

Blue Shield Report

A NEWSLETTER FOR PROFESSIONAL PROVIDERS AND THEIR STAFF MEMBERS

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ATTACHMENT:

- **Blue Shield Dental Claim Form example**

QUESTIONS:

Contact your Professional Relations Representative, or the Professional Relations Hotline at **1.800.432.3587**, or in the Topeka area, **785.291.7060**.

OUR WEB ADDRESS:

<http://www.bcbsks.com>

ACKNOWLEDGEMENT:

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Dental Claims Processing Changes

Blue Cross and Blue Shield of Kansas is currently redesigning its Subscriber Services Division to become more efficient. Because part of the redesign includes claims processing, you may experience changes in the way your claims are processed. Previously many claims required manual intervention to be processed; now the processing will be more automated.

To insure your claim is processed correctly (and reimbursed quickly), please be certain to include the following information on all of your claims:

PROVIDER NUMBER

The provider number should always be in the box identified as "Dentist Number" on the Blue Shield Dental Claim Form (box 18 on the attached example). Or if using the ADA form, the provider number should be in box number 1.

*** Please do not use other claim forms.**

Sent to: DDS



IDENTIFICATION NUMBER

The patient's BCBSKS identification number (**3 alpha characters and 9 numeric**) must be on all claims in the "Identification No." box of the Blue Shield Dental Claim Form (box 2 on the attached example), or box 10 of the ADA claim form. Example: XSA123456789

CORRECT ADA CDT CODING

Services should be submitted using coding from the current American Dental Association's CDT book. Effective **July 1, 1999**, claims submitted with invalid or obsolete codes or with codes not in the CDT book will be denied and will need to be resubmitted with correct coding. CDT codes are 5 digit numerical procedure codes which begin with 0.

EXCEPTION: When billing for orthodontic services, local codes S0031, S0032 and S0033 should be used instead of CDT codes. Please refer to page 4 for more information.

X-RAYS

X-rays should be submitted with the claim(s) when billing the following procedures.

1. Crowns, multiple teeth: 02710, 02720, 02721, 02722, 02740, 02750, 02751, 02752, 02790, 02791, 02792, 02810
2. Crowns for all front teeth: 02710, 02720, 02721, 02722, 02740, 02750, (#'s 6-11, 22-27) 02751, 02752, 02790, 02791, 02792, 02810
3. Perio splinting: 04320, 04321
4. Scaling and root planing: 04341
(X-rays are required for patients 16 years and younger. For patients 17 and older, we may request x-rays; and you can submit them to support difficult cases.)
5. Surgical and impacted extraction: 07241, 07280, 07281
6. TMJ: 07880 (For predeterminations/claims over \$500, and when requested)
7. Implants: 06010, 06020, 06040, 06050, 06199, 21244, 21245, 21246, 21248, 21249

Reminder: Be sure to note the patient's name, identification number and the provider name on ALL x-rays and study models. Also, mark box 23 on the BCBSKS claim form indicating x-rays were submitted.

Billing Reminders

ADULT VERSUS CHILD

CDT coding does not define the age applicable to coding dental prophylaxis and topical fluoride treatments. For procedure codes **01120** and **01203**, BCBSKS considers age 14 and younger to be a child. Over age 14, please use procedure codes **01110** and **01204**.

For topical fluoride treatments (**01201 – 01205**), the applicability of the age-driven dental benefit is defined in the insured's contract and that definition varies from contract to contract. Benefit-related questions can be directed to the Customer Service Center at: **1-800-432-0272, 785-291-4183** in the Topeka area, or **316-269-1670** in the Wichita area.

BCBSKS does NOT accept the following codes:

- 01201** Topical application of fluoride (including prophylaxis), child
- 01205** Topical application of fluoride (including prophylaxis), adult

If either of the above codes are submitted, the claim will be returned. To allow us to apply the appropriate benefits, the procedures should be split out as follows:

- For an adult: **01110** – Prophylaxis, adult
- 01204** – Topical application of fluoride (prophylaxis not included), adult (*Noncovered fluoride treatments will be denied as the insured's responsibility.*)

- For a child (14 and younger):
- 01120** – Prophylaxis, child
- 01203** – Topical application of fluoride (prophylaxis not included), child

EXTRACTIONS

Procedure code **07110** (Extraction, single tooth) should be used for the first extraction in each quadrant. Then use **07120** (Extraction, each additional tooth) for the remaining teeth in that same quadrant.

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EMERGENCY EXAMS

When submitting for an emergency exam, **09110** [Palliative (emergency) treatment of dental pain – minor procedure], please be reminded that the office visit is content of the emergency service. The two services should not be billed separately.

ORTHODONTICS

To allow the proper orthodontic benefits, the following local S codes must be used when submitting orthodontic services:

- S0031** Initial orthodontic study (includes study models, full mouth x-rays, case history and treatment plan)
- S0032** Orthodontic treatment – periodic payment
- S0033** Orthodontic appliances – initial fee

BCBSKS cannot accept the CDT/ADA procedure codes 08000-08999 for these services.