Introduction to the Dental Blue® Network and Other Products With Dental Benefits
BCBSNC Dental Products

Dental Blue® Products
- Dental Blue® for group
- Dental Blue Select℠
- Dental Blue for Individuals℠
- Dental Blue for Seniors℠
- Dental Blue® For Federal Employee Program

Other Products With Dental
- BCBSNC Medical (with limited dental care)
- BCBSNC Medical Pediatric Oral Health
- Federal Employee Health Benefit Plan (BCBSNC medical with some dental benefits)
- FEP BlueDental/FEDVIP
Dental Blue® Products

Dental Blue® (Group) – offers employers the freedom to customize a plan to meet the needs of employees, customizing plans from a choice of available benefits options

Dental Blue Select℠ – a competitive voluntary group dental. Employers have a choice of three dental plans – Standard, Complete and Enhanced

Dental Blue for Individuals℠ – a consumer-driven dental plan for individuals and their eligible dependents

Dental Blue for Seniors℠ – a consumer dental product for individuals and their spouse age 65 and older

Dental Blue® For Federal Employee Program – offers federal employees a dental supplemental plan to complement their medical dental benefits (no longer available as of 12/31/15)
Other BCBSNC Products With Dental

Medical Plans – Limited dental benefits where applicable

Pediatric Oral Health – Dental Services – Affordable Care Act (ACA) medical plan, which includes pediatric dental services
  - Available to children up to age 19 on an ACA-compliant plan medical plan

Federal Employee Health Benefit Plan – provides health care coverage (including certain dental services) to federal employees and retirees who choose to enroll in one of two service benefits plan options (Standard or Basic)

FEP BlueDental/FEDVIP – A dental plan offered through the Blue Cross and Blue Shield Association to federal employees
Dental Blue Benefit Categories (Group, Individual and Senior)

1. **Diagnostic and Preventive**
   - Oral exams, teeth cleanings and scaling
   - Full-mouth and bitewing X-rays
   - Fluoride treatment and sealants
   - Space maintainers

2. **Basic**
   - Simple restorative services (fillings)
   - Extractions and oral surgery
   - Stainless steel crowns
   - Endodontics

3. **Major**
   - Bridges and dentures
   - Periodontics
   - Crowns, inlays and onlays

4. **Orthodontics** (up to age 18)

Please note that groups have the option to customize these benefits. Always call to verify benefits prior to patient’s visit.
Dental Blue for FEP Benefit Categories

1. **Diagnostic and Preventive**
   - Oral exams and teeth cleanings
   - Full-mouth X-rays and bitewing X-rays
   - Sealants

2. **Basic**
   - Minor restorative services (fillings)
   - Extractions and oral surgery
   - Periodontal scaling

3. **Major**
   - Root canals
   - Crowns
   - Bridges and implants

4. **Orthodontics** (up to age 18 and subject to a 24-month waiting period)

*Always call to verify benefits prior to patient’s visit.*
## Dental Blue: Group, Individual and Senior

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Dental Customer Service</strong></td>
<td>1.800.305.6638</td>
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<tr>
<td><strong>Dental Claims</strong></td>
<td>Dental Emdeon payer #61473 (electronic claims filing)</td>
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<tr>
<td></td>
<td>BCBSNC Dental Blue Claims Unit</td>
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<tr>
<td></td>
<td>P.O. Box 2100</td>
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<tr>
<td></td>
<td>Winston-Salem, NC 27102-2100</td>
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<tr>
<td><strong>Web Sites:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Benefits/Claims/Eligibility (Must register first)</strong></td>
<td><a href="http://www.bcbsnc-dental.com">www.bcbsnc-dental.com</a></td>
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</tbody>
</table>
Dental Blue logo displayed on a card with a medical plan logo lets the dental care provider know the member’s identification card belongs to a member with both dental and health care benefits with BCBSNC.

GRID+ Logo identifies a member who is participating in the GRID+ dental network. Claims processing, benefits, and customer service for these members will be handled by the out-of-state Blue Plan that issued the card to the applicable member.
The coverage is with Blue Cross and Blue Shield of North Carolina (BCBSNC) and not with another Blue Plan.

Electronic filing Emdeon number #61473 to use for BCBSNC Dental Blue for:
- Groups
- Individuals
- Seniors
- Federal Employees

Call this number for questions about a BCBSNC dental plan.

Claims mailing address and electronic filing Emdeon number
Whether the patient is carrying a dental-only identification card or a health and dental identification card, always file claims for services that include the patient’s complete identification number, which includes both numbers and letters.

The dental-only ID number in this example is **W1333333301**
The health and dental ID number in this example is **YPW1434342301**
<table>
<thead>
<tr>
<th>Dental Blue Select: Group Voluntary Dental Plan</th>
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<tbody>
<tr>
<td>Dental Customer Service</td>
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<td>Dental Claims</td>
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<td></td>
</tr>
<tr>
<td>Web Sites: Benefits/Claims/Eligibility (Must register first)</td>
</tr>
</tbody>
</table>
When filing claims, please include the complete member ID number.

Electronic filing Emdeon number #61474 for Dental Blue Select claims
Dental Blue Claim Submission

- EDI (Electronic Data Interchange) via Emdeon Clearing House
  - Emdeon payer numbers identify product lines:
    - 61473 is used for all Dental Blue products (group, individual, and senior)
    - 61474 is used only for Dental Blue Select
  - Always refer to the member’s BCBSNC ID card to properly identify the correct plan and the correct Emdeon payer ID number. Using the incorrect payer ID will delay claims processing.

- Paper claim form is available at bcbsnc-dental.com
  - Once you register, you will have access to the appropriate dental claim forms for each of the Dental Blue products, which include the correct mailing address on the forms.
Dental Blue Pre-Treatment Estimate of Benefits

- When the charges for a proposed course of treatment are expected to be more than $250, a pre-treatment estimate of benefits is strongly recommended before any services are performed.
  - This allows both the dental care provider and the patient to make an informed decision regarding potential coverage for a given procedure in advance.
  - When requesting a pre-treatment estimate of benefits, please send a completed ADA claim form along with any supporting documentation to the claims mailing address listed on the member’s ID card.
  - The dental provider e-manual (www.bcbsnc.com) provides information regarding required documentation needed before a pre-treatment estimate of benefits can be determined.

<table>
<thead>
<tr>
<th>Description</th>
<th>Information required for claims processing</th>
</tr>
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<tbody>
<tr>
<td>Single unit fixed restorations</td>
<td></td>
</tr>
<tr>
<td>Crowns</td>
<td>Pre-operative X-ray(s)</td>
</tr>
<tr>
<td>Build-ups</td>
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<tr>
<td>Post and cores</td>
<td></td>
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<tr>
<td>Periodontics</td>
<td></td>
</tr>
<tr>
<td>Root planing and osseous surgery</td>
<td>Pre-operative X-ray(s)</td>
</tr>
<tr>
<td></td>
<td>Periodontal charting</td>
</tr>
</tbody>
</table>
OTHER DENTAL PRODUCTS
## Pediatric Dental Benefits (ACA Medical Plan)

<table>
<thead>
<tr>
<th>Service Type (Available up to age 19)</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive &amp; Diagnostic</td>
<td>$25 copayment per visit</td>
<td>$50 copayment per visit</td>
</tr>
<tr>
<td>– exams, cleanings, X-rays, fluoride,</td>
<td></td>
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<tr>
<td>sealants, and space maintainers</td>
<td></td>
<td></td>
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<tr>
<td>Basic &amp; Major</td>
<td>80% after medical deductible</td>
<td>60% after medical deductible</td>
</tr>
<tr>
<td>– filings, extractions, oral surgery,</td>
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<td></td>
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<tr>
<td>endodontics, periodontics, crowns,</td>
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<td></td>
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<tr>
<td>bridges, and dentures</td>
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<td></td>
</tr>
<tr>
<td>Medically Necessary Orthodontics (12-month waiting period &amp; requires prior approval)</td>
<td>80% after medical deductible</td>
<td>60% after medical deductible</td>
</tr>
</tbody>
</table>
Dental Treatment Covered Under Medical

Services are covered under the member’s medical benefits for the following:

1. Accidental injury of the sound teeth, jaw, cheeks, lip, tongue, roof and/or floor the mouth
2. Congenital deformity, including cleft lip and cleft palate
3. Removal of tumors, cysts that are not related to teeth or associated with dental procedures, or exostoses for reasons other than the preparation for dentures

Benefits for dental implants and related procedures, such as bone grafting associate with any of the three conditions listed above.

Benefits are provided for extractions, root canal therapy, crowns, bridges, dentures, and orthodontic braces

Please note if any of the conditions listed above require surgical correction, the surgery is subject to medical necessity review.
# Helpful Information

## Dental Services Covered Under Medical/Pediatric Oral Health Benefits

<table>
<thead>
<tr>
<th>Provider Customer Service</th>
<th>1.800.214.4844</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Claims (including pediatric dental/accident/TMJ or submit to patient’s health care plan if other than BCBSNC)</td>
<td>Dental Emdeon payer #61472 (electronic claims filing)</td>
</tr>
<tr>
<td></td>
<td>BCBSNC Medical Claims Unit</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 35</td>
</tr>
<tr>
<td></td>
<td>Durham, NC 27702</td>
</tr>
<tr>
<td>Web Site</td>
<td><a href="http://www.bcbsnc.com">www.bcbsnc.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.bcbsnc.com/content/providers/edi/bluee">www.bcbsnc.com/content/providers/edi/bluee</a></td>
</tr>
</tbody>
</table>
When filing a pediatric medical dental claim, please note the dental Emdeon number #61472 if filing electronically.

Member ID must include the full subscriber ID with the member suffix (example: YPPW1220668902) when filing the claim.
Filing Medical Dental Claims

- **Medical**
  - Providers should bill with either the HCFA form using CPT codes or an ADA form using CDT codes.

- **Pediatric Dental Claims**
  - Providers should bill with an ADA form, using the appropriate CDT code
    - The 2012 ADA form is encouraged; however, we will still accept the 2006 version until IDC-10 goes into effect on October 1, 2015.

- **Claim(s)**
  - Mail to P.O. Box 35, Durham, NC 27702-0035, or
  - Submit electronically to Emdeon #61472

- Claims should include the patient’s complete ID number, which may include letters and numbers as indicated on the member’s ID card.

- All participating dental providers are also part of the BCBSNC medical network.
Coordination of Benefits – Pediatric Dental Only

- Coordinate benefits with Dental Blue policies, if applicable.
  - The pediatric dental policy will be considered primary, and the Dental Blue policy will be secondary.
  - Currently, claims must be submitted to the pediatric medical policy first, and then a claim/EOB will be sent to Dental Blue for secondary processing.

- Members may have a separate ID card for their medical and dental policies. Make sure you ask for both ID cards at each office visit, if applicable.
Dental Claims for Services Covered As Medical Benefit

- Claims coded with accidental injury, ACA-pediatric dental, or dental services covered under the FEP Service plan are processed under the member’s medical coverage instead of his or her dental coverage.

- Oral surgical services and services rendered as a result of an accidental injury that are covered by the medical plan must be submitted using the member’s medical ID number and include a diagnosis code.
Prior Review for Dental Services

- Prior review is required for orthognathic surgery.

- If requesting prior review for an orthognathic surgery, please call BCBSNC Health Management Operations at 1.800.672.7897.

- Prior authorization will be required for pediatric dental medically necessary pediatric dental orthodontia beginning in 2015.
FEDERAL EMPLOYEES
Federal Employee Program (FEP) Medical Plan Options

- **Standard Option** – covers preventive & diagnostic, minor restorative, and extractions; pays a very limited flat fee based on the service provided, provides coverage for in- and out-of-network services.

- **Basic Option** – covers routine exams, cleanings, X-rays, fluoride and sealants; $25 copayment per visit for in-network only, and no coverage for out-of-network services.
### Federal Employee Health Benefit Plan (BCBS medical coverage includes some dental benefits)

<table>
<thead>
<tr>
<th>Customer Service</th>
<th>1.800.222.4739</th>
</tr>
</thead>
</table>
| **Dental Claims covered under Federal Employee Health Benefit Plan filed with CDT codes on ADA form** | Dental Emdeon payer #61472 (electronic claims filing)  
BCBSNC Claims  
P.O. Box 35  
Durham, NC 27702-0035 |
| **Medical Claims (Medical/accident/TMJ filed with CPT codes)** | Enrollment for electronic medical claims available through the Web at:  
BCBSNC Claims  
P.O. Box 35  
Durham, NC 27702-0035 |
| **Web Sites** | [www.fepblue.org](http://www.fepblue.org)  
[www.bcbsnc.com/content/fep/index.htm](http://www.bcbsnc.com/content/fep/index.htm)  
Always file claims for services that include the complete identification number, which includes both numbers and letters.

Federal Employee member ID numbers begin with the letter “R”
FEP BLUEDENTAL (FEDVIP)
FEP BlueDental (FEDVIP)

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Customer Service</td>
<td>1-855-504-BLUE(2583)</td>
</tr>
<tr>
<td>Dental Claims</td>
<td>FEP BlueDental Claims</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 75</td>
</tr>
<tr>
<td></td>
<td>Minneapolis, MN 55440-0075</td>
</tr>
<tr>
<td>Web Site</td>
<td><a href="http://www.fepblue.org">www.fepblue.org</a></td>
</tr>
<tr>
<td>Category of Benefits – FEP Blue Dental (FEDVIP)</td>
<td></td>
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<tr>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>High In Network: 100%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td>High In Network: 70%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>High In Network: 50%</td>
</tr>
<tr>
<td><strong>Orthodontics (Adults and Children)</strong></td>
<td>High In Network: 50%</td>
</tr>
<tr>
<td><strong>Annual Max</strong></td>
<td>$10,000</td>
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<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
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<tr>
<td><strong>Lifetime Ortho Max</strong></td>
<td>$3,500</td>
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</tbody>
</table>
OTHER DENTAL INFORMATION
GRID+

GRID + is administered by the Grid Dental Corporation (GDC). It is a national dental network and includes many of the nation’s Blue Plans.

Providers in BCBSNC’s dental network are automatically included in the national GRID+ network.

Your name will be included as a participating provider in the directory of the other GRID+ Blue Plans.

The fee schedule contracted under the BCBSNC agreement applies to other GRID+ Blue Plans.
BILLING AND REIMBURSEMENT
Claim Form Completion

- Dental claim forms must be submitted with all required fields complete, using acceptable data and coding sets needed to complete processing of a claim.

- Claim submissions should report all rendered services and include procedure codes from the most current ADA Current Dental Terminology (CDT) User’s Manual.
Dental Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION
1. Type of Transaction (Mark all applicable boxes)
   - Statement of Actual Services
   - Request for Predetermination/Preauthorization
   - EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION
3. Company/Plan Name, Address, City, State, Zip Code
   - BCBSNC
   - PO Box 35
   - Durham, NC. 27702

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)
4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)

7. Gender
   - ☐ M
   - ☐ F

8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number

10. Patient’s Relationship to Person named in #5
    - ☐ Self
    - ☐ Spouse
    - ☐ Dependent
    - ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code
    - Other Insurance Company Name

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)
12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

   Policyholder Name
   - Address 1
   - Address 2
   - City
   - ST
   - ZIP

13. Date of Birth (MM/DD/CCYY)

14. Gender
   - ☐ M
   - ☐ F

15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number

17. Employer Name

PATIENT INFORMATION
18. Relationship to Policyholder/Subscriber in #12 Above
    - ☐ Self
    - ☐ Spouse
    - ☐ Dependent Child
    - ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

   Patient Name
   - Address 1
   - Address 2
   - City
   - ST
   - ZIP
Dental Claim Form

**11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code**

**Other Insurance Company Name**

<table>
<thead>
<tr>
<th>City</th>
<th>ST</th>
<th>ZIP</th>
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</table>

**Address 2**

<table>
<thead>
<tr>
<th>City</th>
<th>ST</th>
<th>ZIP</th>
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</thead>
</table>

**21. Date of Birth (MM/DD/CCYY)**

- M
- F

**22. Gender**

**23. Patient ID/Account # (Assigned by Dentist)**

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**RECORD OF SERVICES PROVIDED**

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**33. Missing Teeth Information** (Place an “X” on each missing tooth.)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>16</th>
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<tbody>
<tr>
<td>X</td>
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</table>

**34. Diagnosis Code List Qualifier**

- ICD-9 = B; ICD-10 = AB

**34a. Diagnosis Code(s)**

A
B
C
D

**35. Remarks**

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**31a. Other Fee(s)**

- 32. Total Fee

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30
### Common Places for Errors to Occur

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X

Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X

Subscriber Signature Date

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

**Dentist Name**

Address 1

Address 2

City ST ZIP

49. NPI 50. License Number 51. SSN or TIN

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?

X

No (Skip 41-42) Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining

43. Replacement of Prosthesis

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from

46. Date of Accident (MM/DD/CCYY)

47. Auto Accident State

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X

54. NPI

55. License Number

56. Address, City, State, Zip Code

56a. Provider Specialty Code

Address City ST

57. Phone Number ( ) - 58. Additional Provider ID
48. Name, Address, City, State, ZIP Code: Enter the name and complete address of a dentist or the dental entity (corporation, group, etc.).

49. NPI (National Provider Identifier): Enter the appropriate NPI type for the billing entity. A Type 2 NPI is entered when the claim is being submitted by an incorporated individual, group practice or similar legally recognized entity. Unincorporated practices may enter the individual practitioners Type 1 NPI.

50. License Number: If the billing dentist is an individual, enter the dentist’s license number. If a billing entity (e.g., corporation) is submitting the claim, leave blank.

51. SSN or TIN: Report the: 1) SSN or TIN if the billing dentist is unincorporated; 2) corporation TIN of the billing dentist or dental entity if the practice is incorporated; or 3) entity TIN when the billing entity is a group practice or clinic.
Treating Dentist / Treatment Location Information

53. Certification: Signature of the treating or rendering dentist and the date the form is signed. This is the dentist who performed, or is in the process of performing, procedures, indicated by date, for the patient. If the claim form is being used to obtain a pre-estimate or pre-authorization, it is not necessary for the dentist to sign the form.

54. NPI (National Provider Identifier): Enter the treating dentist’s Type 1 – Individual Provider NPI in Item # 54.

55. License Number: Enter the license number of the treating dentist. This may vary from the billing dentist.
Timely Filing of Claims

- To be eligible for payment, claims must be received no later than 180 days from the date of service.

- Participating dental providers may not collect, or attempt to collect, payment from BCBSNC members for any claim that was not first submitted within the 180-day time period.

- To ensure your claims process correctly, please use the exact spelling of your name as entered on your dental contract with BCBSNC.
Fee Schedule

- Regardless of the BCBSNC contracted fee schedule, always file the full charge for each service.
  - For example, if provider’s charge amount is $95 for D0120, and BCBSNC’s contracted fee schedule is $60, then provider should file $95.

- Failing to file the correct charge may impact future fee schedule increases.
Payment Guidelines

- Providers are notified of payment determination via the Notification of Payment (NOP).

- Participating dental providers are eligible for payment only when the services provided are clinically necessary and covered as part of the member’s benefit plan.
  - The issuance of the member’s benefit payment amount is considered payment in full, with the exception of any applicable deductible, coinsurance, and/or copayment amounts that can be collected from the patient.

- Blue Cross and Blue Shield of North Carolina (BCBSNC) will only issue claim(s) payments directly to participating providers.

- Members receiving services from a nonparticipating dental provider will receive payment directly and will be responsible for reimbursing the nonparticipating providers.
Billing BCBSNC Members

- Participating providers agree not to bill members for services until after receipt of the BCBSNC issued notification of benefits, except for member copayments.

- Participating providers **may not balance bill** BCBSNC members for the difference between billed charges and the amount allowed on the Notification of Payment for a processed claim.
Claims Review

- BCBSNC has partnered with P&R Dental Strategies, Inc. to facilitate utilization management and review services for our dental programs.

- Although P&R Dental Strategies, Inc. is based in New York, dentists who review claims are licensed in North Carolina.
  - You may receive a letter when a dental claim has pended for review requiring additional information. Please send the information directly to P&R Dental Strategies at the address on the letter. Sending it to the normal dental claims address will delay the review.

**Note:** BCBSNC’s agreement with P&R Dental Strategies, Inc. does not impact claims processed under a member’s medical benefit.
ICD-10: Federal Mandate

+ ICD-10 codes must be used on all HIPAA transactions, including outpatient claims with dates of service and inpatient claims with dates of discharge on and after October 1, 2015.
  ▪ Otherwise, claims and other transactions will be rejected and will need to be resubmitted.

+ It is important to begin preparing for the implementation of ICD-10 codes in the fall of 2015.
  ▪ Delays may impact your reimbursements
  ▪ If submitting a claim using an ADA form, the 2012 version must be used as of October 1, 2015.
Today: ICD-9

ICD-9-CM vol. 1 & 2 (Diagnosis)
3-5 digits
(e.g., 821.01 – Closed Fracture of shaft of femur)

~13,500 unique codes

ICD-9-CM vol. 3 (Procedure)
3-4 digits
(e.g., 47.01 – Laparoscopic appendectomy)

~4,000 unique codes

Tomorrow: ICD-10

ICD-10-CM (Diagnosis)
3-6 alphanumeric plus qualifier
(e.g., S72.344 – Displaced spiral fracture of shaft of right femur)

~68,000 unique codes

ICD-10-PCS (Procedure)
7 alphanumeric
(e.g., ODTJ4ZZ – Laparoscopic appendectomy)

~72,000 unique codes
ICD-10: Important Payment Impacts

Supports Timely Reimbursements

– Use of HIPAA 5010 transactions
– Changing business processes to describe diagnosis using ICD-10-CM
– Changing inpatient business processes to describe inpatient procedures using ICD-10-PCS

Adverse Impacts to Reimbursement

– Use of ICD-9 after 10/1/2015
– The use of truncated codes
– Use of “Not Otherwise Specified” codes when specific codes are available

To be compliant with federal regulations, BCBSNC will only accept claims with ICD-10 diagnosis codes for services rendered on or after October 1, 2015.
Provider Readiness Phases

2011
- Complete Impact Assessment
- Gap Analysis
- Organizational Strategy
- Risk Assessment
- Project Budget Estimate
- Project Schedule Estimate

2012
- Vendor Contracts
- Financial Plan
- System Update Schedule
- Begin Software Modifications
- Begin Process/Data Modifications

2013
- Train Project Team on System Changes
- Complete System Modifications
- Conduct Systems Testing
- Audit System and Process Results
- **2014 Implementation**
- Delayed until 10/1/15

2015
- Comprehensive Training
- Revise System and Processes
- Finalize Go-Live Schedule
- Finalize Budget
- Activate Go-Live Plan

Copyright: AHIMA
ICD-10 Summary

+ ICD-10 will allow extensive detail and flexibility for use in describing disease states.
  - 3-7 characters and 68,000 codes

+ The switch to ICD-10 will change the way providers describe patient diagnosis and inpatient procedures and allow for more specificity.

+ Claims with dates of service prior to October 1, 2015, must use ICD-9.

+ Claims with dates of service on or after October 1, 2015, must use ICD-10.
ICD-10 Resources

+ BCBSNC:  
  http://www.bcbsnc.com/content/providers/legislative/icd10.htm

+ CMS:  
  www.cms.gov/ICD10/

+ AHA:  
  www.ahacentraloffice.com/ahacentraloffice_app/ICD-10/ICD-10.jsp

+ AHIMA:  
  www.ahima.org/icd10/

+ AAPC:  
  www.aapc.com/ICD-10/

+ NCHICA:  
  www.nchica.org/HIPAAResources/icd10.htm
PROVIDER RESOURCES
Spanish Resources for Patients

• Website: www.bcbsnc.com/azul/
• Spanish-speaking customer service 1-877-258-3334

Servicios para el afiliado

Regístrese en bcbsnc.com/memberservices para manejar su plan de seguro médico y tomar el control de su salud de manera fácil y rápida. Una vez se inscriba como afiliado, podrá aprovechar muchos programas personalizados y recursos informativos que le ayudarán a alcanzar sus metas de salud, recibir descuentos para productos y servicios relacionados con la salud y mantenerse motivado con los premios que puede recibir por hacer actividad física. Adicionalmente, podrá administrar su plan de salud 24 horas al día, 7 días a la semana. Todo está a su alcance, ¡visite hoy bcbsnc.com/memberservices! 

bcbsnc.com/memberservices

AVISO: La sección de afiliados «Member Services» de nuestro sitio Web está disponible únicamente en inglés.
Health care partner

Maximizing members health

- See resources and information for Blue Medicare HMO and Blue Medicare HMO providers
- Diagnostic imaging management program
- See our new television ad online
- Important news affecting our providers

Provider resources

Some of the most widely used resources and information specifically for BCBSNC providers:

- Download provider directory
- Medical policy search
- Find a provider
- Find a doctor
- Eligibility

Provider manuals

Find a provider by name, location, or specialty.

Important News

We have collected and categorized the most recent policy updates, product updates, and company information that may be useful to you. Please visit the sections below to view the article listings for each section.

Medical policies

Medical policy consists of medical guidelines, including diagnostic imaging management policies, payment guidelines, and evidence-based guidelines.

Medical policy search

Type the policy name, number, CPT code, or keyword to search.

Online resources – bcbsnc.com/providers/

Online resources – bcbsnc-dental.com
BCBSNC Network Management

+ Responsible for developing and supporting relationships with dental providers and their staff – serve as a liaison between you and BCBSNC.

+ Available to assist your practice with the following issues:
  - Questions regarding BCBSNC contracts, policies, and procedures
  - Changes to your organization including:
    - Opening/closing locations
    - Change in name or ownership
    - Change in Tax ID#, address or phone number
    - Merging with another group practice
Network Management Specialists

- Can assist with the following:
  - Obtaining copies of your fee schedule
  - Making any necessary demographic changes – notice address, billing address, etc.
    - Requests can be emailed to us at NMSpecialist@bcbsnc.com
  - Add/remove providers from your practice
    - Failure to enroll/credential new providers in your office may result in claims being paid at the out-of-network benefit level.

- Contact us toll free at 1.800.777.1643

- Email us at NMSpecialist@bcbsnc.com
Thank You for Participating in BCBSNC’s Dental Networks