



# Dental Care News

A quarterly publication for dentists

OCTOBER 2009

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## U of M study links good oral care to lower diabetes costs

It's no secret that time in a dentist's chair can help save medical dollars. Now a University of Michigan study, commissioned by the Blue Cross Blue Shield of Michigan Foundation, indicates there could be approximately 10 to 40 percent medical savings for individuals with diabetes and other chronic health conditions.

Lead researcher George Taylor, DMD, DrPH, U-M associate professor of dentistry, and his team analyzed de-identified dental and medical care claims of more than 21,000 BCBSM members ages 18 to 64 who have diabetes. Each member also had Blues medical, Blues pharmacy and Blue Dental coverage, at the same time, for at least one year between 2001 and 2005. The study is the largest known of its kind to examine the link between dental care and diabetes.

"Our results are consistent with an emerging body of evidence that periodontal diseases adversely impact diabetes," said Taylor. "Treating periodontal infection may improve control of high levels of sugar in the blood. Other evidence also suggests that individuals with periodontal infections may be more likely to develop diabetes, and those with diabetes have a greater likelihood of having diabetes complications. At the minimum, physicians and dentists should be aware of these potentially important linkages and incorporate this knowledge into their practice decisions and patient communication."

U-M researchers found that individuals who received regular, non-surgical periodontal care during the term of the study also demonstrated:

- Lower diabetes-related medical care costs of more than 10 percent per year
- More than 20 percent lower annual medical costs for treatment related to cardiovascular disease in individuals with both diabetes and heart disease
- More than 30 percent lower annual medical costs for kidney disease treatment for individuals with diabetes and kidney disease
- 40 percent lower medical care costs for treatment related to congestive heart failure

"This research project is important because it addresses quality of care and health care costs for all Michigan residents," said Ira Strumwasser, executive director and CEO of the BCBSM Foundation. "This is a good example of how the Blue Cross and Blue Shield of Michigan Foundation and local researchers are working in partnership to make cutting-edge contributions to the body of health care knowledge in our state and nationally."



The next issue ... JANUARY 2010

## Make sure to use new address for enrollment

In the July *Dental Care News*, we announced a new provider enrollment and registration area specifically for dentists. This has been making registering with BCBSM and making changes (such as updates to address or tax ID) easier than ever. However, it is very important to use the new address to avoid any delays in processing.

New Dental Provider Enrollment contact information:

**Mail:** Dental Provider Enrollment  
Blue Cross Blue Shield of Michigan  
P.O. Box 3966  
Southfield, MI 48037

**Phone:** 888-334-6761

**Fax:** 866-738-0243

### Reminder:

Please make sure to use the new P.O. Box address above to avoid a delay in the application process.

### Please note:

Dentists who also bill for **medical** services will need to enroll for a medical PIN. For medical enrollment, please use the contact information below.

**Mail:** Provider Enrollment and Data Management  
Blue Cross Blue Shield of Michigan  
P.O. Box 217  
Southfield, MI 48034

**Phone:** 800-822-2761

**Fax:** 866-900-0250

## Prophylaxis and fluoride codes based on age

If the correct prophylaxis or fluoride codes based on age are not billed, claims will be rejected with NP035. Use the child prophylaxis and fluoride codes (D1120 or D1203) for children 12 and under and the adult codes (D1110 or D1204) for patients ages 13 and older.

BCBSM is not able to correct the code for you. If the code is rejected, simply resubmit a clean claim to: BCBSM, P.O. Box 49, Detroit, MI 48231-2599 with the appropriate CDT code. **Do not resubmit as a status.**

## Sale of DenteMax network solidifies BCBSM as major carrier in dental insurance

In a strategic move to become a major dental carrier, Blue Cross Blue Shield of Michigan has sold DenteMax, its dental network leasing subsidiary, to Dental Network of America, LLC (DNoA). This new business arrangement between BCBSM, DNoA and DenteMax, provides BCBSM the ability to offer more competitive dental products and a larger national dental network.

The dental network growth is matched with a renewed emphasis by BCBSM to integrate medical and dental benefits into a comprehensive approach. This approach will take advantage of the valuable benefits of the relationship between oral health and overall health.

BCBSM has used the DenteMax dental network for Blue Dental plans for several years and will continue to do so. It is expected that BCBSM's new relationship with DNoA and DenteMax will enhance network growth and dental sales opportunities. In turn, this will increase the number of patients seeking dental care within network contracted practices.

There will be no disruption of coverage to Blue Dental or DenteMax customers or to dentists providing services. BCBSM will continue to offer Blue Dental products and dental coverage.

The DenteMax transaction does not affect Blue Dental practices who have a contractual arrangement with DenteMax. Their agreed fee schedule will remain in effect for patients that access their practice through DenteMax. If a provider has a contractual relationship with both DenteMax and DNoA, each contract remains in effect, and should be applied contingent on the patient's administrator.

DNoA is a subsidiary of Health Care Service Corporation, the largest customer-owned health insurer in the U.S. DNoA has more than 20 years of leading expertise in the design and administration of dental programs and networks. DenteMax manages one of the largest national, seamless, credentialed dental PPO networks. BCBSM, DNoA and DenteMax each have a long-standing commitment to the dental industry.

# Billing reminders

## Required claim information:

If you have not already done so, please implement the following changes for submitting claims to BCBSM immediately:

- Submit claims electronically or use the current 2006 ADA claim form.
- Include NPI and Tax ID (TIN) on all submitted claims — electronic or paper. Make sure to include your billing NPI and the treating dentist NPI. These are required on all dental claims.
- Use correct NPI and TIN codes. If you are an organization or group, your billing NPI will be your Type 2. In the field for “treating dentist”, include the Type 1 NPI of the dentist who rendered treatment. If you are a group, the treating dentist must be registered under your billing TIN.

## Provider registration:

- Make sure all dentists practicing at your office are registered with BCBSM and are registered under your group Tax ID. If you have a new dental graduate practicing in your office, make sure they are also registered with BCBSM.
- Notify Dental Provider Enrollment if you are adding or deleting dentists in your practice, changing addresses or TINs. Contact Dental Provider Enrollment at (888) 334-6761.

## Choose correct CDT code:

- “Preventive fillings” are not a benefit. Please reference ADA CDT code descriptor for D2391 and D1351.

## Medicare Plus Blue<sup>SM</sup>:

- Per CMS guidelines dentists must accept payment from BCBSM for covered dental services provided to Medicare Plus BlueSM members.
- Please do not submit claims as “pay subscriber”. Per CMS guidelines BCBSM cannot directly reimburse these Medicare Plus Blue members.
- Do not submit claims for non covered services. Coverage includes one cleaning, one periodic exam and one set of bitewings per year.
- Please note that the only exam covered is a periodic exam — D0120. BCBSM cannot offer an alternate benefit if a different exam code is billed.
- In 2010, BCBSM will offer a new product called Medicare Advantage PPO. This plan requires patients to see a dentist signed up for the PPO.

# CMS amendment to MA PPO contract

Effective September 7, 2009, the Blue Cross Blue Shield of Michigan Medicare Advantage PPO Agreement was amended to reflect changes made by the Centers for Medicaid & Medicare Services in the Code of Federal Regulations. BCBSM posted an electronic notice about the amendment on web-DENIS. The following written notice is included in this edition of *Dental Care News* for your convenience.

Section 5.3 of the Agreement is deleted in its entirety and replaced with a new Section 5.3 to read as follows:

### **Timely Submission of Claims**

Dentist will file Clean Claims within 27 months from the date of service or discharge, whichever is applicable. If the claim, including revisions or adjustments, is not submitted by Dentist or Member within 27 months of the date of service or discharge, benefits will not be paid. Claims, including revisions or adjustments, that are not filed by Dentist prior to the claim filing limit of 27 months from date of service or discharge will be the Dentist's liability. Dentist agrees to provide any additional information, which is reasonably necessary to determine benefits and to verify performance under this Agreement.

Except as specifically amended, all other terms and conditions of the Agreement remain in effect.

The amendment can be found in the “Participation” section of the BCBSM Medicare Advantage PPO Provider Manual available online at [bcbsm.com/ma/pdf/ma\\_ppo\\_manual.pdf](http://bcbsm.com/ma/pdf/ma_ppo_manual.pdf).

# News bites

## BCBSM will be closed:

Nov. 26-27—Thanksgiving

Dec. 24-25—Christmas

Jan. 1—New Year's

Corporate Communications — MC 0260  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, Michigan 48226-2998

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## Dental, vision and hearing eligibility verification

When viewing eligibility on web-DENIS, a contract may have multiple active group numbers. In these cases, you will see a section called "Other Active Coverage" just below the current coverage, which is displayed at the top of your screen.

In many cases, the dental, vision or hearing coverage is loaded onto a different group number than the subscriber's medical coverage. The medical coverage is normally displayed at the top of the screen and the ancillary coverage (dental, vision or hearing) is normally placed under the "Other Active Coverage". Please make sure that you view the coverage for both active groups to determine whether or not coverage exists.

\* Blue Cross Blue Shield of Michigan uses the DenteMax network for its dental plans.  
Dentemax is an independent company.



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of Michigan

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of the Blue Cross and Blue Shield Association

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To update your information on our mailing list, please send us  
your name and new address, along with the old address, to our  
database administrator:

Fax..... 313-225-7709

Mail:

Database Administrator  
Corporate Communications — Mail Code 0260  
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