DAC represents you, your dental concerns

Blue Cross Blue Shield of Michigan convenes a Dental Advisory Committee twice a year to discuss current dental topics. DAC members provide input and recommendations to our Dental Program Administration area on dental policies and issues.

Dr. Carl L. Stoel, BCBSM’s senior dental consultant, leads the committee. Members include:

- Licensed Michigan dentists (12 general practitioners and six specialists)
- Major group customers
- Representatives from the University of Detroit Mercy and University of Michigan dental schools
- Michigan Dental Association staff member
- BCBSM staff members

The DAC offers dentists and BCBSM an opportunity for two-way communication. Dentists convey their concerns to us, and we review current and future policies and potential issues with your peer dentists and other constituencies.

Recent discussions covered a wide range of topics, including oral brush biopsy and antimicrobial periodontal therapy, BCBSM core policy, benefit time limits and frequency policies, periodontal maintenance benefit, cosmetic dental rider, change in X-ray return policy, use of the 2002, 2004 ADA claim, and the relationship between dental disease and overall health.

DAC members provide valuable input that helps BCBSM offer competitive, quality dental products. For more information, contact Dr. Carl Stoel at (248) 448-5290 or cstoel@bcbsm.com.

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Use care when completing forms

If you handwrite information on the 2002, 2004 American Dental Association claim, please print using block — not cursive — writing. Optical scanning equipment used in claims processing could misread cursive, delaying payment of your claims.

Use ADA quadrant, arch designation codes

Remember to use International Standards Organization system codes in field 25 (area of the oral cavity) for procedures requiring arches or quadrants. See the April 2005 Dental Care News or the ADA CDT-2005 procedure code manual for the new codes. We no longer accept alpha codes UL, LL, UR, LR, UA or LA for quadrants or arches.

Report missing tooth number for space maintainers

When you bill for space maintainers — codes D1510, D1515, D1520 and D1525 — remember to insert the letter of the missing primary tooth in field 27 of the 2002, 2004 ADA form. Also, do not include more than one tooth indicator. Leaving the field blank or inserting more than one letter could cause our system to reject your claim.
Key correct ID number on claims

As we issue new member ID cards that no longer use Social Security numbers as contract numbers, we’ve noticed an increase in some inquiries.

Occasionally, the new ID numbers are being keyed incorrectly on claims, which causes various problems in the claims process.

Also, **electronic claims reject** when the alpha prefix is included in the ID number. So please do not use the prefix at this time. We will notify you when to begin using it.

To help minimize this issue, we remind you to:

1. Ask each Blues patient if he or she recently received a new ID card.
2. Make sure that you use the new ID number.
3. Be sure to key the correct ID number (which could include alpha characters) on claims. (If you use a vendor, also alert them to this issue.)
4. Once the member receives a new ID number, use that number on all claims regardless of the date of service.
5. Do not include the alpha prefix at this time.

Once a member receives his or her randomly assigned number and a claim is rejected due to an incorrectly submitted ID number, the explanation of benefits will no longer be sent to the member. This helps to secure the identity of the patient for whom you are billing. We will update the rejection messages to reflect this fact.

Over the coming year, patients with BCBSM coverage will be issued new member ID cards and may forget to give you their new ID numbers. So be sure to ask for their current ID cards and use their new ID numbers when you submit their claims.

Blues support access to free dental care, offer volunteer opportunity

Blue Cross Blue Shield of Michigan’s mission is to provide Michigan residents with access to affordable and quality health care. Earlier this year, BCBSM announced plans to award $1 million to clinics in the state that provide free health care and dental services to the uninsured.

The Tri-County Dental Health Council received a grant to fund expenses for the Dental Emergency Assistance Program that United Way does not cover. The grant also allows them to print stationery and send bulk mail recruitment information to dentists, as well as solicitations for financial support.

Council staff members report they are already hearing from clients, and the grant will enable them to “breathe easier for a little while.”

Tri-County Dental Health volunteer dentists provide free treatment for dental emergencies to low income clients in Wayne, Oakland and Macomb counties in their own offices. Please consider joining us in our efforts to give back to Michigan communities by volunteering your services. To help, call Tri-County Dental Health at (248) 559-7767.
Provider ID verification needed to release member data

BCBSM receives numerous calls daily from health care providers to discuss sensitive health information about our members and claim processing issues.

We remind all providers, billers, clearinghouses and service bureaus that when you call us, we must confirm your identity prior to releasing protected health information. The Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 requires us to verify the identity and authority of a requestor before we release our members’ protected health information.

Our identity verification procedures require you to provide the following data verification elements before we disclose PHI:

1. Caller’s name
2. Name of provider, facility or office
3. Federal tax ID number
4. Reason for the call
5. Member’s name
6. Member’s contract number

BCBSM will release PHI after we verify all of these elements.

By following this identity verification process, you assist BCBSM in protecting the privacy and security of your patients’ protected health information.

For more information, please contact Provider Inquiry.

X-ray, narrative requirements updated

On May 1, 2005, BCBSM changed its requirements for submitting X-rays and narratives.

As detailed in the chart below, documentation for procedure codes D4341 and D4342 is now required for patients younger than 35. (Formerly, the cutoff age was 40.) Also, we now require narrative only for incision and drainage of abscess and unspecified procedures.

For more information, please contact Provider Inquiry.

The following procedures require narrative and X-rays: (Please send duplicate films and keep the original X-rays in your files.)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onlays</td>
<td>D2543, D2544, D2643, D2644, D2663, D2664</td>
</tr>
<tr>
<td>3/4 crowns</td>
<td>D2712, D2780-D2783</td>
</tr>
<tr>
<td>Veneers</td>
<td>D2960-D2962</td>
</tr>
<tr>
<td>Gingivectomy or gingivoplasty – one to three teeth per quadrant</td>
<td>D4211</td>
</tr>
<tr>
<td>Clinical crown lengthening – hard tissue</td>
<td>D4249</td>
</tr>
<tr>
<td>Periodontal scaling and root planing – four or more teeth per quadrant for patients younger than 35</td>
<td>D4341 – Also include periodontal charting</td>
</tr>
<tr>
<td>Periodontal scaling and root planing – one to three teeth per quadrant for patients younger than 35</td>
<td>D4342 – Also include periodontal charting</td>
</tr>
</tbody>
</table>

The following procedures require narrative only:

<table>
<thead>
<tr>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7511</td>
</tr>
<tr>
<td>D0999, D2999, D3999, D4999, D5899, D5999, D6999, D7999, D8999, D9999</td>
</tr>
</tbody>
</table>

Dental care providers on Focused Review are required to submit narrative and X-rays for an additional list of codes that they will receive by separate letter from BCBSM’s Dental Administration area.

Effective May 1, 2005
CAREN+ ‘fax back’ tips ensure better service

We receive many provider requests each day to “fax back” member benefit information, and we hope you are taking advantage of this CAREN+ feature.

To make sure you receive the information as soon as possible, we offer the following helpful hints for requesting that we fax back data:

1. Make sure your fax machine is ready to receive the fax.
2. Our system will make three attempts to fax the information to your office. If each attempt results in a busy signal, your request will not be completed. If this is the case, here are some reasons why this can happen:
   - Fax machines and telephones use the same phone line.
   - The fax machine is being bypassed as calls are being transferred to an after-hours service.
If you don’t receive your fax, please resend your request.
3. We try to fax all requests as soon as possible after you disconnect from BCBSM. However, due to the high number of faxes our system sends out each day, response times can vary.
4. We recommend that you request your fax information at least one day before the patient is in your office, when possible.
5. Our fax queue is cleared out every night, so your information should be transmitted on the date we receive your request.
6. Once you enter the fax number, we advise that you check to make sure the fax number you entered is correct.

We suggest that you post these tips next to your fax machine for quick reference.

For more information, please contact Atwana Hampton at (313) 596-6239 or ahampton@bcbsm.com.

Use toll-free number for FEP inquiries

Effective July 1, 2005, dental providers should call 1-800-482-3600 for Federal Employee Program inquiries. The FEP local number will be discontinued in the near future.

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

Do not bill BCBSM with National Provider Identifier

We’d like to remind you that if you receive a National Provider Identifier from the federal government, please do not report it on dental claims submitted to BCBSM until otherwise notified. Continue to report your tax identification and license numbers.

Please look to future issues of Dental Care News for updates on when to begin using the NPI.

Please note correction to contact sheet

The April 2005 issue of Dental Care News included a contact sheet of frequently used information. Unfortunately, there was an error in Item 2.

The correct Provider Inquiry phone number for area code 906 is 1-866-872-5837.

We apologize for any confusion.

Dental Care News

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