

Addendum to the Blue BookSM Dental eManual

BCBSNC may provide notices of updates to the Dental e-Manual and updates to dental policies and procedures generally by posting them on www.bcbsnc-dental.com Web page or by posting an updated Dental e-Manual on the www.bcbsnc.com Dental provide Web page. More information regarding such electronic notices is set out in the Dental e-Manual.

Alternate Benefits

Clinical situations that can be effectively treated by a more cost-effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure. Please refer to the benefit exclusions and limitations section of the provider manual for more information.

Procedure code	Description	Limitations and Exclusions
2331 (DL,DB,DF,ML,MB,MF surfaces only in any order)	ANTERIOR COMPOSITES	Coverage is restricted for a two-surface anterior proximal restoration to an alternate benefit of a 1 surface restoration when there is only an access surface for the lingual or facial.
2332 (MFL,MBL,DFL,DBL surfaces only in any order)	ANTERIOR COMPOSITES	Coverage is restricted for a three-surface anterior proximal restoration to an alternate benefit of a 1 surface restoration when there is no evidence that both the lingual and facial margin of the restoration extends beyond the line angle.

This list, while meant to be comprehensive, may not list every procedure.

Mutually exclusive edits

Mutually exclusive edits are designed to identify the billing for two or more procedures that by dental care standards would not usually be billed for the same patient, on the same date of service.

Procedure code	Description	Limitations and Exclusions
0120, 0140, 0145, 0150, 0180	ORAL EVALUATIONS	Two or more of these codes should not be submitted on the same date of service



Procedure code	Description	Limitations and Exclusions
0220, 0230	X-RAYS	No coverage if submitted with a code of 0330.
1110	PROPHYLAXIS	No coverage if submitted on same DOS, same tooth or quadrant as a crown exposure, gingival flap procedure, crown lengthening, osseous surgery, bone grafts, biologic materials, guided tissue regeneration, debridement
2960, 2961, 2962	VENEERS	No coverage if there is a history of 27xx or 67xx on the same tooth
3310, 3320, 3330, 3346, 3347, 3348, 3332	ROOT CANALS AND RETREATMENTS	No coverage if same date as an extraction of the same tooth.
3331	ROOT CANAL OBSTRUCTION	No coverage when submitted on the same date as a root canal therapy or root canal retreatment
3346, 3347, 3348	ROOT CANAL RETREATMENTS	No coverage for root canal retreatment when submitted with an apicoectomy.
4270, 4273, 4275, 4276, 4277, 4278	SOFT TISSUE GRAFTS	No coverage if submitted with 7340, 7350, 7955, 7963 on the same tooth or the same area.
4341, 4342	SCALING AND ROOT PLANNING	No coverage when submitted on same DOS, same tooth or quadrant as a crown exposure, gingival flap procedure, crown lengthening, osseous surgery, bone grafts, biologic materials, guided tissue regeneration, debridement
4381	ANTIMICROBIAL AGENT	No coverage when submitted on the same date of service as periodontal surgery.
7140	NON-SURGICAL EXTRACTION	No coverage if submitted on same tooth, same DOS with root amputation, endosseous implant, hemisection, or coronectomy.
7310, 7311	ALVEOLOPLASTY	No coverage if submitted on same date of service and same area as 7111 or 7220-7251.
7960, 7963	FRENULECTOMY AND FRENULOPLASTY	No coverage if submitted with soft tissue grafts in same area, same date of service.

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Unbundling

Unbundling occurs when two or more procedures are used to describe a service for which a single, more comprehensive procedure exists that more accurately describes the complete service performed. Unbundled procedures will be re-bundled to the correct CDT procedure.

Procedure code	Description	Limitations and Exclusions
4240, 4241	GINGIVAL FLAP PROCEDURE	No coverage if performed on the same date/same area as 3410, 3421, 3425, 3426, 3450, 3920, 4230, 4231, 4249, 4260, 4261, 4274, 60xx, 7140, 7210, 7220, 7230, 7240, 7241, 7250, 7251, 7350, 7471, 7473, 7485, 7970, 7971, 7972.
4260, 4261	OSSEOUS SURGERY	No coverage if performed on same date of service, same area as implants, extractions, excision, or surgical reduction.
7485	SURGICAL REDUCTION OF OSSEOUS TUBERSOSITY	No coverage if submitted with Osseous Surgery.
7970, 7971, 7972	EXCISION OF HYPERPLASTIC TISSUE OR PERICORONAL GINGIVA AND REDUCTION OF FIBROUS TUBERSOSITY	No coverage if submitted on the same date of service and area as a restoration, crown, veneer, gingivectomy, crown exposure, gingival flap, crown lengthening, osseous surgery, wedge, implants, extractions, removal of root, or coronectomy

This list, while meant to be comprehensive, may not list every procedure.

Incidental and integral

Incidental and integral services are defined as procedures carried out at the same time as a primary procedure, which are clinically integral/necessary to the performance of the primary procedure. Additional reimbursement is not provided for incidental procedures, as they are included in the allowance for the primary procedure.

Procedure code	Description	Limitations and Exclusions
0210 to 0290	X-RAYS	No coverage if submitted on the same claim as 9430 and 9440.
9120	FIXED PARTIAL DENTURE SECTIONING	No coverage if submitted with a 7140 or 7210.

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Follow-up Care

Procedures should be performed based on dental necessity and as appropriate in the diagnosis, treatment and care of the member’s condition. Treatment rendered for cosmetic reasons, member convenience or services that do not meet standards of care are not eligible for benefits.

Procedure code	Description	Limitations and Exclusions
0120, 0140, 0170	ORAL EVALUATIONS	No coverage if evidence that a post-op for periodontal or oral surgery is being billed as an oral evaluation.
9430, 9440	OFFICE VISIT FOR OBSERVATION	No coverage if evidence that a post-op for periodontal or oral surgery is being billed as an oral evaluation.

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