

the dental Benefact

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A BULLETIN FOR DENTAL SERVICE PROVIDERS FROM ALBERTA BLUE CROSS

Dental Assistance for Seniors program update

Who is eligible?

Eligibility for the Dental Assistance for Seniors program is based on income and is reviewed each July by Alberta Seniors and Community Supports. Effective July 1, 2011, there may be changes to the coverage levels of your patients who are covered by the program.

Depending on a senior's income, he or she may have coverage ranging from zero to the maximum coverage of the fee schedule for eligible services provided through the program. Payment under this program is based on a fee guide created by Alberta Seniors and Community Supports. You can confirm eligibility and coverage levels for your patients through this program by using CDAnet or DACnet.

It is important to note that payment will be based on eligibility and the coverage levels in effect on the date the services are provided. If the coverage has changed since a pre-determination was completed, payment will be made according to current coverage levels and not based on the prior pre-determination.

Did you know...

1. Fluoride treatments are *not* covered under the Alberta Dental Assistance for Seniors program.
2. Because coverage under this program is targeted to low-income seniors, service providers are encouraged to submit a predetermination for the cost of procedures and services so they can inform patients of the amount they will be required to pay.

Eligible services

The Dental Assistance for Seniors program provides benefits for basic dental procedures and services in order to maintain good dental health.

What is covered:

- Diagnostic services – examinations and radiographs
- Preventative services – polishing and scaling
- Restorative services – restorations, trauma/pain control/pins
- Extractions – simple and complicated
- Root canals – endodontics
- Procedures relating to periodontal disease – root planing
- Dentures – full and partial basic dentures

Procedures **NOT** covered:

- Fluoride treatment
- Crowns
- Bridges
- Inlays
- Implants
- Teeth bleaching
- Orthodontics

Claims that are submitted for seniors who are not eligible, or for ineligible services under the program, may result in payment delays and extra paperwork for your office. Submitting a predetermination will enable you to avoid these inconveniences and receive payment from your patients not covered under the program more promptly.

For the complete schedule of dental procedures and fees visit the Alberta Seniors and Community Supports web site at www.seniors.alberta.ca.

Continued on reverse

Submitting national claims electronically

Claims for patients with national plans that are paid through the Medavie Blue Cross Nexus Regional system can be submitted electronically. These claims should be sent to carrier ID 000090. The national claims policy numbers impacted are those that range between 91000 and 93000.

The Medavie Blue Cross Nexus Regional system accepts submission of 01-claim transactions. If any other transaction type is sent, you will receive a message indicating, "This transaction type is not permitted for this national Blue Cross group."

When submitting national claims, the first two zeros of the policy number should be removed for successful transmission. For example, if the policy number on the patient's national plan card is 0093075001:

- Enter 93075 in the policy number field
- Enter 001 in the division number field

The ID number on the card consists of eleven digits: enter the first nine digits in the subscriber field, the last two digits of the number are not entered. If

National Contact Information

For more information regarding national claims and electronic claims submission of national claims please contact:

Edmonton and area 780-498-8886

Toll free 1-888-498-9399

the identification number is zero filled, for example 00000123456, do not drop the zeros at the beginning. To coordinate benefits with Alberta Blue Cross and Nexus, two claims must be submitted. The claim for primary coverage can be submitted electronically and a paper claim, with a copy of the first Explanation of Benefits (EOB), must be submitted for the secondary coverage.

National electronic submissions are accepted between the hours of 7 a.m. and 10 p.m. Atlantic time (4 a.m. and 7 p.m. Alberta time).

Radiographs are not always required

Alberta Blue Cross receives many claim and treatment plan submissions with radiographs attached that are not required. Submitting unnecessary radiographs creates an extra expense in postage and administration costs for your office and could result in longer wait times. Most claim and treatment plans can be sent electronically without radiographs and assessed almost instantly!

Radiographs are not routinely required for:

- Filling restorations
- Posterior crowns – posterior teeth are considered to be from the second bicuspid to the third molar in each quadrant (teeth five to eight)
- Standard three-unit bridges

Radiographs are required for the following:

- Anterior crowns and veneers – anterior teeth are considered to be from the first incisor up to and including the first bicuspid in each quadrant (teeth one to four)
- Inlays and onlays – all teeth
- Implants – all teeth
- Double pontics and/or retainers (where the procedure is being performed on consecutive teeth)

Following these guidelines for radiographic submissions will ensure expedited service for your office and your patients. For your convenience Alberta Blue Cross also accepts paper copies of diagnostic images in place of radiographs.

When you have questions:

For assistance with dental benefit or claim inquiries, please contact an Alberta Blue Cross Dental Services Call Centre Representative at:

780-498-8977 (Edmonton and area)

403-294-4042 (Calgary and area)

1-800-567-8104 (toll free)

Support is available from 8 a.m. to 4:30 p.m. Monday to Friday.