

Blue Shield Report

A Newsletter for
Professional Providers and
their Staff Members

January 17, 2006
D-01-06

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

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Coverage of Implants and Associated Hardware

Cylindrical endosseous dental implants, mandibular staple implants (transosseous mandibular implants), and subperiosteal implants (or equivalent devices) are covered under medical benefits only:

- A. In the treatment of accident related trauma, and
- B. Following surgical resection of either benign or malignant lesions (does NOT include inflammatory lesions such as inflammatory cysts or granulomas).

When implants are covered under medical benefits, all multiple and global surgery guidelines apply.

Implants needed because of bone loss from periodontal disease or atrophy due to tooth loss for reasons other than stated above are NOT covered under medical benefits. Benefits may be available under the Dental Implant Rider if the member is totally edentulous in the arch where the implants are to be placed.

Prostheses associated with implants are limited to the amount for dentures that are conventionally constructed using standard procedures. The member is responsible for any balances in excess of the allowed charge for conventional dentures.

Exclusions:

Benefits will NOT be provided for blade implants, replacement of failed implants, replacement of intermobile element attachments, or the precision attachments used to adapt the prosthesis to the implant device.

Payment for Surgical Procedures:

Effective January 1, 2006, Blue Cross and Blue Shield of Kansas (BCBSKS) no longer bases reimbursement for implants on a global fee concept. The professional service should be billed with the appropriate CDT or CPT code. The hardware used for the implant should be billed separately with CDT code D6199. Payment to the provider is subject to the maximum allowable payment (MAP).

The member's coinsurance and deductible may be factors in determining the appropriate payment. Therefore, it is recommended that a predetermination of coverage be obtained to help avoid confusion.

Other Limitations Under the Dental Implant Rider:

The amount of benefits is usually 50 percent of the allowable charge for services. However, payment will not exceed the maximum benefit, which is usually \$1,000 per member, per arch, per lifetime.

Deluxe:

Currently, BCBSKS considers certain dental hardware to be deluxe.

The professional services related to deluxe dental implants, i.e. Branemark, should be billed with the appropriate CDT or CPT code. The deluxe hardware and associated costs should be billed using procedure code D6199 with a 22 modifier.

Waiver Form:

Deluxe dental implant hardware and associated costs are the member's responsibility. To avoid any misunderstandings, a completed waiver form must be explained to and signed by the member before the services are performed. The signed waiver must be kept in the member's file.

Please note "Waiver on file" in the remarks section of paperless claims or in the nomenclature field on the paper claim.

Old ID Numbers No Longer Accepted

BCBSKS previously notified providers to begin using our members' new ID numbers no later than July 1, 2005. We have continued to accept the old numbers by converting them in our system to the new ones.

Beginning April 1, 2006, we will no longer accept the old ID numbers. Claims submitted with them will be rejected. In addition, we expect providers to use the new ID numbers when utilizing the Web site or contacting us for member-related issues.

Members' new ID numbers can be accessed through the Secured Services section of our Web site under eligibility.

Periodontal Maintenance Billing

In order for BCBSKS to become more consistent with CDT coding, effective January 1, 2006, we have changed our policy on billing periodontal maintenance with dental exams. We will no longer lump the charges for both services and will reimburse each separately when performed on the same day.