

# Claim submissions



This resource streamlines the claim and pre-determination submission process for denturists and includes some of the most common questions and submission issues.

## Professional and lab fee amounts

Pacific Blue Cross determines and applies reasonable and customary fees and limits to services listed in the Pacific Blue Cross Denturist Fee Schedule<sup>1</sup> as +L. The +L may include commercial laboratory charges, in-house laboratory charges, parts and components and/or service charges.

- For each service that requires a lab, **itemize** the total professional fee and the total lab fee amounts separately. Do not submit a combined professional and lab fee amount.
- For fee item numbers that indicate +L in the Fee Schedule, **only** use fee item numbers 98888 (laboratory charges) for lab fee item number on electronic submissions.
- For fee items that have a variable laboratory fee, i.e. cast frame/framework, use 71006/71007 for those costs, in addition to the 98888 for all other laboratory charges.

## In-office lab slips

We acknowledge that the 70000 fee item numbers for “Additional Repair Materials or Adjunctive Services/Materials” represent in-office labs slips. If the 70000 fee items are submitted along with the professional service, we will accept this detailed breakdown as the in-office lab slip for electronic and manual claim/pre-determination submissions.


Submit the “Additional Repair Materials or Adjunctive Services/Materials” 70000 fee item numbers<sup>2</sup> as additional claim lines in the same submission along with the professional service on both electronic and manual claims/pre-determinations. Enter the fee amount for the 70000 fee item number in the professional fee column.

Pacific Blue Cross will manually allocate the total amount of the 70000 fee item numbers under the lab fee field of the associated professional service line. A response message will be sent that the 70000 fee item number claim lines have been rejected BUT please be assured that these 70000 fee amount(s) have been added as part of the lab fee component of the professional service.

<sup>1</sup> You can find the Pacific Blue Cross Denturist Fee Schedule on [pac.bluecross.ca/PROVIDERnet](http://pac.bluecross.ca/PROVIDERnet).  
<sup>2</sup> As outlined in the Denturist Association of British Columbia Fee Guide.

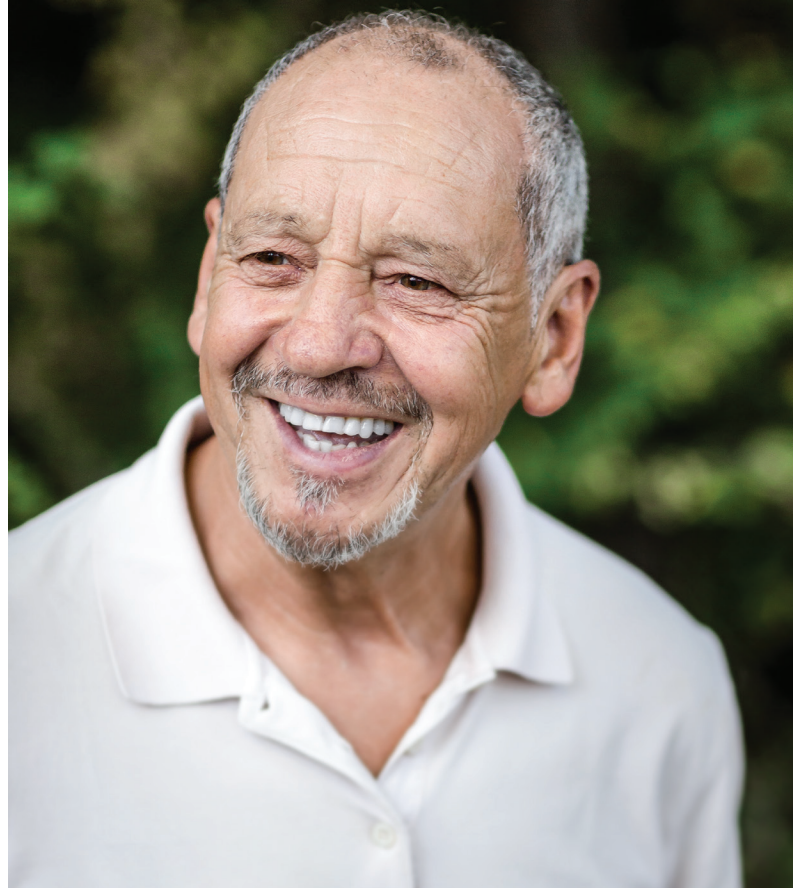
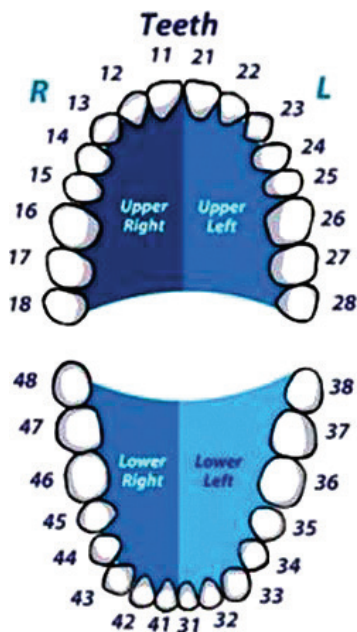
If there are multiple labs, the manual process will combine the labs together under the associated professional fee service line. See *Table 1: How to submit in-office lab slips* on page 3 for clarification.

### **Tooth Codes**

For fee item numbers in the Pacific Blue Cross Denturist Fee Schedule that have the  beside them, we have added a section to the preface on how to identify the Tooth Code to submit. Different fee item numbers require different Tooth Codes (i.e. sextant or arch).

Pacific Blue Cross follows the International Tooth Code for identifying the site of work. When identifying teeth, sextants can be used to divide the dental arches. This table illustrates the tooth numbers that correspond to sextants, that correspond with the arches.

ARCH	SEXTANT	TOOTH NUMBERS	
00 BOTH	01 UPPER	03	14–18
		04	13–23
		05	24–28
		06	34–38
	02 LOWER	07	33–43
		08	44–48



### **Bruxism appliance**

This new item has been added to the Pacific Blue Cross Denturist Fee Schedule. Use the code 74011 for claims submissions.

Bruxism Appliance		
Including impression, insertion and adjustments (no post-insertion adjustments). Limited to two appliances in a five-year period.		
Schedules 1 and 3: Paid under Basic.		
Schedule 2: Paid under Major (plans with prosthetic coverage only).		
Not Eligible: Spare appliances, treatment of obstructive airway disorders (snoring devices), mouth guards (sports guards) and control of oral habits.		
74011	Bruxism appliance	375.00 +L

### **Other procedure codes**

Procedure code 73013: *Soft Lining for a Rebase* has been added to our system as a standard plan benefit and can be billed as a separate professional service and fee amount. 73013 will process at the plan's percentage of \$565.00.

Procedure codes 73008 and 70150 have been updated to accurately reflect that they require arch codes on all submissions. Use 01 (upper) or 02 (lower).

### **Questions? We're here to help.**

**Phone** 604 419-2000

**Toll-free** 1 877 PAC-BLUE

**Website** [pac.bluecross.ca](http://pac.bluecross.ca)

## Table 1: How to submit in-office lab slips

### ELECTRONIC (DACnet) submission

FEE ITEM	DESCRIPTION	PROF FEE	LAB CODE 1	LAB FEE 1	LAB CODE 2	LAB FEE 2
46210	Repairs, partial denture, with impressions, maxillary	\$115	98888	\$60		
71316	Soldering	\$120				
71313	New Tooth (each)	\$50				

**RESULT:** Submission will pend and Pacific Blue Cross staff will add the total amount of 71316 and 71313 to the Lab Fee 1 field using fee item 98888

FEE ITEM	DESCRIPTION	PROF FEE	LAB CODE 1	LAB FEE 1	LAB CODE 2	LAB FEE 2	RESULT
46210	Repairs, partial denture, with impressions, maxillary	\$115	98888	\$230			
71316	Soldering	\$120					REJECT — The lab fee has been allocated and adjudicated with the professional procedure submitted on this claim.
71313	New Tooth (each)	\$50					

### PAPER submission

FEE ITEM	DESCRIPTION	PROF FEE	LAB FEE
46210	Repairs, partial denture, with impressions, maxillary	\$115	\$60
71316	Soldering	\$120	
71313	New Tooth (each)	\$50	

**RESULT:** Submission will pend and Pacific Blue Cross staff will add the total amount of 71316 and 71313 to the Lab Fee field using fee item 98888

FEE ITEM	DESCRIPTION	PROF FEE	LAB FEE	RESULT
46210	Repairs, partial denture, with impressions, maxillary	\$115	\$230	
71316	Soldering	\$120		REJECT — The lab fee has been allocated and adjudicated with the professional procedure submitted on this claim.
71313	New Tooth (each)	\$50		