9220 - D9242
Hospital Call	D9420
Behavior Management	D9920
Occlusal Adjustment	D9951
Unspecified procedures	D0999, D2999, D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999

Also, see Preoperative X-ray article on page 2.

\*CDT-3 codes are copyright 1999 American Dental Association. ♡

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## Report CDT-3 codes for consistency, clarity, compliance

We'd like to remind you that American Dental Association CDT-3 codes are one of the standard medical code sets required by HIPAA, the Health Insurance Portability and Accountability Act of 1996. Blue Cross Blue Shield of Michigan began accepting CDT-3 codes on dental claims last year. We strongly encourage you to begin using these codes, if you haven't already.

At a future date before the end of 2002, we'll accept **only** CDT-3 codes on dental claims. That will apply whether or not your office obtains an extension of the government's compliance date of Oct. 16, 2002. So why wait?

By switching to CDT-3 codes now, you'll be miles ahead on the road to HIPAA compliance. In an upcoming issue of this newsletter we'll publish a specific date after which we will no longer process CDT-2 codes.

Blues' dental consultant Dr. Carl Stoel explains the advantages of using standard billing codes. "HIPAA gives us one standard code set for dental procedures — CDT-3," he says. "Therefore, all third-party payers will be conforming to specific dental treatment codes.

CDT-3 codes continued on page 2

## West Michigan celebrates 10 years of service to dental providers

Back in 1992, Blue Cross Blue Shield of Michigan decided that the western part of the state would be well served by having its own regional office. The strategy proved to be a good one — market share and provider participation have grown each year during the past decade.

January 2002 marked the 10<sup>th</sup> anniversary of the Blues' West Michigan Regional Service Center. The West Michigan staff serves dental providers — and more.

"We take calls from both providers and subscribers in our department," says Lisa Gruner, manager for the West Michigan Provider Inquiry team. "I really think that this practice gives providers and their patients consistency in the service they receive from us." Her staff services calls from area codes 616, 231 and 906.



Seated (l. to r.): Melanie Ward, Lisa Gruner (manager), Joyce Hamilton, Sandra Hertstein.

Second row, standing (l. to r.) are: Steve Pruitt (team leader), Kasey Hyrkas-Emery, Russ Palmer, Jeff Munn, Laurie Stout.

Back row, standing (l. to r.) are: Dale Brott, Jeff Rider, Rob Brown, Janelle Montey, Toni Miller.

Not pictured: Barb Landis, James Rose, Pat Johnson.

The West Michigan team plans to focus on provider satisfaction throughout 2002. In March, Dental Inquiry staffers began an effort to ratchet up their service levels by surveying dental providers via a post-caller satisfaction survey. The survey will be conducted again during the months of June, September and December.

Providers who wish to participate in the survey need only call in with their normal inquiries. At the end of the call, staff will ask them to participate in a brief survey. "We really want to encourage all of our callers to give us feedback," says Lisa. "We're interested in knowing how we're doing, and how we can improve. And, of course, the end result," she says, "is to provide the best service possible." ♡

Dental field consultants located at the Metro Service Center in Southfield now handle issues for West Michigan dental providers. We recommend that providers in West Michigan first contact the West Michigan inquiry unit, who will help them determine whether dental field consultant assistance is needed. West Michigan dental inquiry will continue to handle billing questions. Dental field consultants are:

Lynn Bozyk (248) 448-8302  
David Nicholson (248) 448-8108  
Sandra Watkins (248) 448-6363

## Preoperative radiographs required for review

Please remember to send in preoperative X-rays rather than prepared X-rays for procedure codes that require review. Blue Cross Blue Shield of Michigan decides whether criteria are met for benefit determination by viewing the original preoperative X-rays and evaluating the X-rays for the condition of oral hard tooth and bony tissues.

If we receive a prepared X-ray, BCBSM will deny the service. Our review staff cannot make a determination of medical necessity from a prepared X-ray. A prepared X-ray can lead to a false impression of the original condition of the tooth, the extent of actual dental decay, and restored and missing tooth tissue.

Please refer to the documentation requirements section of the *Guide for Dental Care Providers*, which states that current, dated preoperative X-rays are required for benefit interpretation. ♡

## CDT-3 codes continued from page 1

"In my opinion, that's good news for the dental profession. It will reduce much of the confusion in the billing process by eliminating the use of unique codes by different payers. The result should be smoother operations and increased efficiencies in our work with dentists."

HIPAA will affect all major players in the health care system — health plans, claims clearinghouses and health care providers, including dentists and orthodontists. The law requires standard health care transactions and medical code sets.

We will keep you informed of the Blues' progress toward HIPAA compliance and how it will impact you in future issues of *Dental Care News*.

The following online resources provide general information on HIPAA requirements:

- Department of Health and Human Services, Office of the Inspector General — [www.dhhs.gov](http://www.dhhs.gov)
- Health Care Financing Administration — [www.hcfa.gov](http://www.hcfa.gov)
- U.S. Government Printing Office — [www.access.gpo.gov/su\\_docs/](http://www.access.gpo.gov/su_docs/) (a link to the online version of the Federal Register with the latest legislative updates) ♡

## Exclusive Dental Plan offered to members

Beginning this year, BCBSM is offering a new dental program to our members. The new program, Exclusive Dental Plan, utilizes the DenteMax network.

Members must stay within the network to receive covered services. If a member decides to receive care from a provider who does not belong to the DenteMax network, the member will be responsible for all costs. Emergency dental services may be payable out of network, and will be given individual consideration if the member's condition meets dental emergency care criteria and a DenteMax provider was not available.

The new plan offers the same benefits and coverage as our other dental plans, including:

- Annual maximums based on a calendar year
- Cleaning, X-rays and fluoride treatments paid twice per calendar year
- The choice of any DenteMax provider and the option to change providers at any time

If you are interested in becoming a DenteMax provider, please call 1-800-752-1754 or visit the DenteMax Web site at [www.dentemax.com](http://www.dentemax.com). ♡

## Here are the correct addresses for claims

For speedier reimbursement, be sure to mail your dental claims to the correct address.

Send completed claims, status inquiries and coordination of benefit claims for all members except FEP to this address:



Blue Cross Blue Shield of Michigan  
P.O. Box 49  
Detroit, MI 48231-0049

Send completed claims for FEP members to this address:



Federal Employee Program — **Mail Code 1601**  
Blue Cross Blue Shield of Michigan  
P.O. Box 2599  
Detroit, MI 48231-2599

Please do not send your claims to P.O. Box 366 or Mail Code 1927. We will have to reroute them, which will delay processing. ♡

## Children's dental health: It's about more than the Tooth Fairy

We understand the Tooth Fairy leaves more money under the pillow these days than in years gone by. But we also know something that can help parents face the rising cost of lost baby teeth: the reward of seeing their children learn to take good care of their teeth.

At the Blues, we're working to support parents in their efforts to teach children good dental health. To celebrate National Children's Dental Health Month, BCBSM's Dental Administration department hosted employee dental health fairs at the Metro Service Center each week throughout the month of February.

On Feb. 12, a dental hygienist and other dental professionals, complete with larger-than-life toothpaste, toothbrushes, teeth and a video of a magical bunny, showed preschoolers from our Child Development Center how to keep their teeth healthy and strong. Parents had the opportunity to ask questions. Kids received gift-bags and prizes. Who would have thought flossing could be so much fun?

"Parents appreciated getting information on healthy meals and snacks as ways to help children build and maintain healthy teeth," says LaVerne Tarver, team leader in the Dental Administration department.

"The response to this year's fairs in Southfield was so positive," she says, "that we've been asked to offer them in other locations like the Saginaw-Flint, Metro and Lansing areas next year."

So even though Tooth Fairy costs may be rising, we're all investing together in early prevention. We know it will pay off in the long-term savings that matter most — healthy teeth for life. ♡



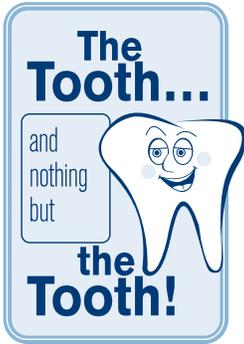
*Barbara Beaty, BCBSM dental hygienist, shows preschoolers at the Metro Service Center how to brush and floss to keep their teeth healthy.*

## Newsbites

### Holiday Closings

BCBSM will be closed:

- May 27 for Memorial Day
- July 4 and 5 for Independence Day ♡



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

**Since professional review is no longer required for most billed services, what type of information must be included in the patient's chart when billing for restorative prosthodontics and periodontal services?**

Documentation guidelines for billed services have not changed. As indicated in your BCBSM *Guide for Dental Care Providers*:

- Restorative and prosthodontics services require current periapical or bitewing X-rays demonstrating need for the service. If need is not demonstrated by the X-rays, document your visual findings and need for service in the patient's record.
- When endodontically treated teeth are being restored or a crown is replaced, the tooth should be reevaluated for pathology and findings documented in the chart. If the endodontic fill is questionable or there is active pathology present, the tooth should be endodontically re-treated.
- Periodontal services must be supported by periodontal charting and periodic evaluations, full mouth X-ray and current bitewings, written documentation as needed and a periodontal treatment plan.

**The new ADA 2000 claim has a quantity field next to the procedure code. When would I use this field?**

The quantity field should be used only on orthodontic claims. The total months of orthodontic treatment would be put in this field next to code \*D8670. Do not use this field for additional X-rays.

**Do I need to put our Provider ID Number in field 44 of the new ADA 2000 claim?**

The only time you would need to indicate a Provider ID number on the claim is if you have a group practice with multiple billing offices. When reimbursing claims, BCBSM uses the Tax ID or Social Security number (whichever is our registration number for your office). This number will be on all checks sent to you by BCBSM.

\*CDT-3 codes are copyright 1999 American Dental Association.

*Do you have a question for our newsletter? Send your questions to Dental Care News Editor Jim Matuszak by e-mail at [jmatuszak@bcbsm.com](mailto:jmatuszak@bcbsm.com) or fax at (313) 225-7709 before May 15 so they may be considered for publication in the July 2002 issue.* 🦷

**Questions about your patient's benefits and eligibility?**

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

## 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 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 2123  
 Blue Cross Blue Shield of Michigan  
 600 E. Lafayette Blvd.  
 Detroit, MI 48226-2998 🦷



## Dental Care News

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