



## Addendum to the Blue Book<sup>SM</sup> 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](http://www.bcbsnc-dental.com) Web page or by posting an updated Dental e-Manual on the [www.bcbsnc.com](http://www.bcbsnc.com) Dental provide Web page. More information regarding such electronic notices is set out in the Dental e-Manual.

### Deletion of ADA Codes

Once the American Dental Association (ADA) deletes codes, Blue Cross and Blue Shield of North Carolina (BCBSNC) will no longer accept the codes as of the effective date of the deletion.

### 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.

The procedures listed below will be reimbursed at the restoration level of noble medal procedures:

Procedure code	Description
2140	AMALGAM RESTORATIONS - ONE SURFACE, PERMANENT
2150	AMALGAM RESTORATIONS - TWO SURFACES, PERMANENT
2160	AMALGAM RESTORATIONS - THREE SURFACES, PERMANENT
2161	AMALGAM RESTORATIONS - FOUR OR MORE SURFACES, PERMANENT
2330	RESIN-BASED COMPOSITE RESTORATIONS - ONE SURFACE, ANTERIOR
2331	RESIN-BASED COMPOSITE RESTORATIONS - TWO SURFACES, ANTERIOR
2332	RESIN-BASED COMPOSITE RESTORATIONS - THREE SURFACES, ANTERIOR
2335	RESIN-BASED COMPOSITE RESTORATIONS - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR
2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR
2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR
2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR
2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR
2410	GOLD FOIL RESTORATIONS - ONE SURFACE
2420	GOLD FOIL RESTORATIONS - TWO SURFACES
2430	GOLD FOIL - THREE SURFACES
2510	INLAY RESTORATIONS - METALLIC - ONE SURFACE



<b>Procedure code</b>	<b>Description</b>
2520	INLAY RESTORATIONS - METALLIC - TWO SURFACES
2530	INLAY RESTORATIONS - METALLIC - THREE SURFACES
2542	ONLAY - METALLIC - TWO SURFACES
2543	ONLAY RESTORATION - METALLIC - THREE SURFACES
2544	ONLAY RESTORATION - METALLIC - FOUR OR MORE SURFACES
2720	CROWN RESTORATIONS - RESIN WITH HIGH NOBLE METAL
2750	CROWN RESTORATIONS - PORCELAIN FUSED TO HIGH NOBLE METAL
2780	CROWN RESTORATIONS - 3/4 CAST HIGH NOBLE METAL
2790	CROWN RESTORATIONS - FULL CAST HIGH NOBLE METAL
6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)
6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)
6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)
6210	FIXED PARTIAL DENTURE PONTIC - CAST HIGH NOBLE METAL
6240	FIXED PARTIAL DENTURE PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL
6250	FIXED PARTIAL DENTURE PONTIC - RESIN WITH HIGH NOBLE METAL
6610	Onlay-cast high noble metal, two surfaces
6611	Onlay-Cast high noble metal. Three or more surfaces
6720	FIXED PARTIAL DENTURE RETAINER - CROWN - RESIN WITH HIGH NOBLE METAL
6750	FIXED PARTIAL DENTURE RETAINER - CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
6780	FIXED PARTIAL DENTURE RETAINER - CROWN - 3/4 CAST HIGH NOBLE METAL
6790	FIXED PARTIAL DENTURE RETAINER - CROWN - FULL CAST HIGH NOBLE METAL

This list, while intended to be comprehensive, may not list every procedure which may be paid at the alternate benefit level.

### **Bundling**

Restorative services performed on the same tooth/same day are combined into the code with the highest number of services due to benefit restrictions. Please refer to the billing and reimbursement – Dental Claims processing section of the provider manual for more information.



<b>Procedure code</b>	<b>Description</b>
2140	AMALGAM RESTORATIONS - ONE SURFACE, PERMANENT
2150	AMALGAM RESTORATIONS - TWO SURFACES, PERMANENT
2160	AMALGAM RESTORATIONS - THREE SURFACES, PERMANENT
2161	AMALGAM RESTORATIONS - FOUR OR MORE SURFACES, PERMANENT
2330	RESIN-BASED COMPOSITE RESTORATIONS - ONE SURFACE, ANTERIOR
2331	RESIN-BASED COMPOSITE RESTORATIONS - TWO SURFACES, ANTERIOR
2332	RESIN-BASED COMPOSITE RESTORATIONS - THREE SURFACES, ANTERIOR
2335	RESIN-BASED COMPOSITE RESTORATIONS - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)
2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR
2391	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR
2392	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR
2393	RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR
2394	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES, POSTERIOR

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

**Other Reimbursement Limitations**

<b>Procedure code</b>	<b>Description</b>	<b>Dental limitations and Adjudication in addition to benefit restrictions</b>
2932	PREFABRICATED RESIN CROWN	Anterior primary teeth only
2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	Anterior primary teeth only
2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN – PRIMARY TOOTH	Anterior primary teeth only
2950	CORE BUILD-UP, INCLUDING ANY PINS	May not be billed in addition to 02140-02161 or 02330-02394 within 3 years
4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE,PER TOOTH	Must have history of 04341 performed in the same tooth range, once per site per 24 months
5860	OVERDENTURE-COMPLETE, BY REPORT	Reimbursed at the level of complete dentures and included in frequency limitation of once per 8 years
5861	OVERDENTURE-PARTIAL, BY REPORT	Reimbursed at the level of partial dentures and included in frequency limitation of once per 8 years



<b>Procedure code</b>	<b>Description</b>	<b>Dental limitations and Adjudication in addition to benefit restrictions</b>
5410	ADJUST COMPLETE DENTURE – MAXILLARY	No benefits within the first 12 months after insertion, maximum of 2 adjustments per year
5411	ADJUST COMPLETE DENTURE – MANDIBULAR	No benefits within the first 12 months after insertion, maximum of 2 adjustments per year
5421	ADJUST PARTIAL DENTURE – MAXILLARY	No benefits within the first 12 months after insertion, maximum of 2 adjustments per year
5670	Replace all teeth and acrylic on cast metal framework, maxillary	Included in frequency limitation of complete and partial dentures, once per 8 years
5671	Replace all teeth and acrylic on cast metal framework, mandibular	Included in frequency limitation of complete and partial dentures, once per 8 years
7510	Incision/Drain abscess-intraoral	If the tooth is removed, then this procedure is considered incidental.
7511	Incision/Drain abscess – intraoral soft tissue	If the tooth is removed, then this procedure is considered incidental
9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	Cannot be submitted on the same day as a problem-focused exam
9942	REPAIR AND/OR RELINE OF OCCLUSION GUARD	Allowed only once per year after 12 months from receipt of guard.
9950	OCCLUSION ANALYSIS-MOUNTED CASE	Once per 5 years
9951	OCCLUSAL ADJUSTMENT-LIMITED	Once every 24 months, cannot be billed with 09952 or 09971
9952	OCCLUSAL ADJUSTMENT-COMPLETE	Once per 5 years , cannot be billed with 09951 or 09971

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