



# Dental Care News

A quarterly publication for dentists

## JANUARY 2010

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## Free clinic grants help make health and dental care accessible to the uninsured

Blue Cross Blue Shield of Michigan is awarding free clinics throughout the state a total of \$1 million in grants to help provide health services to individuals and families without health insurance. With the Michigan unemployment rate currently at 15.3 percent, more Michigan residents than ever are going without health insurance.

“In these difficult times, free clinics are putting health care in reach for people who need it,” said Lynda Rossi, BCBSM vice president for Social Mission and Public Affairs. “Free clinics are a place for uninsured people to turn to for quality health care. Uninsured residents who get care in free clinics often otherwise would delay seeing a physician because of the cost. Delay often leads to more expensive care in emergency rooms and even hospital stays.”

The Blues have contributed \$5 million to free clinics since 2005. This year’s grant program aims to help clinics provide important services like primary care and behavioral health care, case management, dental services, specialty and diagnostic care and prescription drugs.

About 2.5 million Michigan residents under age 65 went without health insurance at some time between 2007 and 2008. Many of these individuals, along with the underinsured, are able to get medical care from these clinics instead of going to the emergency room or forgoing care. Access to free clinics also helps curb the rising cost of health care. In 2008, Michigan free clinics were able to provide an estimated 122,000 patient visits.

**Non-BCBSM Web sites:** BCBSM maintains [bcbsm.com](http://bcbsm.com), [MiBCN.com](http://MiBCN.com) and [theunadvertisedbrand.com](http://theunadvertisedbrand.com).

The Blues do not control any other Web sites referenced in this publication or endorse their general content.



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**New Year prompts question:**

## Do you participate with BCBSM?

A new year often brings changes to your patients' dental coverage, and changes mean calls and questions.

When patients ask if you participate with BCBSM, please remember:

- If you accept payment from BCBSM, the answer is "yes."
- If you are a DenteMax™ PPO\* dentist, the answer is "yes."

## Remember to use your National Provider Identifier

All health care providers, including dental providers, must use their National Provider Identifier, or NPI, for Health Insurance Portability and Accountability Act of 1996 standard transactions. Effective Nov. 1, 2009, all EDI claims without a NPI will be rejected.

If you haven't received your NPI, we urge you to apply as quickly as possible. For instructions, visit [cms.hhs.gov/NationalProvidentStand](http://cms.hhs.gov/NationalProvidentStand).

If you have a NPI and have not yet reported it to BCBSM, please report it to prevent delays in claim processing. Simply go to [bcbsm.com](http://bcbsm.com), click *I am a Provider*, then click *NPI – Get it, report it, register it in the News & Updates* section.

## Blue Dental<sup>SM</sup> individual plans fill the gap

Blue Cross Blue Shield of Michigan provides security and peace of mind by making the transition from group to individual dental coverage easy for your patients.

Our individual dental plans, **Personal Blue Dental<sup>SM</sup>** and **Personal Blue Dental Plus<sup>SM</sup>** are simple and affordable solutions. Both plans cover routine cleanings, fillings, bridges, dentures and more. Each plan offers the same quality dental benefits, but has different annual coverage maximums and dentist network options.

**Personal Blue Dental** requires members to receive dental care from DenteMax PPO network\* dentists. The plan gives members lower monthly premiums and discounts on noncovered services. Services received by out-of-network dentists are not covered.

**Personal Blue Dental Plus** members have the freedom to choose a DenteMax PPO network\* dentist or a Blue Par Select<sup>SM</sup> dentist. Members receive discounts on noncovered services and have the option of receiving services from an out-of-network dentist.

Both plans have a six-month waiting period on basic and major restorative services that begins on a member's coverage effective date. Preventive services aren't subject to a waiting period. Both plans are available to Michigan residents only.

Remind your patients about our individual dental options. Visit [bcbsm.com/myblue](http://bcbsm.com/myblue) or call 1-877-4MY-BLUE (1-877-469-2583) for more information.

## Correction

In October edition of *Dental Care News* we reported the incorrect age range for prophylaxis and fluoride codes. The correct age range for the adult codes is ages 12 and older. Use the child prophylaxis and fluoride code (D1120/D1203) for ages 1 through 11 and adult prophylaxis/fluoride code (D1110/D1204) for ages 12 and older.

Claims submitted to BCBSM with incorrect codes must be resubmitted with the correct information. BCBSM and your patients do not owe payment for these services until they are billed with the correct information.

It is also important to note that other dental carriers may have different policies regarding prophylaxis and fluoride codes and ages.

# New Medicare Advantage plan offers preventive dental coverage

Blue Cross Blue Shield of Michigan is offering a new Medicare Advantage PPO product for 2010. Medicare Plus Blue PPO<sup>SM</sup> offers seniors comprehensive coverage and additional services, like preventive dental, which are not available with Original Medicare or Medicare Supplemental plans.

Preventive dental benefits covered by the new plan include two periodic oral exams and two routine cleanings per year. One set of bitewing X-rays or up to six periapical films are also covered (but not both). Coordination of benefits is still required; group coverage is primary and Medicare coverage is secondary.

Medicare Plus Blue PPO is the second Medicare Advantage product offered by BCBSM. The original product, Medicare Plus Blue<sup>SM</sup>, is a private fee-for-service plan and allows members to receive services from any dentist who agrees to the plan's terms and conditions. Medicare Plus Blue PPO is the new plan offered in 2010 which requires patients to see a dentist in the BCBSM Medicare PPO network or DenteMax PPO network.\* Members will be liable for 80 percent of covered services and 100 percent of all other services if they receive services from an out-of-network dentist.

BCBSM's Medicare PPO and DenteMax's PPO networks are separate networks contracted to meet Centers for Medicare & Medicaid Services requirements. By signing up for either network, you are only joining that specific network.

The initial term of the new Medicare Plus Blue PPO contract ends Dec. 31, 2010, and will automatically renew repeatedly for one-year periods unless terminated by either party. Fees paid to dentists enrolled in the Medicare Plus

Blue PPO network for services covered by the new plan are based on existing Traditional plan fees BCBSM pays for its commercial business.

If you have opted out of Medicare you cannot provide dental services for patients in either BCBSM Medicare Advantage plan. BCBSM cannot reimburse you or the member for services. A Medicare "Opt-out" applies to both medical and dental services. You may verify your Medicare status online at [wpsmedicare.com/part\\_b/business/enroll\\_opt.shtml](http://wpsmedicare.com/part_b/business/enroll_opt.shtml).

The 2010 Medicare Plus Blue PPO plan is available in 75 out of 83 Michigan counties. If the plan is not available in the county where you practice, you may still see patients from other Michigan counties covered by the plan.

For more information about becoming part of the Medicare Plus Blue PPO Network, please call 1-877-674-1246.

## Billing Reminders

- AFLAC should not be submitted as coordination of benefits information. If a member is covered under a group health plan, benefits are coordinated. This does not apply to members with AFLAC.
- Do not send X-rays to BCBSM unless we request them. Send X-rays and other documentation only in response to nonpayment messages 045, 415, 419, X426, X506 and X509. Send X-rays to the address on the voucher:
  - Blue Cross Blue Shield of Michigan  
P.O. Box 1633  
Detroit, MI 48231-1633.
- Send dental claims for Federal Employer Program, or FEP, members to:
  - Federal Employee Program — Mail Code 1601  
Blue Cross Blue Shield of Michigan  
P.O. Box 2599  
Detroit, MI 48231-2599
- Per Centers for Medicare & Medicaid Services guidelines, dentists must accept payment from BCBSM for covered dental services provided to Medicare Plus Blue<sup>SM</sup> members. Please do not submit claims as "pay subscriber". Per CMS guidelines, BCBSM cannot directly reimburse these Medicare Plus Blue members.

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BCBSM has a unique mission that is different from other health insurance companies. The company is committed to reducing health care costs and improving quality, increasing access to health care, and improving the health status of Michigan residents, particularly children.

For a list of medical and dental clinics receiving grants or for information about our commitment to the communities we serve, visit [bcbsm.com/commitment](http://bcbsm.com/commitment).



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# News **bites**

## 2010 DenteMax PPO Network Fees

- Network fee schedules were mailed to all DenteMax network\* dentists in mid-December. The new fees are effective Jan. 1, 2010. If you haven't received them, contact DenteMax at 1-800-752-1547.

## BCBSM will be closed:

- Jan. 1, 2010 (New Year's Day)
- Jan. 18, 2010 (Martin Luther King Jr. Day)
- April 2, 2010 (Good Friday)

\* Blue Cross Blue Shield of Michigan uses the DenteMax network for its dental plans. DenteMax is an independent company.

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