



**BlueCross
BlueShield
of Kansas**

1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001

Web site: www.bcbsks.com

In Topeka – (785) 291-7000
In Kansas – (800) 432-0216

July 2009

CAP

Competitive Allowance Program 2010 DENTAL CONTRACT

Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS) serves 352,550 Kansans with dental coverage, as of May 31, 2009. We appreciate your continued participation in serving our members as a contracting provider in the Competitive Allowance Program (CAP), and invite you to maintain your contracting status for 2010. Since your contract is perpetual, no action is necessary on your part for renewal.

As a contracting provider, you continue to receive excellent business services which bridge the gap between the delivery of health care services and the financing of prepaid health care benefits for your patients. Business services provided by BCBSKS creating the most significant value to you as a contracting provider include:

- Local member contracts structured to allow 100 percent of the maximum allowable payment (MAP) for participating CAP providers (subject to member benefits).
- Direct payment from BCBSKS, which minimizes your collection efforts and increases cash flow.
- Electronic remittance advice and payment capabilities.
- Web site (www.bcbsks.com) available at your convenience, which improves your office efficiencies and maximizes your employee resources.
 - Secure services to include detailed claim payment information, member eligibility, remittance advice, and provider enrollment information.
 - Other services including training modules, podcasts, newsletters, manuals, policy memos, and medical policies/guidelines.

- Detailed claim payment information provided to both you and the member explaining their financial responsibilities.
- Contracting providers' names made available to BCBSKS members through a number of sources, including the Internet, employer groups, and other contracting providers for referral purposes, increasing the potential for new patients.
- A dedicated field staff available to visit your office to address any operational issues.
- Training conducted by professional relations staff for new and experienced office staff to help update them on new administrative procedures to ensure timely claims payments.
- Providers and their staffs having access to professional relations hotline personnel to answer policy questions or obtain assistance with claim coding questions.

NOTE: Noncontracting providers' services are paid direct to the member at 80 percent of the MAP (subject to member benefits). In addition, assignment of benefits to noncontracting providers is not permissible.

Your continued contracting status is important to our members and many of your patients. If for any reason you feel unable to continue your contract, please phone me (Doug Scott, 785-291-8831) to discuss. Then, if you still feel you cannot accept this contract offering and choose to terminate your provider contract, you must send signed correspondence postmarked no later than midnight, **September 3, 2009**, to Doug Scott, Director of Professional Relations, cc480D2, 1133 SW Topeka Blvd., Topeka, KS 66629.

Reimbursement Changes

On June 26, 2009, the BCBSKS Board of Directors met and approved increases to most of the dental MAPs for the year 2010. Charge comparisons reflecting reimbursement changes are available by contacting your professional relations representative or the hotline. They can also help you with any questions you may have regarding information contained in this letter.

Contact Information

Professional Relations Staff	Location	Phone Numbers	
Doug Scott, Director	Topeka	1-800-432-0216 ext. 8831	(785) 291-8831
Robyne Goates, Manager	Topeka	1-800-432-0216 ext. 8206	(785) 291-8206
Diana Evans	Topeka	1-800-432-0216 ext. 8716	(785) 291-8716
Darin Fieger	Topeka	1-800-432-0216 ext. 8207	(785) 291-8207
Cheri Iarossi	Topeka	1-800-432-0216 ext. 8651	(785) 291-8651
Professional Relations Hotline	Topeka	1-800-432-3587, option 1	(785) 291-4135, option 1
Kyle Abbott	Wichita	1-800-432-0216 ext. 1674	(316) 269-1674
Velda Fresquez-Gray	Wichita	1-800-432-0216 ext. 1674	(316) 269-1674
Debra Meisenheimer	Hutchinson	(620) 663-1313	
Gwen Nelson	Dodge City	(620) 225-0884	

BLUE CROSS AND BLUE SHIELD OF KANSAS

DENTAL POLICY

CHANGES FOR 2010

Following is a summary of the changes to the Blue Shield Dental Policy for 2010. The policy memo in its entirety will be available in the provider publications section of www.bcbsks.com in December 2009.

PREFACE

- **Page 1:** Wording was added at the end of the first paragraph to state that all existing and future policies and procedures published within BCBSKS publications which are available on the BCBSKS Web site are considered part of the Dental Policy Memo.

All existing and future policies and procedures published within BCBSKS publications that are available via the BCBSKS Web site are considered part of this Dental Policy Memo. These publications include newsletters, provider manuals, workshop materials, and periodic update communications.

SECTION II. DENIED CLAIMS APPEALS PROCEDURE

- **Page 3:** Under **First Level** changed the reference date to "of the remittance advice."

First Level: Written notification of disagreement highlighting specific points for reconsideration of a claim denied not medically necessary shall be provided to BCBSKS within 180 days from the date **of the remittance advice**. This notice shall be considered an initial appeal and be forwarded with all pertinent medical records to BCBSKS Customer Service. Medical records submitted with the request for initial appeal will be referred to the appropriate consultant and a determination will be rendered. This decision will be binding unless the provider re-appeals the decision within 60 days of notification.

SECTION IV. UTILIZATION REVIEW AND MEDICAL NECESSITY

- **Page 6, Outpatient Pre-Certification:** Added wording to state that BCBSKS will provide notification 60 days in advance of the effective date when outpatient pre-certification requirements change.

Contracting providers will be notified 60 days in advance of criteria to identify those situations falling within the scope of this provision.

SECTION VI. EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

- **Page 9-10:** Added verbiage to "experimental" to align with the member contract, changed "reliable" to "credible," and added a definition of "Research-Urgent."

Any drug, device or medical treatment or procedure and related services that are Experimental or Investigational as defined by BCBSKS are non-covered services.

Experimental or Investigational refers to the status of a drug, device or medical treatment or procedure

- A. if the drug or device cannot be lawfully marketed without approval of the U.S. Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished **and the drug or device is not Research-Urgent as defined except for prescription drugs used to treat cancer when the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature;** or
- B. if **Credible Evidence** shows that the drug, device or medical treatment or procedure is the subject of ongoing phase I, II, or III clinical trials or under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy, or its efficacy as compared with the standard means of treatment or diagnosis **and the trials are not Research-Urgent as defined except for prescription drugs used to treat cancer when the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature;** or
- C. if **Credible Evidence** shows that the consensus among experts regarding the drug, device or medical treatment or procedure is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with the standard means of treatment or diagnosis **and the trials are not Research-Urgent as defined except for prescription drugs used to treat cancer when the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature;** or
- D. **if there is no Credible Evidence available that would support the use of the drug, device, medical treatment or procedure compared to the standard means of treatment or diagnosis except for prescription drugs used to treat cancer when the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature. Credible** evidence shall mean only published reports and articles in the authoritative medical and scientific literature; the written protocol(s) used by the treating facility or the protocol(s) of another facility studying substantially the same drug, device or medical treatment or procedure; or the written informed consent used by the treating facility or by another facility studying substantially the same drug, device or medical treatment or procedure.

Research-Urgent shall mean a drug, device, medical treatment or procedure that may be covered (even though otherwise excluded by the member's contract as experimental or investigational) providing the specified criteria outlined in the member's contract is met.

Contracting providers shall notify the patient when services to be rendered are considered experimental or investigational and may not be covered under the member's contract. Any services billed to the patient as experimental or investigational must have a signed waiver in their file. A copy of the waiver must accompany the claim. (See Section IX. WAIVER FORM)

SECTION X. DOCUMENTATION

- **Page 11:** Clarified that rubber stamp signatures are not permissible, but electronic signatures are.

In the case of typed or electronic medical records, the entry must be authenticated (signed) by the provider at the time of submission. **Rubber stamp signatures are not permissible; however, electronic signatures are. The signature must be legible and contain at least the first initial and full last name. This provision does not affect stamped signatures on claims, which remain permissible.** Time extensions may be granted on a case-by-case basis; however, any extension must be approved by BCBSKS and will allow BCBSKS additional time for review activities. Certain unusual circumstances require the immediate submission of medical records. In these cases, BCBSKS will have a representative visit the office and secure requested records. The provider agrees to provide these records at the time of request. The member contract gives us the ability to obtain this information without a signed patient release.

SECTION XX. ESTABLISHING AND AMENDING MEDICAL POLICY

- **Page 15:** Inserted a new section outlining the resolution authorized by BCBSKS Board of Directors regarding establishing and amending medical policy changes and staff's authority.

XX. ESTABLISHING AND AMENDING MEDICAL POLICY

The BCBSKS Board of Directors authorized the following resolution regarding establishing and amending medical policy changes and staff's authority.

WHEREAS, the Provider Relations and Medical Affairs Division has identified a need for the ability to establish and amend corporate medical policy in a more expeditious and efficient manner, and

WHEREAS, this division has developed new procedures to establish and amend medical policies more efficiently to better serve Blue Cross and Blue Shield of Kansas members and providers,

BE IT RESOLVED, that the Blue Cross and Blue Shield of Kansas Board of Directors hereby affirms as policy, that when a proposed medical policy does not originate in a Liaison Committee or does not rise to a level of concern requiring review by Liaison, Medical or Dental Advisory Committees, the Provider Relations and medical Affairs Division is authorized to establish or amend corporate medical policy; and

BE IT FURTHER RESOLVED, that except for non-substantive operational changes, Blue Cross and Blue Shield of Kansas staff shall report all such new policies or amendments to the Board of Directors in a timely fashion. However, failure to do so shall not invalidate any new or amended medical policy.