

NEWS

dental care

Share the "News" with your office!

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

- Receptionist
- Doctor
- Office Manager
- Biller
- Hygienist

Blues respond to recent NPI announcement

Recently, the United States government and various health care groups have observed that the health care industry as a whole is not ready for the national provider identifier May 23 compliance date. In response, CMS implemented a contingency plan, and in order to reduce the possible risks of claims delay due to lack of industry readiness, the Michigan Blues are extending our dual-acceptance period as long as required.

This means we will continue to accept your tax identification number and NPI after May 23. BCBSM has completed modifications necessary to ensure that our systems and business processes are ready to accept electronic claims with NPIs. We have also launched an educational campaign to explain what providers need to do to meet the NPI compliance date. While we are actively working to collect NPIs from our participating providers, as of late March, we collected NPIs from only a small percentage of providers and this could cause an issue with delay in claims payment.

At this time, when you send us an electronic claim for payment of services, we ask you to include your NPI number **and** your tax identification number to ensure payment.

If you have not yet reported your NPI to BCBSM, do not send us claims with only an NPI until you

have registered your NPI with us. To register your NPI online, go to "I am a Provider" at **bcbsm.com**. Choose the link in the "New online NPI collection tool available now!" section, click on "Submit an online form," complete the form, select "Type 1" on the last item and click on "Submit." For other ways to submit your NPI, see the January 2007 issue of *Dental Care News*.

For our electronic submitters, after you report your NPI as indicated above, you must also register your NPI with our EDI clearinghouse. A separate communication, with step-by-step instructions, is in the process of being released to our electronic trading partners.

If you have other questions about your NPI, contact your dental field consultant or call the NPI hot line at 800-588-9121. If you have questions about BCBSM EDI clearinghouse registration, contact our EDI help desk at 800-542-0945, option 3.

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A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Filing limitations set for provider, member inquiries

To help reduce administrative costs, BCBSM has approved a filing limitation for provider status claim inquiries, written and telephone claim inquiries and member inquiries.

Effective April 25, providers will be required to send us their status inquiries within 24 months from the date the claim was paid or

denied, so we can determine if the appropriate payment or rejection was made. We will not review your inquiry if we receive it after 24 months from the claim payment or rejection date. Written and telephone provider claim inquiries and member inquiries should also be made within 24 months.

DenteMax® unveils new logo

DenteMax, the independent, PPO dental provider network that offers an extensive selection of dentists for BCBSM members nationwide, is changing and growing. To celebrate that change, we've updated our logo.

The new logo reflects the innovative and exciting direction we'll pursue in the years to come. From now on, you'll see it everywhere you see the DenteMax name.

DenteMax is a separate, independent company that provides a network of dentists for BCBSM members.

Ford maintains 2006 fees for hourly employees

Ford Motor Company has elected to maintain the 2006 maximum approved amounts for their active and retired hourly employees at this time. As a result, you may notice slightly lower reimbursement amounts for some Ford members' dental care claims for 2007 than for other members.

The following statement has been approved by Ford for publication in the April Dental Care News.

New dental administration for Ford hourly UAW retirees, surviving spouses and their eligible dependents only; BCBSM coverage doesn't change

Effective July 14, 2006, responsibility for dental coverage has been assumed by the Defined Contribution Voluntary Employee Benefit Association. This change does not impact benefit structure, annual and lifetime maximums, benefit frequency limitations or provider reimbursement set by Ford with BCBSM.

For 2007, the Defined Contribution Voluntary Employee Benefit Association will continue to offer hourly

Traditional dental plan coverage. Beginning in March 2007, modified ID cards will be issued for new UAW retirees, surviving spouses and their eligible dependents and for those needing replacement cards. These cards will display the following: "Dental benefits administered by VEBA."

All other retirees, surviving spouses and their eligible dependents will continue to use their present ID cards.

'Single call' to serve you better

BCBSM wants to make doing business with us easier. One of our goals is to move toward single call resolution of dental claim inquiries.

As our first step, dental care providers served by southeast Michigan provider inquiry now have the option of giving their verbal consent to provider inquiry and field service consultants to make certain simple adjustments to their claims.

These adjustments apply to original claims that reject for reasons such as:

- Missing tooth number
- Incorrect procedure code
- Incorrect charge
- Incorrect date of service
- Missing quadrant or arch

Professional staff ready to help

At BCBSM, we are dedicated to providing you with exemplary service. Our call center staff includes trained professionals to answer your claim, eligibility and benefit questions. We also have dental consultants available to speak with you if your claim requires professional review.

Dental providers served by southeast Michigan inquiry (area codes 248, 313, 517, 586, 734, 810, 947, 989) can call 800-482-5141.

Blue DentalSM products available for individuals

Flexible Blue Dental, a new product for individuals, debuted April 1. Members can purchase this dental coverage along with their health savings account medical plans.

Flexible Blue Dental covers:

- Class I (diagnostic and preventive) services — 75 percent of BCBSM's approved amount (member pays 25 percent)
- Class II (restorative) services — 50 percent of approved amount (member pays 50 percent)

The benefit maximum is \$600 per member per calendar year. There is no Class III (prosthodontic) or orthodontic coverage.

Personal Dental is also available to individuals who do not have dental coverage. Purchasers must have medical coverage, but do not have to be Blue or health savings account medical product members.

Coverage includes:

- Class I services — 75 percent of BCBSM's approved amount (member pays 25 percent)
- Class II and III services — 50 percent of approved amount (member pays 50 percent)

The benefit maximum is \$600 per member per calendar year. Orthodontic services are not covered.

Personal Dental members must receive care from a DenteMax network dentist. Because members are responsible for paying their own premiums, always check eligibility to ensure the member's coverage has not lapsed before beginning treatment.

If uninsured patients need information about dental coverage, they can call 800-848-5101 to request information about Personal Dental.

Internet claim submission available

Are you tired of submitting paper claims? If so, please contact us about submitting your claims via the Internet — for free! BCBSM's Internet claim tool allows direct data entry and submission through our web-DENIS portal.

To enroll for this service, call the BCBSM Electronic Data Interchange Help Desk at 800-542-0945 and select option 4.

There was an error in the January edition of this article. Please disregard the statement about the file download from practice management systems.

Report correct last name, format for each patient

It is not uncommon for a BCBSM dental care subscriber to have a last name different from your patient. When this happens, please report the correct last name for each individual. Recently, we have seen an increase in claims (especially electronic claims) rejecting because the patient's last name is being used for both the patient and the subscriber.

EDI submitters, if you use a clearinghouse to submit your electronic claims, please verify

that the staff populates the last name fields correctly.

Please report "insured" and "patient" names in the correct format:

Last name (comma) (space)
First name (comma) (space)
Middle initial

For example: Person, Mary, A

We prefer that you not report a courtesy title (Mr., Mrs. or Ms.) because it can cause delays or incorrect processing of your claims.

The web-DENIS electronic inquiry system is now available for dental providers

What is web-DENIS?

Blue Cross Blue Shield of Michigan's electronic inquiry system for providers with online access to:

Patient eligibility

Benefits

Claim status and tracking

Why should I use web-DENIS?

It saves time.

It's easy.

It's free!

Interested?

Call **877-BLUE-WEB (258-3932)** for more information.

Making the link



Blue Cross Blue Shield of Michigan's latest campaign to educate members about good oral health targets smokers.

BCBSM members who take our online health risk appraisal and indicate that they smoke will be sent information on our Quit the Nic program. The package also includes information about the oral side effects of tobacco (bad breath, stained teeth and tongue, tartar buildup, gum recession and oral cancer), along with a coupon for a free teeth cleaning.

Similar to last year's campaigns, these coupons include instructions for you to file a claim for the free cleaning. Watch for the coupons and for more information about how we're making the link between medical and dental health.

NEWS bites

- Our 2007 health care provider fairs have been scheduled. See the enclosed insert for dates, locations and a reservation form.
- MICHild monthly premiums for children's dental services have increased from \$5 to \$10. To enroll their children in MICHild, parents should submit an application available from michigan.gov/michild* or call 888-988-6300.
- A continuing education seminar, "Management of Congestive Heart Failure and Chest Pain," will be offered Wednesday, June 6 from 6 to 9 p.m. at Byblos Banquet Center in Dearborn. Please call 313-240-9867, ext. 4, to register.
- An article in the January 2007 *Dental Care News* advised that X-rays submitted to P.O. Box 49 will be destroyed. X-rays sent to P.O. Box 1633 that we have requested also will be destroyed after they are imaged.
- Please update the "Contact Information for Dental Care Providers" insert sent to you in July 2006 with the following new information:
 - Item 2. "I have claims-related issues."
The new phone number for FEP cases is 800-840-4505.
 - Item 9. "I need to return or send a check."
The new address for sending personal checks is:

Cash Receipts/Disbursements — **Mail Code 1007**
Blue Cross Blue Shield of Michigan
P.O. Box 366
Detroit, MI 48231
- BCBSM will close for these holidays:

May 28, Memorial Day

July 4, Independence Day

*BCBSM does not control this Web site or endorse its general content.

New claim form now accepted

BCBSM now accepts the new 2006 American Dental Association claim form. We also still accept the 2002, 2004 ADA form.

BCBSM does not supply ADA forms. Order them directly from the ADA at **800-947-4746 (toll-free)**.

For those who also submit medical claims:

BCBSM currently accepts both the 08/05 version and the 12/90 version of the CMS-1500 form for medical services. As of July 1, BCBSM will only accept the new (08/05) version of the CMS-1500 claim.

BCBSM's Materials Management department is now filling provider orders for the 08/05 version of the CMS-1500. To order, select 'I am a Provider' on the bcbsm.com Web site, then 'Provider Supply Forms' and 'the Professional and Facility Supply Requisition Form (PDF)' in the first sentence.

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