

# Blue Shield Report

A Newsletter for  
Professional Providers and  
their Staff Members

January 2, 2002  
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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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## FEP Dental Benefit Changes for 2002

The Federal Employee Program (FEP) dental benefits will change effective January 1, 2002. This change is an accommodation to the FEP member requests for the best coverage possible at an affordable premium.

Members will have the choice of "Standard Option," or "Basic Option," which will become effective January 1, 2002.

The following pages outline the two FEP Dental product benefits for 2002. For more information, you can access the FEP website at [www.fepblue.org](http://www.fepblue.org) or call 1-800-432-0379.

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## Important **FACTS** About FEP Dental Benefits:

- Both the **Standard Option** and **Basic Option** products utilize the FEP Preferred Provider Organization (PPO) Dental Network.
- Under **Standard Option**, the calendar year deductible only applies to the accidental injury benefit (identified on the benefits grid included in this newsletter) and only when treatment is started promptly and completed within 12 months.
- Under **Basic Option**, there is no calendar year deductible.
- Under **Basic Option**, members must access a dentist who is participating in the FEP PPO dental network to receive benefits. The only exception is when cases of dental care are the result of an accidental injury and treatment is started promptly and completed within 12 months.



## *Definitions*

### **Accidental Injury:**

An Accidental injury is an injury caused by an external force or element, such as a blow or fall, and requires immediate attention. Injuries to the teeth while eating are not considered accidental injuries.

### **Sound Natural Tooth:**

A sound natural tooth is whole or properly restored (restoration with amalgams only); is without impairment, periodontal, or other conditions and is not in need of the treatment provided for any reason other than an accidental injury. For purposes of this plan, a tooth previously restored with a crown, inlay, onlay, or porcelain restoration, or treated by endodontics is not considered a sound natural tooth.

# Federal Employee Program

## 2002 Standard Option Dental PPO

### Benefit Highlights:

- Member is responsible for the charges in excess of the fee schedule amounts up to the maximum allowable charge (MAC), or provider charge, whichever is less.
- Treatment for an accidental dental injury must be started promptly and completed within 12 months.
- Only services listed in the following tables are covered under Standard Option:

ADA Code	Service Description	Member Responsibility		MAC (Maximum Allowable Charge)
		To age 13	Age 13 and over	

### CLINICAL ORAL EVALUATIONS

ADA Code	Service Description	To age 13	Age 13 and over	MAC (Maximum Allowable Charge)
D0120*	Periodontic oral evaluation	\$12	\$8	\$25
D0140	Limited oral evaluation	14	9	35
D0150	Comprehensive oral evaluation	14	9	44
D0160	Detailed and extensive oral evaluation	14	9	75

\* Limited to two per person per calendar year

### RADIOGRAPHS

ADA Code	Service Description	To age 13	Age 13 and over	MAC (Maximum Allowable Charge)
D0210	Intraoral complete series	\$36	\$22	\$77
D0220	Intraoral periapical first film	7	5	15
D0230	Intraoral periapical each additional film	4	3	10
D0240	Intraoral occlusal film	12	7	21
D0250	Extraoral first film	16	10	26
D0260	Extraoral each additional film	6	4	22
D0270	Bite-wing – single film	9	6	16
D0272	Bite-wings – two films	14	9	25
D0274	Bitewings- four films	19	12	35
D0277	Bitewings – vertical	12	7	42
D0290	Posterior-anterior or lateral skull and facial bone survey film	45	28	74
D0330	Panoramic film	36	23	72

ADA Code	Service Description	Member Responsibility		MAC (Maximum Allowable Charge)
		To age 13	Age 13 and over	

## TESTS AND LABORATORY EXAMS

D0460	Pulp vitality tests	\$11	\$7	\$29
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## PALLIATIVE TREATMENT

D2940	Sedative filling	24	15	57
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$24	\$15	\$50

## PREVENTATIVE

D1110*	Prophylaxis – adult	\$ ---	\$16	\$55
D1120*	Prophylaxis – child	22	14	38
D1201*	Topical application of fluoride (including prophylaxis) – child	35	22	54
D1203	Topical application of fluoride (prophylaxis not included) – child	13	8	22
D1204	Topical application of fluoride (prophylaxis not included) – adult	---	8	22
D1205*	Topical application of fluoride (including prophylaxis) – adult	---	24	63

**\*Limited to two per person per calendar year**

## SPACE MAINTENANCE (passive appliances)

D1510	Space maintainer – fixed – unilateral	\$94	\$59	\$192
D1515	Space maintainer – fixed – bilateral	139	87	301
D1520	Space maintainer – removable – unilateral	94	59	244
D1525	Space maintainer – removable – bilateral	139	87	327
D1550	Recementation of space maintainer	22	14	42

## AMALGAM RESTORATION (includes polishing)

D2110	Amalgam – one surface, primary	\$22	\$14	\$59
D2120	Amalgam – two surfaces, anterior	31	20	75
D2130	Amalgam – three surfaces, anterior	40	25	91
D2131	Amalgam – four or more surfaces, primary	49	31	108
D2140	Amalgam – one surface, permanent	25	16	65
D2150	Amalgam – two surfaces, permanent	37	23	85
D2160	Amalgam – three surfaces, permanent	50	31	102
D2161	Amalgam – four or more surfaces, permanent	56	35	125

ADA Code	Service Description	Member Responsibility		MAC (Maximum Allowable Charge)
		To age 13	Age 13 and over	

## FILLED OR UNFILLED RESIN RESTORATIONS

D2330	Resin – one surface, anterior	\$25	\$16	\$81
D2331	Resin – two surfaces, anterior	37	23	103
D2332	Resin – three surfaces anterior	50	31	126
D2335	Resin – three or more surfaces or involving incisal angle (anterior)	56	35	145
D2380	Resin – one surface, posterior-primary	22	14	74
D2381	Resin – two surfaces, posterior-primary	31	20	108
D2382	Resin – three or more surfaces, posterior-primary	40	25	131
D2385	Resin – one surface posterior-permanent	25	16	91
D2386	Resin – two surfaces, posterior-permanent	37	23	125
D2387	Resin – three surfaces, posterior-permanent	50	31	156
D2388	Resin – four or more surfaces, posterior permanent	50	31	153

## INLAY RESTORATIONS

D2510	Inlay – metallic – one surface	\$25	\$16	\$458
D2520	Inlay – metallic – two surfaces	37	23	519
D2610	Inlay - metallic – three or more surfaces	50	31	598
D2620	Inlay – porcelain/ceramic – one surface	25	16	539
D2630	Inlay – porcelain/ceramic – three or more surfaces	50	31	609
D2650	Inlay – composite/resin – one surface	25	16	360
D2651	Inlay – composite/resin – two surfaces	37	23	446
D2652	Inlay – composite/resin – three or more surfaces	50	31	515

## OTHER RESTORATIVE SERVICES

D2951	Pin retention – per tooth, in addition to restoration	\$13	\$8	\$31
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## EXTRACTIONS – included local anesthesia and routine postoperative care

D7110	Single tooth	\$30	\$19	\$78
D7120	Each additional tooth	27	17	73
D7130	Root removal – exposed roots	71	45	89
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	43	27	142
D7250	Surgical removal of residual tooth roots (cutting procedure)	71	45	141
D9220	General anesthesia in connection with covered extractions	43	27	223

# Federal Employee Program

## 2002 Basic Option Dental PPO

### **Benefit Highlights:**

- Benefits limited to services in the following chart.
- \*\$20 copayment for each evaluation, plan pays remaining balance in full or up to MAC, whichever is less.
- Must use a FEP PPO Dental network provider to receive benefits, otherwise services are not covered.

ADA Code	Service Description	Notice regarding Coverage
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### CLINICAL ORAL EVALUATION

D0120*	Periodic oral evaluation	Benefits are limited to a combined total of 2 evaluations per person per calendar year for D0120 and D0150.
D0140*	Limited oral evaluation	
D0150*	Comprehensive oral evaluation	

### RADIOGRAPHS

D0210	Intraoral – complete series including bitewings	Limited to 1 complete series every 3 years.
D0270	Bitewings – single film	Limited to a combined total of 4 films per person per calendar year for D0270, D0272, and D0274.
D0272	Bitewings – two films	
D0274	Bitewings – four films	

### PREVENTATIVE

D1110	Prophylaxis – adult	Up to two per calendar year. Benefits are limited to a combined total of 2 visits per person per calendar year for D1120 and D1201.
D1120	Prophylaxis – child	
D1201	Topical application of fluoride (including prophylaxis) – child	
D1203	Topical application of fluoride (prophylaxis not included) – child	Up to two per calendar year.
D1351	Sealant – per tooth, first and second molars only	Once per tooth for children up to age 16 only, per lifetime.