

Blue Shield Report

A NEWSLETTER FOR PROFESSIONAL PROVIDERS AND THEIR STAFF MEMBERS

July 2, 2001

D-01-01

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Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587.

OUR WEB ADDRESS:

<http://www.bcbsks.com>

The *Blue Shield Report* is Published by your Professional Relations Department.

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Dental Manual On the Web

The dental manual has been updated for 2001 and is currently available on the Internet at www.bcbsks.com. Log into the providers' section, choose providers' services and then publications. You will find the dental manual in the "manuals" section.

It is highly recommended that you save the manual to your local computer. This is accomplished by clicking on the link with the right button of your mouse, and then choosing the option "save as".

This will allow you to download the dental manual to your computer.



Advantages to downloading the manual versus having a paper copy:

- **SEARCHING!** If you are researching something specific in the manual, such as a code or a word, you can search the manual by using the search feature. This will significantly reduce your search time, and get you the information you need quickly. *NOTE: the search capability is an option that you must select when downloading Adobe Acrobat. See the article "PDFs and Acrobat Reader" in this newsletter for more information.*
- **UPDATES!** You can get the latest updates and changes from our Internet site, instead of needing to replace outdated pages, or waiting for an update to be printed.
- **AVAILABILITY!** The manual is available 24 hours a day from the Internet. You can always print paper copies, but you can also copy the manual file from one computer to another. The entire manual will fit onto a 1.44 MB floppy disk. This makes transfer from your computer to any computer easy and efficient, without the need for paper copies.

If you would like a hardcopy of the dental manual, but do not have Internet access, please call the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587.



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BlueShield
of Kansas**

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1133 S.W. Topeka Blvd.
Topeka, Kansas 66629-0001

Sent to: DDS

Where Do I Write My Provider Number?

The provider number is essential in processing claims properly. It is imperative that providers include their numbers in the proper place when submitting dental forms. The following chart indicates where the provider number should appear on claim forms:

Form	Individual Provider Number	Group Number
BCBSKS Dental Claim Form 15-106 and ADA Dental Claim Forms	In box 44	
HCFA-1500 Form	In box 24K, under "reserved for local use"	Anywhere in box 33
Any other claim form	In the box titled " Provider Name " or " Provider Address "	

If a form is used other than the ADA or BCBSKS claim forms mentioned above, the **provider number** should be placed in the fields marked "**provider name**", or "**provider address**". BCBSKS will look in either of these locations for the provider number.

Claim System Upgrade and Updates

Updates are being made to the BCBSKS Claim Check system. One such update will change the layout of your remittance advice. Currently, if a code is corrected in processing, the remittance advice will display the corrected code and allowance. Once the change is implemented, the remittance advice will display the original code billed, and a second line will appear indicating the adjustment to the correct code. This change will be in compliance with HIPAA regulations, which require that BCBSKS report back the billing that was submitted.

O Codes Not Accepted

As communicated in D-5-99 and D-1-00, CDT-3 changed "O" codes to "D" codes.

Only "D" codes are accepted.



The Irony of Highlighting

It is common practice to highlight information to which special attention should be given. Unfortunately, when the information is scanned into the BCBSKS system, highlighted information appears as blackouts. It is recommended that important information be circled, underlined, or placed next to an asterisk.

Additionally, any claims that are illegible will be returned to the submitting provider, because it can not be scanned into our system as a usable source of information.

Remark Codes Which Indicate To Resubmit Claims

It has been a common practice for erroneous claims to be corrected for providers when they call the BCBSKS Customer Service Center. Unfortunately, this practice addresses the symptom and not the circumstances that caused the initial claim error.

As of this newsletter, customer service will not make the adjustments to claims that were filed incorrectly. The provider will have to resubmit the claim with the proper information (resubmission can be done electronically.) This process will allow BCBSKS to process claims faster by having providers evaluate internal operations to prevent recurrence of billing errors.

The remark codes have been updated to indicate when a claim needs to be resubmitted. The following codes are included in this directive:

Code	Nomenclature
R04	We have requested additional information in order to complete the processing of this claim. Please have the provider resubmit the claim with the correct information.
R10	We have insufficient information to complete the processing of this service as the procedure code is invalid or missing. Please have the provider resubmit the claim with the correct information.
R19	Verification of the service provided has been requested from the provider of care. Please have the provider resubmit the claim with the correct information.
RF0	The procedure code is invalid or missing. Please have the provider resubmit the claim with the correct information.
RG1	We are unable to substantiate essential information. Additional reviews are being performed in order to complete processing. Please have the provider resubmit the claim with the correct information.
RG3	The diagnosis code is invalid or missing. Please have the provider resubmit the claim with the correct information.
RLC	Product information is required. Please have the provider resubmit the claim with the correct information.
RLD	The provider should resubmit the claim using the appropriate evaluation and management procedure code.
RLE	The patient's history and physical exam notes and clinical records are required from the physician. Please have the provider resubmit the claim with the correct information.
RLF	The patient's medical records are required from the physician. Please have the provider resubmit the claim with the correct information.
RLH	Therapy evaluation/progress notes are required. Please have the provider resubmit the claim with the correct information.
RLI	Emergency room records are required. Please have the provider resubmit the claim with the correct information.
RLJ	Complete hospital medical records are required. Please have the provider resubmit the claim with the correct information.
RLP	The patient's age on the claim and the age applicable to the procedure code conflict. Please have the provider resubmit the claim with the correct information.

Code	Nomenclature
RLT	The procedure code/modifier billed is an invalid combination. Please have the provider resubmit the claim with the correct information.
RLW	The performing provider number is either missing or invalid for this date of service. Please resubmit the claim with the corrected information.
RM5	This claim should be resubmitted with the actual charge, the pharmacist's signature and what the copay amount (if applicable) represents: Example discounts or balance remaining following another carrier's payment.
RM6	We need an eligible diagnosis code. This charge is the patient's responsibility. Please have the provider resubmit the claim with the correct information.
RMA	The procedure code(s) is too complex for the actual procedure performed. Please have the provider resubmit the claim with the correct information.
RMC	The number of surface identifiers don't match the surface procedure code. Please have the provider resubmit the claim with the correct information.
RMD	Initial evaluation visit is considered part of the primary procedure code. Please have the provider resubmit the claim with the correct information.
RMI	Multiple surfaces can be combined into one procedure code. Please have the provider resubmit the claim with the correct information.
RMK	The number of tooth surfaces does not agree with the procedure code submitted. Please have the provider resubmit the claim with the correct information.
RMM	The procedure/operative report including brief history to support medical necessity is required. Please have the provider resubmit the claim with the correct information.
RMP	The patient's age is not consistent with the age indicated in the procedure code. Please have the provider resubmit the claim with the correct information.
RMQ	The patient's gender is not consistent with the gender indicated in the procedure code. Please have the provider resubmit the claim with the correct information.
RMU	This line on the claim is being returned because the number of service dates and the number of units billed do not match. Please have the provider resubmit the claim with the correct information.
RMV	We have requested additional information regarding another service billed on the same claim form. Please have the provider resubmit the claim with the correct information.

Service Accomplishing the Same Result

A system change has occurred that adjusted the denial code for services accomplishing the same result. Previously it was coded as:

R71 -*The service did not provide the level of care required for the patient's condition or is not medically necessary. As a contracting provider you have agreed to not bill the patient or us for this amount-*

Now will be coded as:

R20 -*This service is considered content of another service. If you have additional information that would support this service, please send it to us. As a contracting provider you have agreed not to bill the patient for this amount.*

Point. Click. Know. BCBSKS ON THE INTERNET

When you need information, how much time do you have to wait? When do you expect to receive up-to-date information that is crucial in your daily practice? At www.bcbsks.com, the answer is "NOW".

The newly released Blue Cross and Blue Shield of Kansas (BCBSKS) Web site offers a wealth of information to assist your practice in obtaining information when you need it. If you need to know the status of a claim, read the latest Blue Shield Report, or get the most current Remittance Advice Guide, it's as easy as point, click, and know.



Once you register with bcbsks.com as a contracting provider, you will have access to:

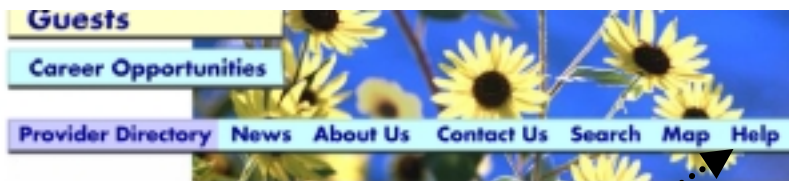
- Claim Status
- Blue Shield Report Archive 1999 to current
- Premier Blue Report Archive 1999 to current
- Most Current Manuals
- BCBSKS Forms
- Policy Memos
- Provider Directory
- Workshop Information
- Important Contact Information

Stay informed. Log on to www.bcbsks.com

Get Acquainted with www.BCBSKS.com

...then the Megabyte said "download your own PDF to browse!" HA-HA!

Ok, sometimes we just don't "get it", but it's not necessary to be a computer programmer, or super wizard to make good use of the BCBSKS Web site. It really is as simple as point and click.



If you have any difficulties during your visit, please reference our Site HELP section.

Following is a step-by-step to get you acquainted with www.bcbsks.com.

Getting Started!

To visit the BCBSKS Web site, type in the address <http://www.bcbsks.com> and you will access our homepage. If you are visiting as a contracting provider, click on the lavender-colored "button" entitled Providers. The Web site is colored-coded; therefore all provider pages will have a lavender color.

Provider Section

The first page you will visit is the Welcome Page. The index on the left side is the navigation. Simply point to where you want to go and click!

HINT: words that are underlined in blue are links to other locations. Clicking on them will take you to a new page.

Some areas are secured (such as claim status and publications). The first time you click here, you will set up a "profile" that will identify you as a contracting provider and allow you access.



Setting Up Your Profile



Welcome to Provider Services

If you are a Blue Cross and Blue Shield of Kansas (BCBSKS) provider, this area has been created for you to find information about health care claims you submitted for your patients* and to view publications created by our provider relations staff.

*Please note, claim information is not available for customers enrolled through the Federal Employees Program (FEP) or for DCBSKS members who received services in another state.

Your browser must support 128 bit encryption to continue to this secure section. For more information on Web browser encryption: [Site Help](#)

First time visitor: Please create a new [Provider Profile](#).

If you have previously created your **Provider User Name** and **Password** for this site, please sign in now.

[Forgot User Name?](#) [Forgot Password?](#)

Provider User Name: Password:

[Home](#)

As a first time visitor, you are required to set up your Provider Profile in order to access the secured area.

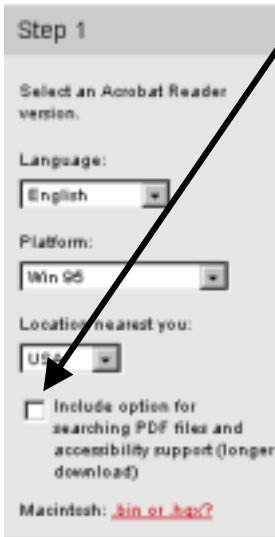
Once it is set up, you just need to enter your provider user name and password.



User name and password are case sensitive. If you set up your name or password with a capital letter, you must enter a capital letter, etc.

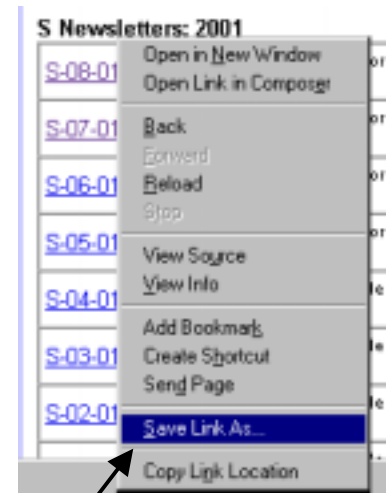
PDFs and Acrobat Reader

All of our newsletters and manuals are maintained in Portable Document Format (PDF). Adobe created this type of file, which allows files to look the same on any computer when opened with Adobe Acrobat Reader, and Acrobat Reader is free from www.adobe.com.

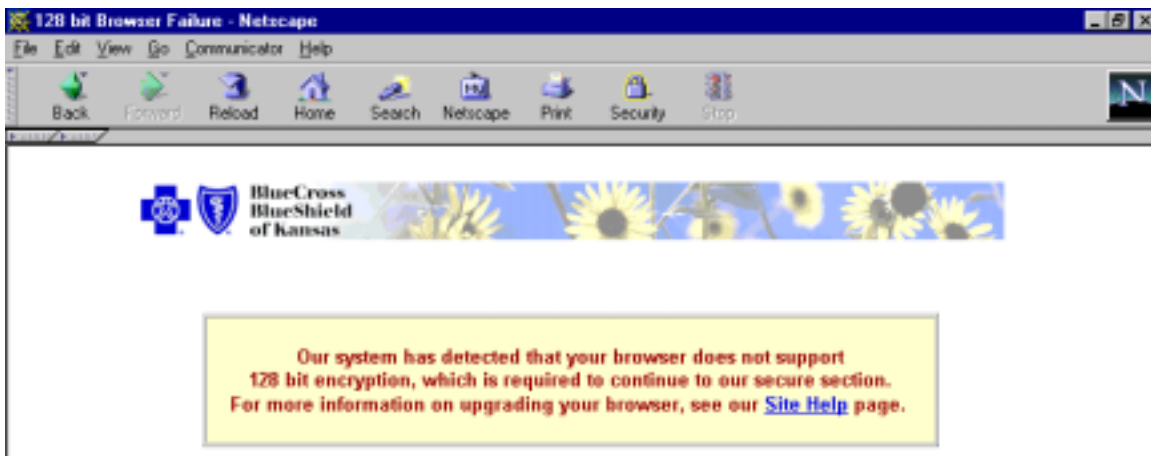


When downloading Acrobat Reader, it is highly recommended that you check the box in "Step 1" that allows you to do internal searches in PDF documents. With this option, you will be able to type in searches for codes, words or phrases. This is an extremely effective tool when researching information in a manual or large newsletter.

Additionally, when you are viewing newsletters or manuals at www.bcbsks.com, instead of just viewing the files, you can download them directly to your computer for future reference. This is accomplished by "right-clicking" on the link (which is usually blue text, underlined in blue) and when the menu pops up, choose the "save link as" option.



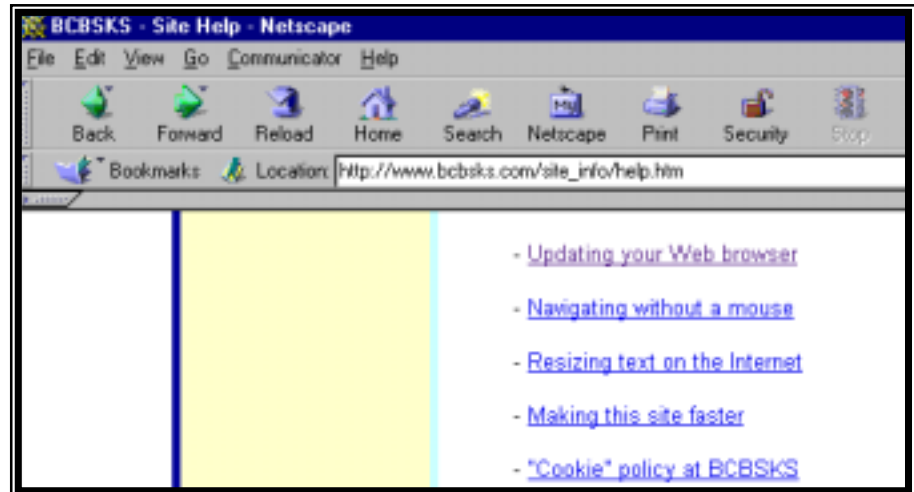
Updating Your Browser to Support 128 Bit Encryption



As part of the security features of BCBSKS.com, 128-bit encryption is required on the bcbsks.com Web site to access claims status. This will cause you to get errors if your browser is not a current version that supports this encryption level.

On 5/11/01 a detection was activated which will diagnose your browser and determine if it conforms to this requirement. If it does not, the above error message will appear directing you to go to Site Help and update your browser.

If you are using Netscape or Internet Explorer, and you are informed that you need to update your browser, visit our Help Section at www.BCBSKS.com and click on the link called "Updating Your Web Browser". This page will provide links to free upgrades for your browser.



Remember: log on to www.bcbsks.com for the most recent version of the Dental Manual.

If you do not have Internet access, or would like a paper version of the manual, please contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-7060 or 1-800-432-3587.