



BlueCross BlueShield
of Nebraska

WINTER 2009

dental update



bcbsne.com

PARTNERING WITH YOU FOR A HEALTHIER NEBRASKA

A New Look for Dental Update, Provider Website

The Dental Update is a provider newsletter that contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for health care providers. It is published by the Health Network Management Services Department (HNS).

If you are a contracting BCBSNE health care provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to file every issue of the Dental Update within your BCBSNE Policies and Procedures manual and reference it often. You may also view the current manual in the Provider section at bcbsne.com.

As a service for Blue Cross and Blue Shield members, we also send this newsletter to non-participating Nebraska providers.

We also publish each issue online in the Provider section at:
bcbsne.com

For permission to reprint material published in the Update, e-mail the editor, Kim Bryant, at:
kimberly.bryant@bcbsne.com

Welcome to the Winter 2009 issue of Dental Update. We've made some changes to the format of the newsletter that will make it easier to review the information you need. We've updated our sections on BlueBoard, FEP Supplemental Policies and more to ensure you have the information to best serve your patients.

If you would like to receive an e-mail each time a new issue of the Dental Update newsletter is posted on our website, please sign up by going to the Provider section of www.bcbsne.com. Click on the Library link on the left-hand side, then click on Newsletters.

Another change you may have noticed is that our Provider homepage on the website has recently undergone some changes to provide the resources you need in an easy-to-locate manner. These changes also include the relocation of our online dental manual. To review the manual, go to the "Policies" section, also located in the Library at bcbsne.com/providers. In this section, you will also find the documentation for dental benefits by plan code.

As you read through this issue, please let us know if the content meets your needs or if you are interested in reading about any other topics. Contact the editor, Kim Bryant, at kimberly.bryant@bcbsne.com. Your feedback will be used to help plan future issues of the Dental Update.

The BlueBoard

When Should Providers Submit Claims for X-Rays?

X-rays must be submitted for all crowns and bridges if the patient has coverage A and B only. X-rays must also be submitted for all veneers and for crowns on the upper and lower anterior teeth. If x-rays are necessary and were not submitted, the claim will be delayed or returned for the missing x-rays.

Do NOT routinely send x-rays for Federal Employee Program members. X-rays will be requested for FEP members. FEP members can be identified by the "R" at the beginning of the subscriber number on their I.D. card.

Orthodontic Services Reminder

Specific orthodontic services should be billed individually, not as a lump sum. An example would be D0340 for a cephalometric film, D0330 for a panorex, D0470 for diagnostic casts and D0350 for oral/facial photographic images.

Initial banding should be billed with the date of service, followed by monthly charges for the adjustments. BCBSNE does not pay lump sums unless the group has a specific provision (endorsement).

Dental benefits can only be applied when the services have been completed. Therefore, BCBSNE cannot pay for the total orthodontic treatment prior to completion. We will pay either monthly or quarterly as claims are filed for payment.

Include Member's I.D. Number

When filing claims, be sure to include the member's I.D. number, which can be found on the patient's BCBSNE I.D. card. Do not use the Social Security Number. To protect our members' privacy, BCBSNE prohibits the use of Social Security Numbers on claim forms.

Member Information Suggestion

When your patients arrive for their appointments, we recommend the following steps to ensure a smooth process to verify eligibility, benefits or claim status:

- Obtain a copy of the member's I.D. card to ensure you have the most current I.D. number.
- Include the member's BCBSNE I.D. number on the claim form – we do not accept Social Security Numbers on claim forms.
- Use the actual name listed on the card, and not the member's nickname.

Following these guidelines will help ensure prompt and accurate processing of your claims.

FEP Supplemental Policies

Blue Cross and Blue Shield Federal Employee Health Benefit (FEHB) serves as the primary plan for federal employees enrolled in the supplemental dental plan, so always file claims to BCBSNE first.

The FEP Dental Supplemental Insurance Program (FEDVIP) is separate from the Federal Employee Health Benefit (FEHB) program.

Please note the following important supplemental benefit claim filing network information:

- BCBSNE does not administer supplemental dental benefits.
- The BluePreferred network is not utilized for supplemental benefits for FEP members in Nebraska.
- FEHB coverage is the primary payor and will provide benefits up to FEHB's coverage limits.
- All dental claims must be filed to the FEP member's primary dental / medical carrier prior to filing to the supplemental carrier. FEDVIP is the secondary payor to the FEHB policy.
- Supplemental dental benefits do NOT replace FEHB coverage.
- FEDVIP is not intended to replace any existing coverage.

FEP Dental Code Schedule

Below is the updated copy of the 2009 FEP dental benefits and MAC Amounts.

STANDARD OPTION DENTAL BENEFITS

ADA Code	Dental Service	FEP Fee Schedule Amount up to Age 13	FEP Fee Schedule Amount Age 13 and Over	MAC Amount
120	Periodic oral evaluation	\$ 12	\$ 8	\$ 23.19
140	Limited oral evaluation	14	9	34.31
150	Comprehensive oral evaluation	14	9	37.13
160	Detailed and extensive oral evaluation	14	9	-----
210	Intraoral--complete series	36	22	73.26
220	Intraoral--periapical--first film	7	5	12.99
230	Intraoral--periapical--each additional film	4	3	12.99
240	Intraoral--occlusal film	12	7	19.48
250	Extraoral--first film	16	10	24.10
260	Extraoral--each additional film	6	4	12.99
270	Bitewing--single film	9	6	12.99
272	Bitewings--two films	14	9	23.19
274	Bitewings--four films	19	12	32.47
277	Bitewings--vertical	12	7	61.20
290	Posterior-anterior or lateral skull and facial bone survey film	45	28	72.38
330	Panoramic film	36	23	61.20
460	Pulp vitality tests	11	7	28.75
9110	Palliative (emergency) treatment of dental pain--minor procedure	24	15	52.86
2940	Sedative filling	24	15	59.35
1110	Prophylaxis--adult*	--	16	46.58
1120	Prophylaxis--child*	22	14	33.93
1201	Topical application of fluoride (including prophylaxis)--child*	35	22	40.51
1203	Topical application of fluoride (prophylaxis not included)--child	13	8	21.50
1204	Topical application of fluoride (prophylaxis not included)--adult	---	8	20.40
1205	Topical application of fluoride (including prophylaxis)--adult*	---	24	48.63
1510	Space maintainer--fixed--unilateral	94	59	156.71
1515	Space maintainer--fixed--bilateral	139	87	352.40
1520	Space maintainer--removable--unilateral	94	59	302.19
1525	Space maintainer--removable--bilateral	139	87	171.90
1550	Recementation of space maintainer	22	14	39.88
2140	Amalgam--one surface, permanent	25	16	62.13
2150	Amalgam--two surfaces, permanent	37	23	78.83
2160	Amalgam--three surfaces, permanent	50	31	95.51
2161	Amalgam--four or more surfaces, permanent	56	35	114.99
2330	Resin--one surface, anterior	25	16	71.41
2331	Resin--two surfaces, anterior	37	23	93.67
2332	Resin--three surfaces, anterior	50	31	122.42
2335	Resin--four or more surfaces or involving incisal angle (anterior)	56	35	132.61

*Limited to two per person per calendar year

FEP Dental Code Schedule (cont.)

ADA Code	Dental Service	FEP Fee Schedule Amount up to Age 13	FEP Fee Schedule Amount Age 13 and Over	MAC Amount
2391	Resin--based composite, one surface, posterior	\$ 25	\$ 16	\$ 91.81
2392	Resin--based composite, two surfaces, posterior	37	23	129.83
2393	Resin--based composite, three surfaces, posterior	50	31	164.14
2394	Resin--based composite, four or more surfaces, posterior	50	31	192.88
2510	Inlay--metallic--one surface	25	16	241.57
2520	Inlay--metallic--two surfaces	37	23	438.64
2530	Inlay--metallic--three or more surfaces	50	31	530.17
2610	Inlay--porcelain/ceramic--one surface	25	16	290.19
2620	Inlay--porcelain/ceramic--two surfaces	37	23	467.38
2630	Inlay--porcelain/ceramic--three or more surfaces	50	31	490.56
2650	Inlay--composite/resin--one surface	25	16	216.23
2651	Inlay--composite/resin--two surfaces	37	23	319.37
2652	Inlay--composite/resin--three or more surfaces	50	31	474.09
2951	Pin Retention--per tooth, in addition to restoration	13	8	27.83
7140	Extraction, erupted tooth or exposed root	30	19	77.89
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	43	27	152.08
7250	Surgical removal of residual tooth roots (cutting procedure)	71	45	154.86
9220	General Anesthesia in connection with covered extractions	43	27	285.62

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 BluePreferred network dentists will charge for a covered dental service. This MAC may be updated periodically and is subject to change. When care is provided by a BluePreferred dentist, the member owes the difference between the FEP fee schedule amount and the MAC amount.

Benefits for general anesthesia in connection with covered extractions (D9220 + D9221 combined) are available up to the Maximum Allowable Charge (MAC) amount according to age. Up to age 13 the MAC amount is \$43. Age 13 and over the MAC amount is \$27.

Use In-Network Providers for the Highest Level of Available Benefits

FEP members covered under the Basic Option plan must seek care from a BluePreferred dentist. If a non-BluePreferred dentist provides the care, no benefits are available. Standard Option members receive the highest level of available benefits when care is provided by a BluePreferred dentist and have out-of-network benefits.

BlueCross BlueShield
Federal Employee Program

Government-Wide Service Benefit Plan

Member Name: **I M Sample**
Member ID: **R30048850**

Enrollment Code: **105**
Effective Date: **01/01/2006**

RxGrp: **65006500**
RxBIN: **61415**
RxPCN: **ABC1234567**

www.fepblue.org

BlueCross BlueShield
Federal Employee Program

Government-Wide Service Benefit Plan

Member Name: **I M Sample**
Member ID: **R30048852**

Enrollment Code: **112**
Effective Date: **01/01/2006**

RxGrp: **65006500**
RxBIN: **610415**
RxPCN: **ABC1234567**

www.fepblue.org

BlueCross BlueShield
Federal Employee Program

www.fepblue.org

Customer Service: **1-800-522-5566**
Precertification: **1-800-255-2042**
Mental Health/ Substance Abuse: **1-800-626-3643**
Retail Pharmacy Information: **1-800-626-3643**
Mail Service Pharmacy Information: **1-800-626-3643**
Assistance Overseas (Call collect): **1-804-673-1678**
Blue Health Connection Information: **1-800-626-3643**

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BlueCross BlueShield
Federal Employee Program

www.fepblue.org

Customer Service: **1-800-522-5566**
Precertification: **1-800-255-2042**
Mental Health/ Substance Abuse: **1-800-554-9504**
Retail Pharmacy Information: **1-800-626-5060**
Blue Health Connection Information: **1-888-258-3432**
Assistance Overseas (Call collect): **1-804-673-1678**

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Standard Option ID Card Enrollment codes are 104 Self Only and 105 Self & Family

Standard Option ID Card Enrollment codes are 111 Self Only and 112 Self & Family

General Anesthesia Guidelines for Dental Services

If a member has coverage for general anesthesia under their dental contract, the anesthesia is payable if surgical extractions are being performed (D7220-D7250).

For claims where the procedures being performed are NOT surgical extractions, the following medical necessity guidelines for general anesthesia must be met:

1. The patient is a child age eight and under.
2. Procedure is for treatment of an acute infection.

3. Patient is having extractions in three or four quadrants.
4. Patient is having alveoloplasty (flaps).

All other reasons for general anesthesia, including extreme apprehension, will be reviewed under individual consideration by BCBSNE's dental consultant.

Please note that the dentist must have a license to perform the anesthesia service. If the dental service being performed is not payable, the anesthesia is also not payable.

Bitewing Film Benefits

Federal Employee Program (FEP) member contracts allow benefits for single film (D0270), two films (D0272), and four films (D0274), but do not provide benefits for three films (D0273) of bitewing x-rays.

If three films are medically necessary, benefits are available if billed as one single film (D0270) and one two film (D0272).

Inside dental update



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