Use only CDT-3 codes effective Oct. 14, 2002

CDT-2 codes will be rejected

Effective for service dates of Oct. 14, 2002 and later, Blue Cross Blue Shield of Michigan will accept only CDT-3 codes on dental claims.

Claims with CDT-2 codes or BCBSM-specific (also known as “local”) codes will be rejected, and billers will be asked to resubmit claims with the appropriate CDT-3 codes. This is a change from our current practice of accepting either CDT-2 or CDT-3 codes.

Our transition to processing only CDT-3 codes is consistent with the standards for medical code sets required by HIPAA, the Health Insurance Portability and Accountability Act of 1996.

Focused review moves into second year

May 1, 2002 marked the one-year anniversary of BCBSM’s dental focused review program. We would like to thank the 400 dentists involved in reviews for their cooperation.

We are pleased to report that approximately 98 percent of the 30,000 services reviewed were approved. Billing of aberrant codes (where a provider’s utilization rate is at least two standard deviations greater than the peer group norm) decreased by 37 percent.

We recently notified 375 providers of their selection for the program this year, May 1, 2002 – April 30, 2003. Just like last year, these providers were selected randomly by computer or by comparing their practice patterns with those of their peers. Only 15 of the providers selected for 2001-2002 will continue on focused review for 2002-2003.

“BCBSM is very pleased with the overall results of our focused review program,” says Carl Stoel, DDS, BCBSM dental consultant. “Provider compliance to BCBSM criteria and guidelines is something we are proud to pass along to our valued customers. Cooperation with the focused review program is very important, and it adds to the success of timely and efficient claims review processing and payments.”

BCBSM reminds all dentists that certain services require X-rays and supporting narratives. For a list of these services, please see the April 2002 Dental Care News article “Some documentation requirements change.”

DenteMax phone number corrected

In our last issue we inadvertently published an incorrect phone number for DenteMax. Any dentist who is interested in becoming a DenteMax provider should call 1-800-752-1547.

We apologize for any inconvenience this may have caused.
New payment methodology for orthodontic services effective Oct. 14, 2002

As announced on page one, BCBSM will accept only standard American Dental Association CDT-3 codes on claims for dental services, effective for dates of service Oct. 14, 2002 and later. The BCBSM-specific or “local” codes we currently use to process orthodontic diagnostic and initial banding services will no longer be accepted. Because our payment for these services is based on local codes, we developed a new payment methodology based on CDT-3 codes.

The new payment methodology is this:

### Diagnostic services

<table>
<thead>
<tr>
<th>Local code to delete</th>
<th>Description</th>
<th>Replacement CDT-3 code</th>
<th>Processing rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>88805</td>
<td>Exam</td>
<td>D0150</td>
<td>Class I</td>
</tr>
<tr>
<td>88815</td>
<td>Panoramic film</td>
<td>D0330</td>
<td>Class I or Class II*</td>
</tr>
<tr>
<td>88825</td>
<td>Diagnostic casts</td>
<td>D0470</td>
<td>Class I or Class II*</td>
</tr>
<tr>
<td>88820</td>
<td>Cephalometric film</td>
<td>D0340</td>
<td>Class IV**</td>
</tr>
<tr>
<td>88830</td>
<td>Photos</td>
<td>D0350</td>
<td>Class IV**</td>
</tr>
<tr>
<td>88880</td>
<td>Occlusal adjustment</td>
<td>D0851</td>
<td>Class I or Class II*</td>
</tr>
</tbody>
</table>

* Classifications are contract-specific.
** Payable only if the patient has orthodontic benefits; therefore, payable as Class IV.

### Initial orthodontic treatment

Our initial payment, at the beginning of orthodontic treatment, will be 30 percent of our fee for the CDT-3 treatment procedure code reported OR the provider’s charge, whichever is less, minus the patient’s copay. The remaining balance will go toward payment for monthly visits.

**Example:**
- Provider charge for orthodontic treatment procedure code is $5,000.
- Provider charge for orthodontic monthly visit code is $140.

- BCBSM fee for CDT-3 orthodontic treatment procedure code is $4,200.
- Member’s lifetime maximum is $1,500 and the copay is 50 percent.

**Payment calculation:**
- Thirty percent of $4,200 is $1,260. BCBSM’s initial payment to the provider is 50 percent of $1,260, or $630.
- $4,200 minus $1,260 is $2,940, which will be divided by the provider’s monthly charge to determine the number of monthly visits to be automated. In this example, $2,940 is divided by $140, which equates to 21 monthly visits.

**Note:** The dollar amounts in this example are for demonstration purposes only. Member lifetime maximums and copay amounts are contract-specific.

The new payment methodology applies to the following CDT-3 procedure codes:

<table>
<thead>
<tr>
<th>ADA Code</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DB010</td>
<td>Limited orthodontic treatment of the primary dentition</td>
</tr>
<tr>
<td>DB020</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>DB030</td>
<td>Limited orthodontic treatment of the adolescent dentition</td>
</tr>
<tr>
<td>DB040</td>
<td>Limited orthodontic treatment of the adult dentition</td>
</tr>
<tr>
<td>DB050</td>
<td>Interceptive orthodontic treatment of the primary dentition</td>
</tr>
<tr>
<td>DB060</td>
<td>Interceptive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>DB070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
</tr>
<tr>
<td>DB080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
</tr>
<tr>
<td>DB090</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
</tr>
</tbody>
</table>

Please watch for more information on dental code changes in future issues of Dental Care News.

**Holiday Closings**

BCBSM will be closed:
- July 4 and 5 for Independence Day
- Sept. 2 for Labor Day
**MIChild dental benefits explained**

MIChild is the State of Michigan program that provides comprehensive medical and dental services to uninsured children of low-income working families. Benefits are determined by the state. BCBSM offers both health and dental plans to these members.

The MIChild BCBSM Traditional Plus Dental program covers 100 percent of basic preventive and diagnostic services with a $600 annual benefit maximum when services are provided by BCBSM participating providers. Covered dental benefits include:

- Two exams, cleanings and fluoride treatments per benefit year
- Bitewing X-rays once per benefit year
- Dental sealants on permanent first and second molars
- Fillings
- Space maintainers for children under age 15
- Stainless steel crowns
- Pulpotomy for primary teeth
- Simple extractions
- Oral surgery

Oral surgery is covered under the medical plan instead of the dental plan.

MIChild members have identification cards with group number 31295. For specific information on a MIChild patient, please call CAREN+ at 1-800-482-4047.

For more billing information, please call Provider Inquiry:

<table>
<thead>
<tr>
<th>Your area code</th>
<th>Provider Inquiry number</th>
</tr>
</thead>
<tbody>
<tr>
<td>248, 313, 517, 586, 734, 810 or 989</td>
<td>1-800-482-5141</td>
</tr>
<tr>
<td>231 or 616</td>
<td>1-800-531-2583</td>
</tr>
<tr>
<td>906</td>
<td>1-800-517-4441</td>
</tr>
</tbody>
</table>

**Help us provide oral surgery care for MIChild members**

The MIChild BCBSM PPO program covers 100 percent of the approved medical benefit amount for in-network oral surgery procedures. BCBSM reimburses PPO and participating oral surgeons for covered services at the BCBSM TRUST (The Responsible Use System of Treatment) or Traditional allowed amounts. Covered medical benefits include:

- Removal of impacted teeth or roots
- Treatment of cysts and jaw fractures
- Apicoectomy
- Other surgery of gum and mouth tissues

MIChild members come from low-income families who cannot afford additional expenses for oral surgery. To eliminate their expenses for out-of-network services provided by nonparticipating providers, we encourage oral surgeons to:

- Participate with BCBSM on a per-claim basis, or
- Become a BCBSM PPO participating provider by calling Provider Registration at 1-800-822-2761.

BCBSM is committed to ensuring that MIChild members have access to high-quality, affordable dental care. We look forward to working with you in this effort.

For more billing information, please call Provider Inquiry:

**Use care when submitting these procedure codes**

You can reduce the likelihood of claim rejections by submitting appropriate American Dental Association CDT-3 procedure codes for the services below. We’re offering the following information to help you bill these claims correctly.

- **Procedure code D2335 is payable only when you submit four or more surfaces.** This code will not be paid when only the incisal angle, or “I” surface, is reported. When fewer than four surfaces are submitted, our system converts the code to the appropriate procedure code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2330</td>
<td>Resin, one surface, anterior</td>
</tr>
<tr>
<td>D2331</td>
<td>Resin, two surfaces, anterior</td>
</tr>
<tr>
<td>D2332</td>
<td>Resin, three surfaces, anterior</td>
</tr>
<tr>
<td>D2335</td>
<td>Resin, four or more surfaces, or involving incisal angle (anterior)</td>
</tr>
</tbody>
</table>

If the incisal angle of the tooth is being restored, please list all surfaces involved in the restoration. According to the ADA’s CDT-3 descriptor, the incisal angle is one of the angles formed by the junction of the incisal and the mesial, or distal, surface of an anterior tooth.

- **Procedure codes for veneers — D2960, D2961 and D2962 — are payable when decay or fracture is evident to the extent the tooth cannot be restored with a composite or resin filling.** Documentation and X-rays are required for these procedures, and veneers are subject to medical necessity guidelines. Veneers are not payable for cosmetic reasons.

- **BCBSM will enforce the benefit criteria policy for procedure code D4341, scaling and root planing.** As stated in the BCBSM Guide for Dental Care Providers, billing for D4341 “requires multiple office visits with a maximum of two quadrants per visit.” Any quadrant(s) billed beyond the maximum two per visit will be rejected. Individual consideration will be given when more than two quadrants per visit are required and supporting documentation is submitted with the claim.

- **Crown restorations on dental implants should be reported with D6000-series codes.** When you submit a claim for implant abutment supported crowns or implant supported crowns or retainers, you must report the appropriate CDT-3 codes — D6058 through D6077. These procedures are Class III benefits, but many providers incorrectly bill them as Class II benefits, using regular D2000-series crown codes. To achieve uniformity and consistency in accurately reporting the dental procedure, you must report the specific code for the service you actually performed.

- **The appropriate D6000 series codes are required when you report treatment services for fixed partial denture retainers (bridgework).** The CDT-3 D2000 series codes for crowns and onlays are for single restorations and are not to be used when reporting fixed partial denture retainers. Report CDT-3 codes D6519 through D6792 when billing for these retainers. “Bridgework” is a Class III dental benefit that must be reported accurately for appropriate benefit determination.
Q. How will the new HIPAA regulations impact my dental office?

A. Effective Oct. 14, 2002, BCBSM will accept only CDT-3 codes on claims. Claims submitted with codes other than CDT-3 will be rejected and returned to you. Although you may be aware that President Bush granted a one-year extension to HIPAA regulations that address coding and electronic transactions, BCBSM has decided to proceed with its plan to be compliant by Oct. 14, 2002. Please see related article, “Use only CDT-3 codes effective Oct. 14, 2002,” for more information on other HIPAA-related changes.

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 or fax at (313) 225-7709 before Aug. 15 so they may be considered for publication in the October 2002 issue.

Continuing Medical, Dental Education seminars

Tuesday, Aug. 20
Topic: AIDS Update: Worldwide Issues in the Diagnosis and Treatment of AIDS across the Age Spectrum
Speaker: Sandro Cinti, MD
Time: Registration and hors d’oeuvres at 5:30 p.m. Program 6 to 8 p.m.
Registration Deadline: Aug. 13, 2002

Wednesday, Sept. 25
Topic: Enhanced Smoking Cessation in Your Medical Practice
Speaker: William Wadland, MD
Time: Registration and hors d’oeuvres at 5:30 p.m. Program 6 to 8 p.m.
Registration Deadline: Sept. 16, 2002

Thursday, Oct. 24
Topic: Adverse Effects and Interactions of Dental Drugs
Speaker: W. Choong Foong, PhD Associate Professor, University of Detroit-Mercy
Time: Registration and hors d’oeuvres at 5:30 p.m. Program 6 to 8 p.m.
Registration Deadline: Oct. 14, 2002


All seminars are held in the BCBSM Metro Service Center Auditorium, 27000 W. 11 Mile Road, Southfield, and are free to participating BCBSM providers.

You can register for the seminars by calling the Department of Health Care Education hot line at 1-800-921-8980 or on the Web at www.bcbsm.com/providers/cme.shtml.

For more information about the seminars or directions, please call (313) 225-0163.

BCBSM is approved by the Academy of General Dentistry as a provider of continuing dental education.

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

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