
Blue Shield Report

A NEWSLETTER FOR PROFESSIONAL PROVIDERS AND THEIR STAFF MEMBERS

August 10, 1999

D-2-99

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Correction – Adult vs Child

Please disregard the Adult and Child definitions given on page 3 of the Blue Shield Report D-1-99, dated May 25, 1999.

The **correct** age definitions are as follows:

For procedure codes 01120 and 01203, BCBSKS considers **age 13 and younger to be a child**. For **ages 14 and over (adults)**, please use procedure codes 01110 and 01204.

Please accept our apologies for this mistake and any inconveniences it has caused.

Just a friendly little reminder:
Be sure you always include
your provider number
on all of your claims.

QUESTIONS:

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

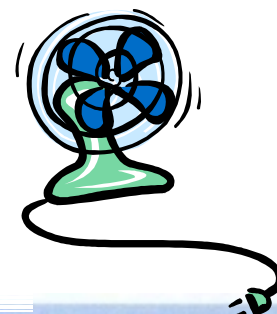
OUR WEB ADDRESS:

<http://www.bcbsks.com>

ACKNOWLEDGEMENT:

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X-Rays: When to Send and How

REMINDER: Be sure to note the patient's name, identification number and your provider name on ALL x-rays and study models. On the claim, in the appropriate box, please indicate x-rays were submitted.

The following codes/services **require** x-rays to be submitted with the claim(s).

Procedures	Codes/Special Circumstances
Crowns, multiple teeth	02710, 02720, 02721, 02722, 02740, 02750, 02751, 02752, 02790, 02791, 02792, 02810
Crowns for all front teeth (#'s 6-11, 22-27)	02710, 02720, 02721, 02722, 02740, 02750, 02751, 02752, 02790, 02791, 02792, 02810
Perio splinting	04320, 04321
Scaling and root planing *	04341 Required for patients under 16 years of age. (Dentist may want to submit as support for difficult cases.)
Surgical and impacted extraction	07241, 07280, 07281
TMJ *	07880 (Required for predeterminations/claims over \$500.)
Implants	06010, 06020, 06040, 06050, 06199, 21244, 21245, 21246, 21248, 21249

* X-rays may be requested for these two services by BCBSKS staff and/or BCBS consultant, at their discretion.

Procedure Codes: "D" Codes or "0" Codes

You may have heard that the upcoming CDT-3 Coding Manual (January, 2000) will revert back to using "D" codes. We have attempted to verify this but have been unable to confirm it.

Currently, the BCBSKS claims processing system is programmed to process and pay claims with the current ADA procedure codes (beginning with "0") and will continue to do so until we receive official notice from the American Dental Association. BCBSKS will notify you 30 days prior to making any such claims processing change.

In the interim, please continue to submit claims per the current ADA coding system.



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