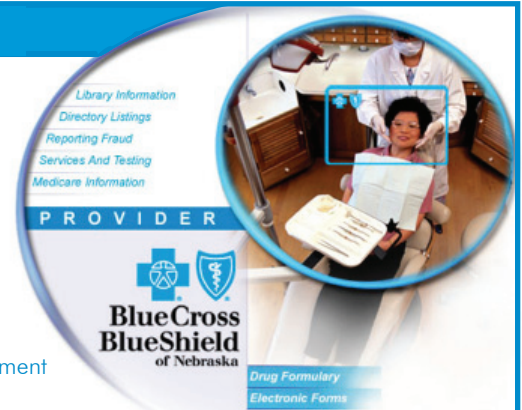


October 2006

dental update

A newsletter produced for healthcare providers by the Health Network Management Services Department (HNS) at Blue Cross and Blue Shield of Nebraska.



Partnering with you for a healthier Nebraska

www.bcbsneprovider.com

The *update* provider newsletter contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for dental providers throughout Nebraska to continually communicate with those who contract with us.

If you are a BCBSNE Participating, BlueClassic and/or BluePreferred dental provider, this newsletter serves as an amendment to your agreement with us. Therefore, it is your responsibility to comprehend and act upon all information that affects your contractual relationship with BCBSNE.

You are encouraged to file every issue of the *update* within your BCBSNE Policies and Procedures manual.

As a service for BCBS members we also send this newsletter to non-participating Nebraska providers.

We also publish each issue online at:

www.bcbsne.com/update

For permission to reprint material published in the *update*, e-mail the editor Marian Gramlich at:

marian.gramlich@bcbsne.com

Please Bill Orthodontic Claims by Individual Procedures

Please remember to provide a breakdown of charges, including the date and amount of the initial payment along with the monthly charges, for the orthodontic services by individual procedure codes for the records, the initial banding and then the monthly visits for the adjustments. BCBSNE does not pay lump sum unless the groups have the provision (endorsement).

Dental benefits can only be applied when services have been completed. Therefore BCBSNE cannot pay for the total orthodontic treatment prior to its completion.

BCBSNE will, however, pay periodically as opposed to waiting until the appliances have been removed.

Orthodontic charges should be filed with the actual date of care and can be submitted as often as your office prefers. **HNS**

The Blue Board

Include Tooth Number Being Replaced

As a reminder, please remember to include the tooth numbers for the teeth being replaced when submitting a partial denture.

HNS

Bridges Billed Incorrectly

The correct code for a core buildup related to fixed partial dentures is D6973. The core buildup for a retainer, includes any pins.

To be used with fixed partial denture retainers, please use the following codes.

- Inlays/Outlays: D6545 through D6634
- Crowns: D6710 through D6794

If you are truly performing a single crown, please use codes D2710 through D2799. Please remember to provide a breakdown of charges, including the date and amount of the initial payment along with the monthly charges, for the orthodontic services by individual procedure codes for the records, the initial banding and then the monthly visits for the adjustments. BCBSNE does not pay lump sum unless the groups have the provision (endorsement). **HNS**

Protect Privacy: Verify Fax Numbers

Prior to sending information by fax, please make sure the fax number you have is accurate for the individual or department you are sending it to and include the intended recipient's name and your name on the cover sheet. Also make sure you have entered the fax number correctly before pressing the "send" button. Being proactive is the best way to protect the members' privacy and assist in the timely review of the information being faxed. **HNS**

Fast Facts

In 2005, BCBSNE processed more than 12 million claims with 99.7 percent accuracy.

In the calendar year 2005, BCBSNE processed 949,394 Medicare claims, which represented more than \$554 million in benefits paid.

BCBSNE's pharmacy network provides our members access to more than 450 pharmacies in Nebraska. **HNS**

Adult or Child?

BCBSNE views adults as people who are 14 years of age and older. The codes must be consistent for either all "child" codes or all "adult" codes to be submitted for the same patient on the same date of care. **HNS**

**STANDARD OPTION
DENTAL BENEFITS
FEE SCHEDULE AND MAXIMUM ALLOWABLE CHARGES**

ADA Code	Dental Service	FEP Fee Schedule Amount up to Age 13	FEP Fee Schedule Amount Age 13 and Over	BCBSNE BluePreferred Fee Schedule (MAC Amount)
120	Periodic oral evaluation	\$ 12	\$ 8	\$ 21.85
140	Limited oral evaluation	14	9	32.34
150	Comprehensive oral evaluation.....	14	9	32.34
160	Detailed and extensive oral evaluation	14	9	-
210	Intraoral – complete series.....	36	22	69.06
220	Intraoral – periapical – first film.....	7	5	12.24
230	Intraoral – periapical – each additional film....	4	3	12.24
240	Intraoral – occlusal film.....	12	7	18.36
250	Extraoral – first film.....	16	10	22.72
260	Extraoral – each additional film.....	6	4	12.24
270	Bitewing – single film.....	9	6	12.24
272	Bitewings – two films	14	9	21.85
274	Bitewings – four films	19	12	30.60
277	Bitewings – vertical	12	7	57.69
290	Posterior-anterior or lateral skull and facial bone survey film.....	45	28	68.22
330	Panoramic film.....	36	23	57.69
460	Pulp vitality tests	11	7	27.10
9110	Palliative (emergency) treatment of dental pain – minor procedure.....	24	15	49.83
2940	Sedative filling	24	15	55.94
1110	Prophylaxis – adult*	--	16	43.90
1120	Prophylaxis – child*	22	14	31.98
1201	Topical application of fluoride (including prophylaxis) – child*.....	35	22	39.33
1203	Topical application of fluoride (prophylaxis not included) – child.....	13	8	20.26
1204	Topical application of fluoride (prophylaxis not included) – adult.....	-	8	19.23
1205	Topical application of fluoride (including prophylaxis) – adult*.....	-	24	47.21
1510	Space maintainer – fixed – unilateral.....	94	59	147.72
1515	Space maintainer – fixed – bilateral.....	139	87	332.17
1520	Space maintainer – removable--unilateral	94	59	284.84
1525	Space maintainer – removable--bilateral	139	87	162.03
1550	Recementation of space maintainer	22	14	37.59
2140	Amalgam – one surface, permanent	25	16	58.56
2150	Amalgam – two surfaces, permanent.....	37	23	74.30
2160	Amalgam – three surfaces, permanent.....	50	31	90.03
2161	Amalgam – four or more surfaces, permanent	56	35	108.39
2330	Resin – one surface, anterior	25	16	67.31
2331	Resin – two surfaces, anterior.....	37	23	88.29
2332	Resin – three surfaces, anterior.....	50	31	115.39
2335	Resin – four or more surfaces or involving incisal angle (anterior).....	56	35	125.00

**Limited to two per person per calendar year*

ADA Code	Dental Service	FEP Fee Schedule Amount up to Age 13	FEP Fee Schedule Amount Age 13 and Over	BCBSNE BluePreferred Fee Schedule (MAC Amount)
2391	Resin-based composite, one surface, posterior	\$ 25	\$ 16	\$ 86.54
2392	Resin-based composite, two surfaces, posterior	37	23	122.38
2393	Resin-based composite, three surfaces, posterior	50	31	154.72
2394	Resin-based composite, four or more surfaces, posterior	50	31	181.81
2510	Inlay-metallic – one surface	25	16	227.70
2520	Inlay-metallic – two surfaces	37	23	413.46
2530	Inlay-metallic – three or more surfaces	50	31	499.74
2610	Inlay-porcelain/ceramic – one surface	25	16	274.48
2620	Inlay-porcelain/ceramic – two surfaces	37	23	440.55
2630	Inlay-porcelain/ceramic – three or more surfaces	50	31	462.40
2650	Inlay-composite/resin – one surface	25	16	203.82
2651	Inlay-composite/resin – two surfaces.....	37	23	301.04
2652	Inlay-composite/resin – three or more surfaces	50	31	446.87
2951	Pin Retention – per tooth, in addition to restoration	13	8	26.23
7140	Extraction, erupted tooth or exposed root	30	19	73.42
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	43	27	143.35
7250	Surgical removal of residual tooth roots (cutting procedure).....	71	45	145.97
9220	General Anesthesia in connection with covered extractions	43	27	269.22

Not Covered: Any service not specifically listed above.

Fee Schedule Amount: The amount Standard Option pays toward a covered dental service.

MAC (Maximum Allowable Charge): The maximum amount Preferred network dentists will charge you for a covered dental service. This MAC may be updated periodically and is subject to change. This MAC schedule has been agreed to by Preferred network dentists in your Plan's service area. If you are residing in one area and use the services of a Preferred network dentist in another area, please call the local Blue Cross and Blue Shield Plan serving that area for a copy of the appropriate MAC schedule. Call (402) 390 1879 or, toll free, 1 800 223 5584 for more information about Preferred network dentists and the MAC.

When you use a Preferred network dentist, you pay the difference between the FEP fee schedule amount and the MAC (Maximum Allowable Charge).

Please note that the effective dates for the fee schedules are as follows:

FEP Schedule Amount 01/01/07 – 12/31/07

BluePreferred Fee Schedule (MAC Amount) 10/01/06 – 09/30/07

NPI Alert: Communicate Your NPI!!!

As you should now be aware, The National Provider Identifier (“NPI”) assigned by CMS will be required on electronic submissions of HIPAA transactions – including claims – on May 23, 2007. In order to minimize the risk of impacting your claim payments, it is critical that you apply and communicate your NPI to BCBSNE as soon as possible!!!

Similar to other payers in the health care industry, BCBSNE will use the NPI on your claim and map it to your current BCBSNE provider number. In order to maintain the current processes and systems used today, we need you to communicate your NPI to us!!

BCBSNE has been reaching out in a variety of methods to obtain your NPI information. This includes surveys, face-to-face meetings, and conference calls. If you have not been contacted in either of these ways, please go to our website at <http://www.bcbsneprovider.com/forms/download/> to print and complete the NPI form. Upon completion of the form(s), please mail or fax it to:

ATTN: HNS
PO Box 3248
Omaha, NE 68180-0001
FAX: 402-343-3455

If you have not yet applied for your NPI, please do so as soon as possible. You can apply for your NPI through any of the following:

- Call (800) 465-3203 or (800) 692-2326 (TTY) for a paper application
- Email customerservice@npienumerator.com to obtain a paper application
- Write to NPI Enumerator, P.O. Box 6059, Fargo, N.D. 58108-6059
- Apply through their web address <https://nppes.cms.hhs.gov>

Please read our upcoming newsletters for information on paper claim submission and testing timelines related to sending your NPI on claims submission. Please feel free to contact your BCBSNE Health Network Consultant with any questions. **HNS**

Coding: Oral Surgeon Offices

Please use the appropriate HCPCS code for tooth extractions and anesthesia. Please do not use the unlisted code of 41899 or the anesthesia code 99144.

Following are some examples of codes that should be submitted to BCBSNE:

- D7210 Surgical removal of erupted tooth
- D7220 Removal of impacted tooth - soft tissue
- D7230 Removal of impacted tooth - partially bony
- D7240 Removal of impacted tooth - completely bony
- D9220 Deep sedation General anesthesia - first 30 minutes
- D9221 Deep sedation General anesthesia - each additional 15 minutes **HNS**



BlueCross BlueShield of Nebraska

A Not-For-Profit Mutual Insurance Company and an Independent Licensee of the Blue Cross and Blue Shield Association.

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If you would like to receive an e-mail each time we post a new issue of this newsletter on the provider website, please go to: www.bcbsne.com/update and fill out the form provided. You will also receive news about special announcements such as workshops, online resources, and other information from BCBSNE's Health Network Management Services Department!

See Archived Issues Online:

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