

Collaborate ♦ Partner ♦ Support
Focusing on Members' Health

BCBSMA Will Offer Enhanced Dental Benefits to Members with Oral Cancer

At Blue Cross Blue Shield of Massachusetts (BCBSMA), we're committed to improving the overall health of our members. That's why we offer our Enhanced Dental Benefits to members who have both medical and dental benefits with us.

Building on the success of our Enhanced Dental Benefits program, we will offer the program to Dental Blue® members with oral cancer, in addition to members with diabetes or coronary artery disease, and members who are pregnant.

Beginning April 1, 2010 and upon account anniversary, Dental Blue plans will offer additional coverage to members diagnosed with oral cancer, including:

- ▶ Cleanings or periodontal maintenance every three months
- ▶ Fluoride treatment every three months
- ▶ Pre-diagnostic oral cancer screening every six months.

Providing members who have oral cancer with additional benefits helps your practice to better manage their care and creates a partnership with the member's medical provider. With the added coverage that lowers their out-of-pocket expenses, your patient may comply better with the prescribed treatment plan.

Consider the Facts

A person diagnosed with oral cancer is at a significantly higher risk of having additional primary oral cancers in the future. Thus, offering coverage for pre-diagnostic testing to help identify additional lesions earlier is beneficial to our members' health.

Because oral cancer treatment may include radiation to the affected area, which can result in reduced saliva formation, the oral cancer patient may have a dry mouth, potentially leading to an increase in cavities. More frequent cleaning and fluoride application will help to



reduce the risk of cavities, and regular screening can help identify new oral cancers.

Determining Eligibility and Benefits

To determine whether the member has these benefits:

- ▶ Log on to our website at www.bluecrossma.com/provider and click on **Technology Tools>Emdeon DPS**.
- ▶ Call our Dental Information Center at **1-800-882-1178, Option 3**.

continued on page 4

inthisissue

- 2 Coding Claims for Periodontal Maintenance
- 3 New Dental Office Staff Training Starts This Spring
- 4 Top 10 Ways to Ensure Timely, Accurate Payments
- 5 Emdeon DPS Includes Payer Information Function
- 6 Coordination of Benefits Update

New Benefit Enhancement for Composite Resin Restorations

Starting April 1, 2010 for new groups and on anniversary dates for existing accounts, Dental Blue plans will offer coverage for composite resin restorations (white fillings) on all teeth and all surfaces, including all posterior multi-surface posterior composite restorations.

Dental Blue previously covered composite restorations on front teeth and one-surface composite restorations on back teeth. Multiple-surface composite restorations on back teeth were paid as an alternate benefit.

We have updated our *CDT Procedure Guidelines and Submission Requirements* online to reflect this change.

To access a copy, available April 1, 2010, log on to our website at www.bluecrossma.com/provider and select **Resource Center>Admin Guidelines & Info**.

As always, we remind you to check eligibility and benefits prior to rendering services. ❖

Treating Patients and Coding Claims for Periodontal Maintenance

You've finished the active phase of treatment for a patient diagnosed with periodontal disease and plan to schedule frequent recall appointments to help prevent further deterioration of this condition. Do you know what code to use for these follow-up visits (prophylaxis code D1110 or periodontal maintenance code D4910)?

The 2009-2010 *Dental Procedure Guidelines and Submission Requirements* state that:

Follow-up patients who have received active periodontal therapy (surgical or non-surgical) are appropriately reported using the periodontal maintenance code, D4910. However, if the treating dentist determines that a patient's oral condition can be maintained with a routine prophylaxis, delivery of this service and reporting with code D1110 may be appropriate.

The decision to bill using either prophylaxis (D1110) or periodontal maintenance (D4910) is the treating dentist's. Under normal circumstances, a patient who has undergone non-surgical treatment (e.g., scaling and root planing) or surgical treatment (e.g., osseous surgery) to treat active periodontal disease may need recall visits at three-

month intervals. Since D1110 is a benefit that is paid once every six months and does not include any localized scaling and root planing, which may be a necessary component of your patient's follow-up visit, you generally should not bill using the D1110 code.

Typically, dentists should bill using D4910 to report a follow-up visit for a patient after active periodontal treatment. BCBSMA allows this service once every three months, with a limit of four reportable services during any 12-month period.

Since members often alternate between a general dentist and periodontal specialist for their follow-up care, we also allow the D4910/D1110 combination to be reported a maximum of four times in any 12-month period following active therapy.

Successful periodontal treatment and follow-up care can be accomplished by the general dentist and/or specialist working together with the patient and his/her BCBSMA coverage so that a patient can maintain their dentition for many years to come. ❖

Educating Your Patients on Periodontal Maintenance

You and your staff know the importance of the recall process for periodontal disease. You've spent valuable time treating the patient; the patient has spent time and money to stabilize their condition. You can educate your patients about the importance of this care by telling them that:

- ▶ Periodontal maintenance is key once active treatment has been completed.
- ▶ They are responsible for ensuring stability of their condition, including practicing appropriate home care and returning to you regularly for periodontal maintenance.
- ▶ A periodontal maintenance appointment is a Type 2 benefit, and the member may be responsible for a copayment.

The more the patient understands the need for this treatment, the actual procedures being performed and his/her coverage, the more likely they will be to keep the recall appointment and maintain their best hygiene. ❖

BCBSMA Is Planning Annual Survey of Dental Satisfaction

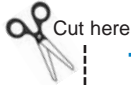
Our annual survey of dental provider satisfaction will begin in mid-March and continue through April.

We randomly selected approximately 1,500 participating dentists to receive the survey in the mail; they will also have the opportunity to complete the survey online.

BCBSMA continues to listen and respond to suggestions from our participating dentists. One of the best ways for us to monitor and improve our performance is to ask for your candid opinions about the services we are currently providing. Reimbursement, technology enhancements, and customer

service improvements are some of the areas touched by your comments and responses.

If you're selected to participate, we hope you'll complete the survey to help us make ongoing service improvements. ❖



Take Advantage of the New Dental Office Staff Training 2010

Join Dental Blue Network Managers this spring for one of our new seminars or webinars. This year, we'll share best practices for using technology to manage BCBSMA patients, from eligibility verification to claim submission. We'll also review Emdeon DPS, benefit updates, and changes to the coordination of benefits process. One non-clinical CEU will be offered. See the chart below for dates, times, and locations.

This training course will explain:

- ▶ How to incorporate BCBSMA technologies into your workflow
- ▶ Updates to benefits and the coordination of benefits process
- ▶ When and how to submit medical claims
- ▶ Tips for coding and smooth claim processing.

Please register at least one week prior to the session by logging on to www.bluecrossma.com/provider

and selecting **Resource Center> Training & Registration>Course List**. Under the Dental subheading, choose **Dental Office Staff Training 2010**.

If you plan to attend a seminar and wish to fax your request to us, please complete the form below and fax this page to the number provided. Please note that webinars require online registration. ❖

Location:	Date:	Time:
BCBSMA 25 Technology Place Hingham	Monday, March 15	9 - 11 a.m. 1 - 3 p.m.
BCBSMA 1500 Main Street, Suite 1800 Springfield	Tuesday, March 16	9 - 11 a.m. 1 - 3 p.m.
BCBSMA 446 Main Street Worcester	Thursday, March 18	9 - 11 a.m. 1 - 3 p.m.
BCBSMA One Enterprise Drive Quincy	Thursday, March 25	9 - 11 a.m. 1 - 3 p.m.
Marriott Hotel One Mall Road Burlington	Tuesday, March 30	9 - 11 a.m.
Webinars	Wednesday, March 24	1 - 2:30 p.m.
	Wednesday, March 31	1 - 2:30 p.m.

TO REGISTER VIA FAX (IN-PERSON SEMINARS ONLY)

Please circle the place and time of the seminar you would like to attend, complete the information requested below, and fax this page to K. Pero at **617-246-9397**.

Name of Attendee: _____

Practice Name: _____

Address: _____

Best Contact Number: () _____

You will automatically be registered for the session you select, unless you hear from us.

Top 10 Ways to Facilitate Timely and Accurate Claim Payments

1. **Bill electronically.** Submitting claims electronically reduces your administrative efforts. When completed correctly, electronic claims do not require manual intervention, leading to timely claim processing.
2. **Mail paper claims to the correct address.** You can find addresses in the Dental *Blue Book*. Or log on to BlueLinks for Providers at www.bluecrossma.com/provider and click on the **Contact Us** tab.
3. **Verify benefits and eligibility using Emdeon DPS.** You can access the tool by logging on to BlueLinks for Providers and selecting **Technology Tools**.
4. **Enter a Type 2 Organizational National Provider Identifier (if applicable) in Box 49 on the claim form.**
5. **Bill with the member's assigned member ID, not his/her social security number.**
6. **Use current CDT procedure codes on your claims.** You can refer to *CDT Procedure Guidelines and Submission Requirements*, available on BlueLinks for Providers under **Resource Center>Admin Guidelines & Info**.
7. **Make sure BCBSMA has your correct tax identification number.**
8. **Confirm that all dentists working in your office are contracted at your location.**
9. **Submit radiographs only when BCBSMA requests them.**
10. **Understand the policy guidelines that apply to your submitted procedure codes.** You can refer to *CDT Procedure Guidelines and Submission Requirements*, available on **BlueLinks for Providers** under **Resource Center>Admin Guidelines & Info**.

For additional information on best practices for using technology, submitting claims, and managing BCBSMA patients, join us at one of our *Dental Office Staff Training* sessions this spring. (See page 3 for more details.)❖

Enhanced Dental Benefits Will Be Offered to Members with Oral Cancer

continued from page 1

If the member does have coverage, perform services and code the claim using CDT codes noted in the chart.

If the member does not have coverage, please give them an *Enhanced Dental Benefit Enrollment*

Form and ask them to complete the form with their physician and send it to BCBSMA.

Important Note: For members with Enhanced Dental Benefits, we waive the deductible, co-insurance, and calendar year

benefit maximum provisions that would otherwise apply for the dental benefits shown below, but members must receive the care from a participating dentist.❖

CDT Codes for Members with the Oral Cancer Benefit

CDT Code:	Description:
D1110 or D4910 every three months	Prophy or periodontal maintenance
D1204 or D1206 every three months	Topical application of fluoride or fluoride varnish
D0431 every six months	Pre-diagnostic oral cancer screening

Emdeon DPS Gets Better Based on Your Feedback

Last year, we introduced the Emdeon Dental Provider Services (DPS) product, which included enrollment and benefit information specifically designed for dental offices. It replaces the dental version of Online Services that was available to dentists through BlueLinks for Providers.

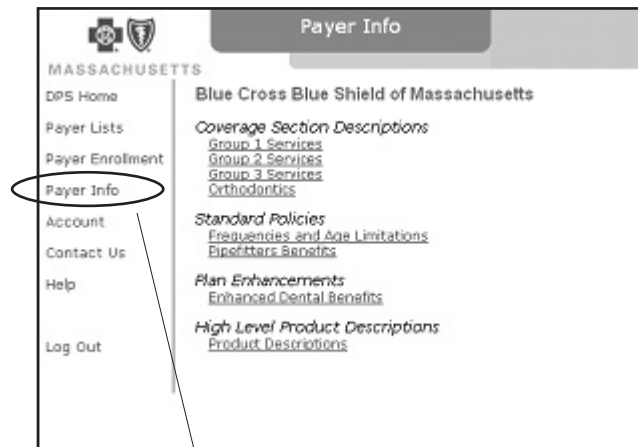
Based on your feedback, the new Emdeon DPS product includes easy-to-read eligibility and benefit screens, maximum and deductible used to date, and a robust claim status screen for providers who submit their claims using Electronic Data Interchange (EDI).

Through the application, you can track your claims to keep electronic records of your receivables and know immediately if more information is required to support your claim.

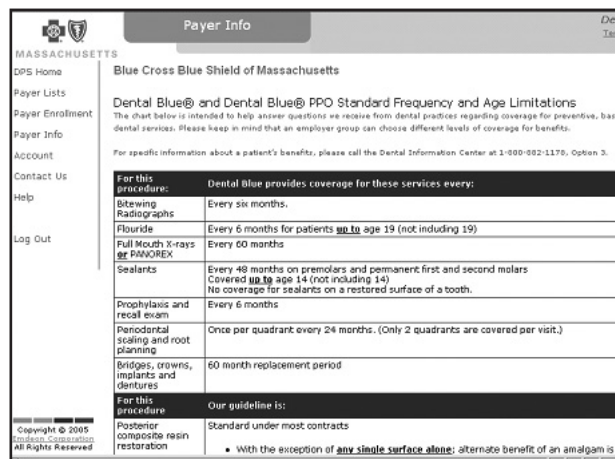
According to an office manager we spoke with, “We used to use Online Services, but found that a simple eligibility and benefit inquiry returned too much information and was harder to read. The new eligibility and benefit screens present just the information you need, and in a much easier-to-read format.”

Payer Information Screen

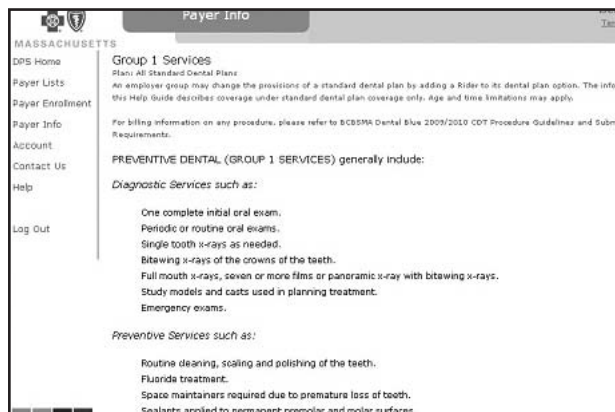
We also added a Payer Information function within DPS. By clicking **Payer Info** on the site’s home page, you can obtain basic information on coverage, benefit groups, time and age restrictions, and enhancements for BCBSMA plans. ❖



Click on this link from the home page and you’ll see this navigation bar.



Frequencies and Age Limitations screen.



Coverage Section Descriptions Group 1 Services screen.

Update on Coordination of Benefits for Medical and Dental Coverage

In the Summer 2009 issue of *Dental Focus*, we noted that for members who have both dental and medical coverage through BCBSMA, the BCBSMA medical plan will be considered primary. To help avoid overpayment of claims, we are also extending this policy to include medical coverage through other carriers as well.

Effective April 1, 2010, when a Dental Blue® member has medical coverage through any insurer, the medical plan will always be considered primary. This will help to avoid overpayment of claims.

Reimbursement will be made by Dental Blue when a subscriber

liability exists in the form of co-insurance, deductibles, balance billing, or copayments. Standard liability rules apply for the secondary payer (BCBSMA Dental), based on product type and provider status.

Once the medical plan processes the claim, Dental Blue reviews the claim to consider reimbursement of remaining charges. Knowing your patients' primary payer will help you submit your claims to the correct insurer smoothly and avoid potential retraction of payments.

When completing a dental claim form, be sure to complete the section that asks whether your patient

is covered by another insurance carrier. To coordinate coverage, we need the other insurer's information, even when the member's medical insurer is BCBSMA.

Please note: this policy is already reflected in both our subscriber certificate and provider contracts.

For more information about coordination of benefits, please refer to your *Dental Blue Book*, available by logging on to www.bluecrossma.com/provider and clicking on **Resource Center>Admin Guidelines & Info>Blue Books**. ❖

Should You Be Providing Services to Federal Employee Program (FEP) Members?

Based on feedback we received recently from our FEP members, we'd like to clarify Dental Blue benefits for these members.

FEP members access our Dental Blue Network for in-network benefits. If you are a Dental Blue Indemnity provider, you are considered a "Preferred Dentist" for FEP members and must provide services to FEP members.

Dental Providers for FEP Members

FEP members have a choice of two medical plans: the **Basic Option** and the **Standard Option**. Both of these plans have limited dental benefits as part of their medical policy. FEP members may also choose to purchase a Dental Blue Healthy Supplement.

For more information, including the FEP fee schedule, log on to

www.bluecrossma.com/provider and click on **Resource Center>Admin Guidelines & Info>BlueBooks**. Then click on **Section 8: Federal Employee Dental Plans**. ❖

For this plan:	The following benefits apply:
FEP Basic Option	Members may only access Dental Blue participating dentists. Basic Option, the fastest-growing FEP medical plan, provides full coverage for preventive dental care when members receive care from in-network providers; however, the Basic Option does not provide benefits for care received from non-network providers, except in certain cases of emergencies. BCBSMA will reimburse you for Basic Option dental benefits based on your Dental Blue maximum allowable charge. A \$20 copayment applies for members.
FEP Standard Option	Members may receive care from any dentist, including Dental Blue, Dental Blue PPO, and non-participating dentists. The Standard Option medical plan includes minimal dental benefits for a wide range of services. The patient's liability is the difference between this medical plan fee schedule and your maximum allowable charge or your fee, whichever is less. Members are responsible for the difference between the fee schedule payment and the maximum allowable charge.

Q&As About the Medicare Advantage National Network Sharing Program

In the Fall 2009 issue of *Dental Focus*, we notified you of updates to the Medicare Advantage plans, including the new Medicare Advantage National Network Sharing Program. We have developed the following Q&As to help you address questions that you or your affected patients may have.

Q. What dental services are covered under Medicare Advantage plans?

A. Medicare Advantage plans are required to provide coverage for Medicare-covered services, including extractions in limited situations. Some plans cover supplemental dental services, like preventive care. The codes and descriptions in the chart are supplemental benefits covered under some Medicare Advantage plans, including BCBSMA's Medicare HMO Blue and Medicare PPO Blue plans. The chart includes rates paid by us when you treat our members. Contracted Medicare Advantage dentists agree to accept allowable fee schedule rates for covered services when treating BCBSMA Medicare Advantage members and also when providing Medicare-covered services for Blue Cross Blue Shield (BCBS) Medicare Advantage plan members. The member would be responsible for any copayment or co-insurance. For preventive and other non-Medicare covered services, you may provide to the other "home" BCBS plan members, contact the member's home BCBS plan for coverage and rate information. For these covered services, you will generally be reimbursed "at charges"

Q. What is Medicare Advantage PPO National Network Sharing?

A. This new program allows Blue Medicare Advantage PPO members access to participating Blue Medicare



Advantage dentists for Medicare-covered services, whether they are in-state or out-of-state. Blue MAPPO members have the logo shown here on their ID card.

Q. If I see a member from another state for non-Medicare covered services, how do I receive payment for my services?

A. You should submit a current ADA claim form to the member's "home" BCBS plan for processing, just as you do now for any other out-of-state BCBS member. Or, you can request that your patient pay

you, then provide them with a receipt so they can request reimbursement directly from their home BCBS plan.

Q. I don't participate in Medicare Advantage. Can I still see Medicare Advantage PPO members?

A. Yes, just as you did under the Blue Medicare Private Fee for Service (PFFS) program, you can treat these members and receive out-of-network benefits for both in-state and out-of-state members. You can submit claims on behalf of your patients or you can request that your patient pay you, and provide them with a receipt to receive reimbursement directly from their home BCBS plan. ❖

BCBSMA Medicare Advantage Covered Dental Services

ADA code:	Description:	Medicare Advantage Allowable Amount:*
D0120	Periodic oral evaluation	\$28.44
D0140	Limited oral evaluation	\$55.37
D0150	Comprehensive oral evaluation	\$54.36
D0270	Bitewings — single film	\$17.29
D0272	Bitewings — two films	\$29.82
D0273	Bitewings — three films	\$36.22
D0274	Bitewings — four films	\$46.71
D1110	Prophylaxis — adult	\$67.73

*These rates apply to BCBSMA members only; for out-of-state members, their "home" BCBS plan rates would apply.



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Not registered for our website? [Go to www.bluecrossma.com/provider](http://www.bluecrossma.com/provider) and click on **Register Now**.

Revised Dental Indemnity and PPA Manuals Now Available Online

BCBSMA recently revised its *Dental Indemnity* and *Preferred Provider Arrangement (PPA)* handbooks. To download the most current versions, log on to www.bluecrossma.com/provider and click on **Resource Center>Admin Guidelines & Info>Indemnity Handbooks**.

Then select the appropriate handbook below:

- ▶ *Indemnity Administrative Handbook for Dental Providers*
- ▶ *Preferred Provider Arrangement Administrative Handbook for Dental Providers*. ❖

Streamline the Way You Check Benefits and Eligibility

BCBSMA offers access to Emdeon Dental Provider Services (DPS), an enhanced technology solution, that you can use for BCBSMA dental transactions and for other insurers. You can:

- ▶ Submit real-time eligibility and benefit inquiries
- ▶ Track claims for multiple payers
- ▶ Check benefits and deductibles used to-date for Dental Blue® members.

To learn how to get started using our online Emdeon DPS tool for multi-payer transactions, log on to www.bluecrossma.com/provider and select **Technology Tools**. Or, contact your Dental Network Representative at **1-800-882-1178, Option 4**. ❖

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