

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

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Questions:

Contact your Professional Relations Representative, or the Professional Relations Hotline in Topeka at 785-291-4135 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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Evaluation and Periodontal Maintenance Billing

For 2003, the American Dental Association (ADA) intended Current Dental Terminology (CDT) to allow dentists to bill evaluation codes in addition to the periodontal maintenance procedure. However, Blue Cross and Blue Shield of Kansas (BCBSKS) will continue to consider the evaluation codes (D0120 through D0180) as part of the periodontal maintenance code reimbursement (D4910) and will lump the charges.

NOTE: Providers should bill the evaluation codes, in addition to periodontal maintenance codes as done for other payors, knowing it will be lumped to the periodontal maintenance.

An unclassified code (NOC) is no longer needed when billing the initial periodontal evaluation due to the 2003 addition of code D0180.



Duplicate Claim Filing

If a remittance advice has not been returned for a filed claim, do not resubmit the claim without verifying status on the BCBSKS Web site (www.bcbsks.com) or with customer service. Claims submitted more than once result in administrative delays to sort out the duplications and ensure accurate claim processing.



Current Dental Terminology® (CDT) is copyright 2003 American Dental Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CDT. The ADA assumes no liability for the data contained herein. Applicable FARS/DFARS Restrictions Apply to Government Use.

Periodontal Services

Following are instructions for billing specific periodontal services.

D4210	Codes representing a quadrant for four or more contiguous teeth or bounded teeth spaces.
D4240	Reimbursement is set per quadrant and not per tooth. Please bill one unit per quadrant with
D4341	the appropriate quadrant noted in the tooth number field.
D4260	

D4211	Codes represent one to three teeth per quadrant, however, reimbursement is set per tooth;
D4241	therefore, indicate the tooth number and bill each tooth as individual line items. A limit of
D4342	three units per quadrant applies and D4342 is considered content of service to D4381 when
	billed in the same quadrant.

D4261	Represents one to three teeth per quadrant and reimbursement is a set amount regardless of the number of teeth billed.
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Film Copies



When copying film, be sure to indicate "L" for left and "R" for right on legible film to avoid processing delays or claim denials.

Crown Films

Panoramic films do not show decay or structural defects and therefore are not adequate documentation to allow for a restoration. However, periapical or bitewing film is accepted. It is suggested that you include additional documentation of defects or decay not clearly demonstrated in the film to support the necessity for restoration.

Required Orthognathic Surgery Review Materials

All orthognathic (maxillary and mandibular) surgery cases being sent for review should include the following materials. These six elements must be present in order to conduct a proper review on maxillary and mandibular oral surgical cases.

1. A statement of the diagnosis.
2. Study model with articulating marks or wax bite; or mounted.
3. Close-up photos of patient's teeth, full frontal, left and right profile with retractors in place. Close-up photos of patient's face with (a) full frontal and profile with lips in repose and (b) full frontal smiling. Photos need to be of the head only, no neck or shoulders. Original photos only.
4. X-rays, lateral cephalogram and panorex.
5. Tracings, both pre-surgical as well as a prediction tracing.
6. Most important is a narrative (treatment plan) from the treating oral surgeon describing the proposed movement in millimeters and where the segments are going to each jaw.

The above requested materials apply only to orthognathic (maxillary and mandibular) surgeries, not temporomandibular joint surgeries.