



# Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

<b>Payment Policy POL-PP-131</b>	
<b>Subject: Dental Services and Procedures</b>	
Effective Date: 3/1/2020	Committee Approval Obtained: 3/1/2020 Last Review: 3/13/2025 Next Review: 3/1/2026
<p>The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="https://providers.bluekc.com/ContactUs/PaymentPolicies">https://providers.bluekc.com/ContactUs/PaymentPolicies</a></p>	
<p><b>Provider Payment policies</b> are written to provide an overview of coding and payment guidelines as they pertain to claims submitted to Blue KC. These guidelines are not intended to provide billing or coding advice but to serve as a reference for facilities and providers.</p> <p><b>Covered services and payment</b> are based on the member’s benefit plan and provider agreement. Providers and their office staff may use our online tools to verify effective dates and member copayments before providing services. Visit our providers page for information on member eligibility and benefits. Member liability may include, but is not limited to, co-payments, deductibles, and co-insurance. Members’ costs depend on member benefits.</p> <p>Certain services require prior authorization or referral.</p> <p><b>Blue KC reimburses</b> health care providers based on your contracted rates and member benefits. Claims are subject to payment edits, which Blue KC updates regularly.</p>	
<b>Policy</b>	<p>Dental providers (general dentist, pedodontists, orthodontists, periodontists, endodontists, and prosthodontists) should report dental services using codes found in the Current Dental Terminology (CDT) manual, published by the American Dental Association (ADA.)</p> <p>Dental services should be submitted on the ADA American Dental Association claim form using CDT codes.</p> <p>Procedures performed should be based on dental necessity and be appropriate for the diagnosis, treatment, and care of the member’s condition.</p> <p>Treatment rendered for cosmetic reasons, member convenience or services that do not meet standards of care may not be eligible for benefits.</p> <p><b>Medical</b> Certain dental services may be reported using either a CPT or dental HCPCS code. Services for accidental injury to a natural tooth, temporomandibular joint disorders, and other services with a medical diagnosis versus dental diagnosis can be submitted by a medical health provider (MD, PA, APRN) or a Doctor of Dental Surgery (DDS). Medical services should be submitted on a CMS HCFA 1500 claim form. Documentation must identify and describe the services performed.</p>

	<p>Laryngeal function studies are not payable when performed by a dental provider.</p> <p><b>Prior Authorization</b>  If a service requires prior authorization, the dental procedure code on the claim and the prior authorization must be the same.</p>
<b>History</b>	<p>Approval Date: 3/1/2020  Effective Date: 3/1/2020</p>
<b>Review</b>	<p>3/1/2021: Annual Review, there were no changes.  8/9/2021: Policy updated to remove CPT codes, please see CPT manual for correct coding.  3/1/2022: Annual review, there were no changes.  3/1/2023: Annual review, there were no changes.  3/1/2024 Annual review, there were no changes.  3/1/2025: Annual review: there were no changes</p>
<b>References and Research Materials</b>	<p>CDT  AMA</p>
<b>Related Policies</b>	<p>N/A</p>

**This document is for informational purposes only and is not an authorization, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the coverage. Medical Technology is constantly changing, and Blue KC reserves the right to review and update policies as needed.**

