

# Blue Shield Report

A Newsletter for  
Professional Providers and  
their Staff Members

April 12, 2007

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

OUR WEB ADDRESS:  
<http://www.bcbsks.com>

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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.

## **FEP PPO Dental Payment Schedules for 2007**

Attached are Federal Employee Program (FEP) dental maximum allowable charge (MAC) and payment schedules, for both Standard and Basic Options, which were effective January 1, 2007.

These documents are addenda to your Blue Cross and Blue Shield of Kansas (BCBSKS) "Federal Employee Program" dental contract and are ordinarily updated every two years. In this instance, however, the schedules had remained unchanged since 2004.

Additional information can be found on our Web site under Special Coverage Groups or by calling 785-291-4181 (Topeka) or 1-800-432-0379.

**FEP PPO DENTAL NETWORK**  
**MAXIMUM ALLOWABLE CHARGE (MAC) AND FEP PAYMENT SCHEDULE**  
**STANDARD OPTION**  
Effective: January 1, 2007

DENTAL CODES	NOMENCLATURE	MAC	UP TO AGE 13		AGE 13 AND OVER	
			FEP WILL PAY UP TO	PATIENTS WILL PAY BALANCE UP TO	FEP WILL PAY UP TO	PATIENTS WILL PAY BALANCE UP TO
D0120	Periodic Oral Evaluation*	\$32	\$12	\$20	\$8	\$24
D0140	Limited Oral Evaluation	\$45	\$14	\$31	\$9	\$36
D0150	Comprehensive Oral Evaluation	\$56	\$14	\$42	\$9	\$47
D0160	Detailed and Extensive Oral Evaluation	\$96	\$14	\$82	\$9	\$87
D0210	Intraoral - Complete Series (including bitewings)	\$99	\$36	\$63	\$22	\$77
D0220	Intraoral - Periapical First Film	\$19	\$7	\$12	\$5	\$14
D0230	Intraoral - Periapical - Each Additional Film	\$12	\$4	\$8	\$3	\$9
D0240	Intraoral - Occlusal Film	\$27	\$12	\$15	\$7	\$20
D0250	Extraoral - First Film	\$33	\$16	\$17	\$10	\$23
D0260	Extraoral - Each Additional Film	\$29	\$6	\$23	\$4	\$25
D0270	Bitewing - Single Film	\$21	\$9	\$12	\$6	\$15
D0272	Bitewings - Two Films	\$32	\$14	\$18	\$9	\$23
D0274	Bitewings - Four Films	\$44	\$19	\$25	\$12	\$32
D0277	Vertical Bitewings - 7 to 8 Films	\$53	\$12	\$41	\$7	\$46
D0290	Posterior - Anterior or Lateral Skull and Facial Bone Survey Film	\$96	\$45	\$51	\$28	\$68
D0330	Panoramic Film	\$92	\$36	\$56	\$23	\$69
D0460	Pulp Vitality Tests	\$38	\$11	\$27	\$7	\$31
D1110	Prophylaxis - Adult*	\$70	N/A	N/A	\$16	\$54
D1120	Prophylaxis - Child*	\$48	\$22	\$26	\$14	\$34
D1203	Topical Application of Fluoride (prophylaxis not included) - Child	\$28	\$13	\$15	N/A	NA
D1204	Topical Application of Fluoride (prophylaxis not included ) - Adult	\$29	N/A	N/A	\$8	\$21
D1510	Space Maintainer - Fixed, Unilateral	\$247	\$94	\$153	\$59	\$188
D1515	Space Maintainer - Fixed, Bilateral	\$386	\$139	\$247	\$87	\$299
D1520	Space Maintainer - Removable, Unilateral	\$314	\$94	\$220	\$59	\$255
D1525	Space Maintainer - Removable, Bilateral	\$420	\$139	\$281	\$87	\$333
D1550	Re-cementation of Space Maintainer	\$53	\$22	\$31	\$14	\$39
D2140	Amalgam - One Surface, Primary or Permanent	\$83	\$25	\$58	\$16	\$67
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$109	\$37	\$72	\$23	\$86
D2160	Amalgam - Three Surfaces, Primary or Permanent	\$130	\$50	\$80	\$31	\$99
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$159	\$56	\$103	\$35	\$124
D2330	Resin-Based Composite - One Surface, Anterior	\$104	\$25	\$79	\$16	\$88
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$132	\$37	\$95	\$23	\$109
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$162	\$50	\$112	\$31	\$131
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$187	\$56	\$131	\$35	\$152
D2391	Resin-Based Composite - One Surface, Posterior	\$116	\$25	\$91	\$16	\$100
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$159	\$37	\$122	\$23	\$136
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$199	\$50	\$149	\$31	\$168
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$221	\$50	\$171	\$31	\$190
D2510	Inlay - Metallic - One Surface	\$588	\$25	\$563	\$16	\$572
D2520	Inlay - Metallic - Two Surfaces	\$667	\$37	\$630	\$23	\$644
D2530	Inlay - Metallic - Three or More Surfaces	\$768	\$50	\$718	\$31	\$737
D2610	Inlay - Porcelain/Ceramic - One Surface	\$692	\$25	\$667	\$16	\$676
D2620	Inlay - Porcelain/Ceramic - Two Surfaces	\$730	\$37	\$693	\$23	\$707
D2630	Inlay - Porcelain/Ceramic - Three or More Surfaces	\$782	\$50	\$732	\$31	\$751

\*Limited to two per person per calendar year

**FEP PPO DENTAL NETWORK**  
**MAXIMUM ALLOWABLE CHARGE AND FEP PAYMENT SCHEDULE**  
**STANDARD OPTION**  
Effective: January 1, 2007

DENTAL CODES	NOMENCLATURE	NEW MAC EFF. 01/01/2007	UP TO AGE 13		AGE 13 AND OVER	
			FEP WILL PAY UP TO	PATIENTS WILL PAY BALANCE UP TO	FEP WILL PAY UP TO	PATIENTS WILL PAY BALANCE UP TO
D2650	Inlay - Resin-Based Composite - One Surface	\$462	\$25	\$437	\$16	\$446
D2651	Inlay - Resin-Based Composite - Two Surfaces	\$572	\$37	\$535	\$23	\$549
D2652	Inlay - Resin-Based Composite - Three or More Surfaces	\$661	\$50	\$611	\$31	\$630
D2940	Sedative Filling	\$73	\$24	\$49	\$15	\$58
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$39	\$13	\$26	\$8	\$31
D7140	Extraction, Erupted Tooth or Exposed Root	\$100	\$30	\$70	\$19	\$81
D7210	Surgical Removal of Erupted Tooth	\$182	\$43	\$139	\$27	\$155
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$180	\$71	\$109	\$45	\$135
D9110	Palliative (emergency) Treatment of Dental Pain - Minor Procedure	\$64	\$24	\$40	\$15	\$49
D9220	General Anesthesia - First 30 Minutes	\$284	\$43	\$241	\$27	\$257

**Not covered:** Any service not specifically listed above

**FEP PPO DENTAL NETWORK**  
**BASIC OPTION**  
 Effective: January 1, 2007

			<b>PAYMENT</b>
<b>CLINICAL ORAL EVALUATIONS</b>			The lesser of provider's charge or MAC (maximum allowable charge), minus any applicable copayments  \$20 member copayment per evaluation applies
DENTAL CODES	NOMENCLATURE	MAC	
D0120	Periodic oral evaluation	\$32	
D0140	Limited oral evaluation	\$45	
D0150	Comprehensive oral evaluation	\$56	
<b>Note:</b> Benefits are limited to a combined total of 2 evaluations per person per calendar year for D0120 and D0150.			
<b>RADIOGRAPHS</b>			
DENTAL CODES	NOMENCLATURE	MAC	
D0210	Intraoral - complete series including bitewings (limited to 1 complete series every 3 years)	\$99	
D0270	Bitewing - single film	\$21	
D0272	Bitewings - two films	\$32	
D0274	Bitewings - four films	\$44	
<b>Note:</b> Benefits are limited to a combined total of 4 films per person per calendar year for D0270, D0272, and D0274.			
<b>PREVENTIVE</b>			
DENTAL CODES	NOMENCLATURE	MAC	
D1110	Prophylaxis - adult (up to 2 per calendar year)	\$70	
D1120	Prophylaxis - child (up to 2 per calendar year)	\$48	
D1203	Topical application of fluoride (prophylaxis not included) - child (up to 2 per calendar year)	\$28	
D1351	Sealant - per tooth, first and second molars only (once per tooth for children up to age 16 only)	\$39	
<b>Note:</b> Benefits are limited to a combined total of 2 visits per person per calendar year for D1120 and D1201.			

**Not covered:** Any service not specifically listed above