Electric Aug. 1, 2007, the following dental services are covered:

- Endosteal implants (D6010 and related procedures D6056, prefabricated abutment and D6057, custom abutment) are standard Class III benefits payable at 50 percent of our approved amount.
- Pit and fissure sealants (D1351) are preventive Class I benefits payable at 100 percent of our approved amount.

We pay for dental endosteal implants if:

- The patient is 16 or older.
- The patient is covered under this certificate at the time of the implant placement.
- Implant placement is for teeth numbered 2 through 15 and 18 through 31.

We pay for dental sealants if:

- The member is 19 or younger.
- Sealants are applied to the first and second permanent molars.

Covering these services reflects BCBSM’s commitment to offer benefits that keep pace with the standard of care in the dental profession. This coverage adds value to our customers’ dental coverage and recognizes our members’ needs for services.

Groups can choose to decline this coverage, so please call CAREN to verify coverage for each patient.

FEP accepts current dental form, offers guidelines

Effective Jan. 1, 2008, the Federal Employee Program at Blue Cross Blue Shield of Michigan will accept only claims submitted on the 2006 or 2002, 2004 American Dental Association form.

We will return claims submitted on the “1999 version 2000,” “American Dental Association, 1999” or any other claim version with a request that you resubmit the claim on an acceptable form.

We’re converting to these forms as part of our continuing effort to streamline our systems so we can process your claims more quickly and efficiently.

Here’s what you can do now to prepare for this change:

- Call the ADA at 800-947-4746 to order a supply of their current form.
- Contact your practice management software vendor if you use software to input your claims and your vendor has not upgraded your system to one of these official ADA claim formats.
- Consider submitting claims electronically rather than converting to a new paper claim. Contact the BCBSM Electronic Data Interchange department at 800-542-0945 for more information.

BCCSM now covers endosteal implants, sealants

FEP guidelines continued on page 4
Prophylactic tooth extractions payable as medical-surgical benefits

While most tooth extractions are covered under dental benefits, a prophylactic extraction qualifies for payment under medical-surgical benefits.

Prophylactic extractions are performed when the patient has documented, concurrent hazardous medical conditions, and the extraction is needed to prevent complications. Situations that may necessitate prophylactic extraction of teeth include:

- Prior to radiation therapy for a patient with cancer of the head and neck
- Immediately prior to organ transplant surgery
- Prior to artificial cardiac valve replacement
- When a hospitalized patient has a dental condition that adversely affects a medical condition, and the dental extraction is performed to treat the medical condition

Documentation must include the treating physician’s statement supporting the indication for dental extraction. If those criteria are met, the extraction can be billed under the dentist’s medical provider identification number. Preauthorization of the extraction is not required.

MIChild contracts cover surgical extractions under medical-surgical benefits.

Billing guidelines

On the CMS-1500 claim:
1. In field 24D, indicate the CPT procedure code for “unlisted procedure, dentoalveolar structures” (currently *41899).
2. Check either “yes” or “no” in field 27.
3. Attach the documentation that supports the criteria for the prophylactic extraction and include the corresponding American Dental Association CDT code.

Please note: A dentist who doesn’t have a medical PIN should ask the subscriber to call the number on the back of his or her BCBSM ID card for instructions on how to submit a medical claim himself or herself.

If you have questions, please contact Professional Provider Inquiry.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2006 American Medical Association. All rights reserved.

Diabetes management seminar offered

Don’t miss this upcoming continuing medical and dental education program jointly sponsored by BCBSM, the United Oakwood Physicians and St. John Medical Group.

**Topic:** “Management of Diabetes”

**Purpose:** To update physicians, nurses and other health care professionals on the current trends in diabetes management

**When:** Wednesday, Oct. 17

Registration 5:30 p.m., program 6 to 9 p.m.

**Where:** Greenfield Manor, 4770 Greenfield Road, Dearborn.

For information and advance registration, call 313-240-9867, ext. 4, or e-mail cesaronema@uopllc.org.

Dinner is included, and the program is free. Attendees can earn 2.5 hours of continuing education credit.

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

When we request documentation for a service, we expect that the records you submit accurately reflect the condition of the patient’s tooth or oral cavity and have not been altered in any way. By submitting documents to Blue Cross Blue Shield of Michigan in support of a claim, you declare that the services reported were performed, the documentation is correct and the patient’s dental record is complete and accurate.

If you are audited and your records do not match the documentation you submitted to BCBSM with a claim, we may ask you to return the claim payment. Depending on the circumstances and the severity of the misrepresentation, you could also be charged with a criminal offense for fraud.

BCBSM processes and pays the majority of dental claims without requiring independent verification that the services were performed and noted appropriately in the patient’s dental record. Exceptions to this rule apply in a limited number of cases involving certain procedures for which we do request X-rays and other documentation.

The same guidelines apply if BCBSM requests documentation in order to investigate a complaint that has been made against you by a patient, another dentist, a peer review organization or an employee. Documentation provided in response to a complaint must be complete and accurate, even in cases where the claim did not require supporting documentation when initially submitted. Again, inconsistencies could mean that you must return payments and/or that you could be subject to criminal charges.

Unbundling services for billing purposes may also be fraudulent. Although some providers justify this practice as an attempt to give the member the full benefit of their dental coverage, in reality, it is deceitful, especially if a provider reports same-day services on separate dates. Remember that your records must contain supporting documentation for everything you do.

Finally, if you suspect that another dentist has fraudulently reported services for one of your patients (for example, billed for services that were not performed), please contact the BCBSM fraud hot line at 800-482-3787.

BCBSM takes fraud seriously, and crossing the line can have serious consequences. Help keep dental premiums affordable by always doing what you report and reporting what you do.

Nearly 1,000 of your fellow dentists use web-DENIS: Why not you?

What is web-DENIS?
It’s BCBSM’s inquiry system for providers offering 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?
- Log in to bcbsm.com.
- Click on I am a Provider.

Questions?
Call 877-BLUE-WEB (258-3932).
**FEP GUIDELINES** continued from page 1

Please observe the following guidelines to improve claim processing:

- Submit the subscriber’s FEP “R” contract number, not the Social Security number. Be sure that the number appears in field 15 (Policyholder/Subscriber ID).
- Do not send X-rays to us. FEP claims do not require them.
- Do not submit requests for predeterminations. FEP does not accept them.
- Do not highlight data on the claim. It makes the information you’ve entered difficult to read.
- Mail dental claims for FEP members to the following address:

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

Following these guidelines will save you time and mailing costs.

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**Take care when using member benefit charts**

Benefits-at-a-Glance charts are handy reference tools available on our Web site, [bcbsm.com](http://bcbsm.com). However, these online summaries are created for members and provide just what their title indicates — a glance at benefits. They do not always serve as the comprehensive source of benefits dental and other health care providers need.

The Benefits-at-a-Glance charts for our Flexible Blue Dental℠ product are great examples. Although our Flexible Blue Dental plan covers all standard Class I and II services, the Benefits-at-a-Glance chart lists only exams, bitewing X-rays and cleanings under Class I. Other preventive benefits like panoramic films, palliative treatment and adult fluoride treatments are also covered.

Providers should always check CAREN or web-DENIS for patients’ comprehensive benefit information, in addition to our Benefits-at-a-Glance charts.

We apologize for any confusion this may have caused. If you have questions, please contact Provider Inquiry.