

# Introduction to the Dental Blue<sup>®</sup> Network and Other Products With Dental Benefits





## Dental Blue<sup>®</sup> Products

- Dental Blue<sup>®</sup> for group
- Dental Blue Select<sup>SM</sup>
- Dental Blue for Individuals<sup>SM</sup>
- Dental Blue for Seniors<sup>SM</sup>
- Dental Blue<sup>®</sup> 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<sup>®</sup> Products



**Dental Blue<sup>®</sup> (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<sup>SM</sup>** – a competitive voluntary group dental. Employers have a choice of three dental plans – Standard, Complete and Enhanced

**Dental Blue for Individuals<sup>SM</sup>** – a consumer-driven dental plan for individuals and their eligible dependents

**Dental Blue for Seniors<sup>SM</sup>** – a consumer dental product for individuals and their spouse age 65 and older

**Dental Blue<sup>®</sup> 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®

# 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: Helpful Information

## Dental Blue: Group, Individual and Senior

Dental Customer Service	1.800.305.6638
Dental Claims	Dental Emdeon payer #61473 (electronic claims filing)  BCBSNC Dental Blue Claims Unit P.O. Box 2100 Winston-Salem, NC 27102-2100
Web Sites: Benefits/Claims/Eligibility (Must register first)	<a href="http://www.bcbsnc-dental.com">www.bcbsnc-dental.com</a>



# Health & Dental Blue Sample ID Card (front)



## BlueOptions<sup>SM</sup>

Subscriber Name:

**JOHN SMITH**

Subscriber ID:

**YPPW14343423**

01

Group No: 000000

Rx Bin: 015905

Date Issued: 02/09/14

### In-Network Member Responsibility:

Primary \$35

Specialist \$70

Urgent Care \$70\*

ER \$500\*

Prescription Drug \$10/100%

\*Same for out-of-network

Dental **Blue**<sup>SM</sup>

GRID+



Rx

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.

# Health & Dental Blue Sample ID Card (back)



## BCBSNC.COM

Customer Service:	1-877-258-3334
Dental:	1-800-305-6638
Nurse Support Line:	1-877-477-2424
Mental Health:	1-800-359-2422
Locate Non-NC Provider:	1-800-810-2583
Provider Service:	1-800-214-4844
Prior Review/Certification:	1-800-672-7897
Pharmacist Help Desk:	1-888-274-5186

Call this number for ?s about a BCBSNC dental plan.

Claims are subject to review. For nonparticipating or non-NC providers, members are responsible for ensuring that prior review/certification is obtained. Participating NC providers are responsible for obtaining prior review/certification.

Insured by BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association.

Claims mailing address and electronic filing Emdeon number

Providers should send claims to their local BlueCross BlueShield Plan.

**Medical:** BCBSNC PO Box 35, Durham, NC 27702-0035

**Dental:** BCBSNC PO Box 2100, Winston-Salem, NC 27102 or emdeon #61473

Pharmacy Benefits Administrator



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

## Dental-Only Sample ID Card

## Health & Dental Sample ID Card



DentalBlue		BlueOptions	
Subscriber Name: <b>MARY JANE DOE</b>	<b>01</b> 123 USA, INC	Subscriber Name: <b>JOHN SMITH</b>	<b>01</b> Group No: 000000
Subscriber ID: <b>W13333333</b>	Group No: 000000 Date Issued: 02/09/14	Subscriber ID: <b>YPPW14343423</b>	Rx Bin: 015905 Date Issued: 02/09/14
	<b>Member Responsibility:</b> Diag & Prev 0% Basic 20% after ded Major 50% after ded <b>Benefit Period:</b> Deductible \$50 Maximum \$1,000		<b>In-Network Member Responsibility:</b> Primary \$35 Specialist \$70 Urgent Care \$70* ER \$500* Prescription Drug \$10/100% *Same for out-of-network
	GRID+	DentalBlue	GRID+  

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

**YPPW1434342301**



# Dental Blue Select: Helpful Information

## Dental Blue Select: Group Voluntary Dental Plan

Dental Customer Service	1.888.471.2738
Dental Claims	Dental Emdeon payer #61474 (electronic claims filing)  BCBSNC Dental Blue Claims Unit P.O. Box 2400 Winston-Salem, NC 27102-2400
Web Sites: Benefits/Claims/Eligibility (Must register first)	<a href="http://www.bcbsnc-dental.com">www.bcbsnc-dental.com</a>

# Dental Blue Select Sample ID Card



**BlueCross BlueShield of North Carolina**  
An Independent Licensee of the Blue Cross and Blue Shield Association

**DENTAL Blue SELECT™**

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**Subscriber Name:**  
**JOHN D DOE**

**Subscriber ID:**  
**2178500024**

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<b>Group Number:</b> 4115	<b>Diagnostic &amp; Preventative Services:</b> 100%
<b>Division Number:</b> 01	<b>Basic:</b> 80%
<b>Benefit Plan:</b> Complete with Orthodontia	<b>Major:</b> 50%
<b>Benefit Plan No.:</b> 08 09	<b>Ortho:</b> 50%
<b>Effective Date:</b> 06/01/2013	<b>Deductible per Lifetime:</b> \$100
	<b>Benefit Period Maximum:</b> \$1,500
	<b>Orthodontics Lifetime Maximum:</b> \$1,500

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**BlueCross BlueShield of North Carolina**  
An Independent Licensee of the Blue Cross and Blue Shield Association

[www.bcbsnc-dental.com](http://www.bcbsnc-dental.com)  
Toll-free Customer Service:  
1-888-471-2738

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Visit the above website for HIPAA EDI eligibility and claims status, request subscriber ID cards and obtain other information.

Members! See your benefit booklet for covered services. Possession of this card does not guarantee eligibility for benefits.

Mail Paper Dental Blue Select Claims to:  
**Blue Cross and Blue Shield of North Carolina**  
Attn: Claims Unit  
PO Box 2400  
Winston-Salem NC 27102

Submit Dental Blue Select EDI Claims to:  
Emdeon/WebMD Payer No. 61474

\*Registered mark of the Blue Cross and Blue Shield Association.  
\*\*Service mark of the Blue Cross and Blue Shield Association.  
An independent licensee of the Blue Cross and Blue Shield Association.

**GRID +**

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](http://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](http://www.bcbsnc.com)) provides information regarding required documentation needed before a pre-treatment estimate of benefits can be determined.

Description	Information required for claims processing
<b>Single unit fixed restorations</b>	
Crowns Build-ups Post and cores	Pre-operative X-ray(s)
<b>Periodontics</b>	
Root planing and osseous surgery	Pre-operative X-ray(s) Periodontal charting



# OTHER DENTAL PRODUCTS





# Pediatric Dental Benefits (ACA Medical Plan)

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



# 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

Provider Customer Service	1.800.214.4844
Medical Claims (including pediatric dental/ accident/TMJ or submit to patient's health care plan if other than BCBSNC)	Dental Emdeon payer #61472 (electronic claims filing)  BCBSNC Medical Claims Unit P.O. Box 35 Durham, NC 27702
Web Site	<a href="http://www.bcbsnc.com">www.bcbsnc.com</a> <a href="http://www.bcbsnc.com/content/providers/edi/bluee">www.bcbsnc.com/content/providers/edi/bluee</a>

# Medical / Dental Pediatric Sample ID Card



## BlueOptions<sup>SM</sup>

Subscriber Name:  
**MARY L DOE**  
Subscriber ID:  
**YPPW12206689**

01 Group No: 001310  
Rx Bin: 015905  
Date Issued: 04/21/14

Members:  
**JOHN D**

**In-Network Member Responsibility:**  
02 Primary \$35  
Specialist \$70  
Urgent Care \$105\*  
ER \$500\*  
Prescription Drug \$15/\$45/\$85/25%  
\*Same for out-of-network

GRID+



Claims are subject to review.  
For nonparticipating or non-NC providers, members are responsible for ensuring that prior review/certification is obtained. Participating NC providers are responsible for obtaining prior review/certification.

Insured by BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association.

## BCBSNC.COM

Customer Service: 1-877-258-3334  
Nurse Support Line: 1-877-477-2424  
Mental Health: 1-800-359-2422  
Locate Non-NC Provider: 1-800-810-2583  
Provider Service: 1-800-214-4844  
Prior Review/Certification: 1-800-672-7897  
Pharmacist Help Desk: 1-888-274-5186

Providers should send claims to their local BlueCross BlueShield Plan.

Medical: BCBSNC PO Box 35, Durham, NC 27702-0035 or dental emdeon #61472

PRIME Pharmacy Benefits Administrator

Member ID must include the full subscriber ID with the member suffix (example: YPPW1220668902) when filing the claim

When filing a pediatric medical dental claim, please note the dental Emdeon number #61472 if filing electronically.

# 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.



- **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



# Prior Review for Dental Services



- Prior review is required for orthognathic surgery.
- If requesting prior review for an orthognatic surgery, please call BCBSNC Health Management Operations at [1.800.672.7897](tel:18006727897).
- 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)





Customer Service	1.800.222.4739
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	<a href="http://www.fepblue.org">www.fepblue.org</a> <a href="http://www.bcbsnc.com/content/fep/index.htm">www.bcbsnc.com/content/fep/index.htm</a> <a href="http://www.opm.gov/insure/index.aspx">www.opm.gov/insure/index.aspx</a>

# Federal Employee Health Benefit Plan Sample ID Card



	<b>BlueCross BlueShield</b>	Government-Wide Service Benefit Plan	
<b>Federal Employee Program</b>			
<b>IM Sample</b> Member ID <b>R30048850</b>		<a href="http://www.fepblue.org">www.fepblue.org</a>	
Enrollment Code	<b>112</b>	RxGrp	<b>65006500</b>
Effective Date	<b>01/01/2006</b>	RxBIN	<b>610415</b>
		RxPCN	<b>ABC1234567</b>

Basic Option

	<b>BlueCross BlueShield</b>	Government-Wide Service Benefit Plan	
<b>Federal Employee Program</b>			
<b>IM Sample</b> Member Name <b>IM Sample</b> Member ID <b>R30048850</b>		<a href="http://www.fepblue.org">www.fepblue.org</a>	
Enrollment Code	<b>105</b>	RxGrp	<b>65006500</b>
Effective Date	<b>01/01/2006</b>	RxBIN	<b>61415</b>
		RxPCN	<b>ABC1234567</b>

Standard Option

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: Helpful Information

## FEP BlueDental (FEDVIP)

Dental Customer Service	1-855-504-BLUE(2583)
Dental Claims	FEP BlueDental Claims P.O. Box 75 Minneapolis, MN 55440-0075
Web Site	<a href="http://www.fepblue.org">www.fepblue.org</a>

# Category of Benefits – FEP BlueDental (FEDVIP)

	High In Network	High Out of Network	Standard In Network	Standard Out of Network
Preventive	100%	90%	100%	60%
Basic	70%	60%	55%	40%
Major	50%	40%	35%	20%
Orthodontics (Adults and Children)	50%	50%	50%	50%
Annual Max	\$10,000	\$3,000	\$1,500	\$750
Deductible	\$0	\$50	\$0	\$75
Lifetime Ortho Max	\$3,500	\$3,500	\$2,000	\$2,000





# OTHER DENTAL INFORMATION



GRID+



## 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



# Dental Claim Form



## ADA American Dental Association® Dental Claim Form

HEADER INFORMATION		
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> 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		
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (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 <input type="checkbox"/> M <input type="checkbox"/> F	8. Policyholder/Subscriber ID (SSN or ID#)
9. Plan/Group Number	10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> 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 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> 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		

fold

fold

# Dental Claim Form



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

Address 2

Other Insurance Company Name

City

ST

ZIP

Address

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

22. Gender

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

City

ST

ZIP

M  F

## RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

34. Diagnosis Code List Qualifier   (ICD-9 = B; ICD-10 = AB)

31a. Other Fee(s)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

(Primary diagnosis in "A") B \_\_\_\_\_ D \_\_\_\_\_

32. Total Fee

35. Remarks

fold

fold

# 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

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

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

42. Months of Treatment Remaining

43. Replacement of Prosthesis  
 No  Yes (Complete 44)

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

45. Treatment Resulting from  
 Occupational illness/injury  Auto accident  Other accident

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

47. Auto Accident State

## 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

52. Phone Number ( ) -

52a. Additional Provider ID

## 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 \_\_\_\_\_  
 Signed (Treating Dentist) Date

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

©2012 American Dental Association  
 J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746  
 or go online at adacatalog.org





# Billing Dentist Or Dental Entity

<b>BILLING DENTIST OR DENTAL ENTITY</b> (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		
49. NPI	50. License Number	51. SSN or TIN
52. Phone Number ( ) -	52a. 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

<b>TREATING DENTIST AND TREATMENT LOCATION INFORMATION</b>	
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 _____ Signed (Treating Dentist) <span style="float: right;">Date</span>	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code
57. Phone Number ( ) -	58. Additional Provider ID

- 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.

- **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.



- 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.



- 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





## 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.

# ICD-10: Summary

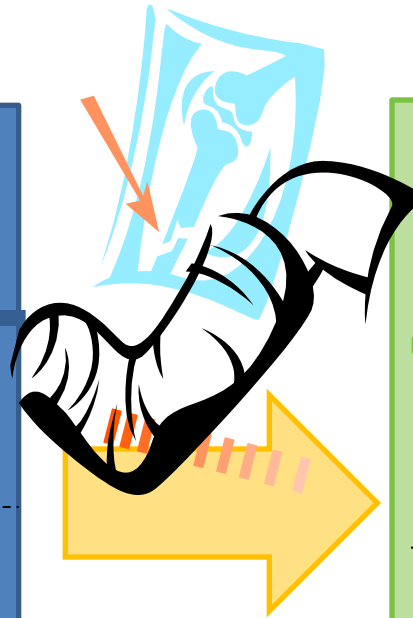
## Today: ICD-9

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/](http://www.cms.gov/ICD10/)
- + **AHA:** [www.ahacentraloffice.com/ahacentraloffice\\_app/ICD-10/ICD-10.jsp](http://www.ahacentraloffice.com/ahacentraloffice_app/ICD-10/ICD-10.jsp)
- + **AHIMA:** [www.ahima.org/icd10/](http://www.ahima.org/icd10/)
- + **AAPC:** [www.aapc.com/ICD-10/](http://www.aapc.com/ICD-10/)
- + **NCHICA:** [www.nchica.org/HIPAAResources/icd10.htm](http://www.nchica.org/HIPAAResources/icd10.htm)



# PROVIDER RESOURCES

# Spanish Resources for Patients



- Website: [www.bcbsnc.com/azul/](http://www.bcbsnc.com/azul/)
- Spanish-speaking customer service 1-877-258-3334



Su plan para una mejor salud.™

## Servicios para el afiliado

Regístrese en [bcbsnc.com/memberservices](http://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!](http://bcbsnc.com/memberservices!)

### Servicios para el afiliado

- ✓ Programas de salud
- ✓ Recursos de salud
- ✓ Descuentos y premios
- ✓ Administración de su cuenta a través de Internet

Visite



[bcbsnc.com/memberservices](http://bcbsnc.com/memberservices)

**AVISO.** La sección de afiliados «Member Services» de nuestro sitio Web está disponible únicamente en inglés.



# Online resources – *bcbsnc.com/providers/*

## Health care partner

Maximizing members health

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

## Provider resources

Some of the most widely used resources and information specifically for BCBSNC providers convenient location.

- [Download provider directory](#)
- [Clinical practice and preventative health guidelines](#)
- [Medical policy search](#)
- [Prior approvals and authorization](#)
- [Find a drug](#)
- [Access to care stand](#)
- [Find a doctor](#)
- [Providers Serving O Medicare Advantage](#)
- [File a claim](#)
- [Update your provide](#)

## 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.

2008

## Medical policies

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

## Medical policy search

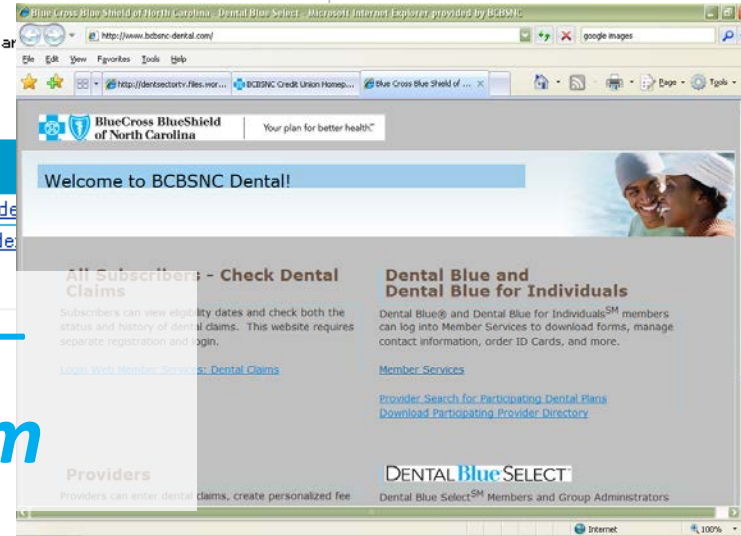
Type the policy name, number, CPT code, or keyword to search

Medical Guidelines	Payment Guidelines
<a href="#">Alphabetical Index</a>	<a href="#">Alphabetical Index</a>
<a href="#">Categorical Index</a>	<a href="#">Categorical Index</a>
<a href="#">Diagnostic Imaging Management Policies</a>	

## The Blue Book™ Dental e-Manual

A guide for dental care 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](mailto: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](mailto:NMSpecialist@bcbsnc.com)



Thank You for Participating in BCBSNC's  
Dental Networks