

Navigating the Blues Dental Guidebook

A Resource guide for dental providers



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An independent licensee of the Blue Cross Blue Shield Association

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Overview of Excellus BlueCross BlueShield

Excellus BlueCross BlueShield, headquartered in Rochester, NY, is part of a \$6 billion family of companies that finances and delivers health care services across upstate New York and long-term care insurance nationwide. Collectively, the enterprise provides health insurance to about 1.5 million members and employs about 3,500 New Yorkers.

Our corporate mission is to provide access to affordable and effective health care services, be responsible stewards of our communities' health care resources and work to continually improve the health of our members and those in the communities that we serve.

Your participating provider agreement for dental services includes the following subsidiaries and affiliates (the several different entities within the holding company structure, including, without limitation, Lifetime Benefit Solutions, Inc., Univera Healthcare, and any others that we subsequently inform you have become a part of the holding company structure).

Excellus BCBS Regions and Counties (In Area)

The following is a list of all Excellus BCBS regions and counties:

Region	Counties
Central New York Region = Based in Syracuse with an additional office in Watertown	Cayuga, Cortland, Jefferson, Lewis, Onondaga, Oswego, St. Lawrence, and Tompkins
Central New York Southern Tier Region = Based in Elmira with an additional office in Binghamton	Broome, Chemung, Chenango, Schuyler, Steuben, and Tioga
Rochester Region = Based in Rochester	Livingston, Monroe, Ontario, Seneca, Wayne Yates
Utica Region = Based in Utica with additional office in Plattsburgh	Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida, and Otsego

Contiguous Counties

Many of our participating providers are located in, or provide services in, counties that border Excellus BlueCross BlueShield's 31-county servicing area. These are referred to as contiguous counties, and are located in New York, Pennsylvania, and Vermont.

Out-of-Area Providers

Out-of-area providers are unable to participate with the Health Plan directly, outside of our selling area. Out-of-area providers can send a copy of their W-9 with the first claim for a file to be created for claims processing purposes.

The Dental Portal

Our website, ExcellusBCBS.com, includes a secure area where dentists and office staff can log in to view member eligibility, benefits, and claims. To gain access to this secure area, dentists must first register, create an account, validate the email address provided, and set up any staff requiring access to the dental portal.

For more information on registering and creating an account, go to Provider.ExcellusBCBS.com and click on the [Frequently Asked Questions](#) or the [Provider Portal Registration and Maintenance Guide for Dentists](#).

For detailed information on navigating and interpreting the dental portal, go to Resources, Practice Management, and the Presentations & Guidebooks tab and click on the [Dental Portal Training Manual](#).

To receive our dental newsletter electronically, click Sign Up in the “[Opt in to stay informed!](#)” text box, complete the free form areas, select a role, select General Dentistry in the Practice Specialty, select the county, and click Submit.

Contact Us



Need Help? We are here for you!

When an inquiry is not answered using the dental portal, keep the following contact list on hand for a quick, easy reference.

Who Do I Contact?	
Participating Providers	Non-Participating Providers
Call Web Security Help Desk at 1-800-278-1247 for assistance with the web. Call Dental Customer Care at 1-800-724-1675 for: ▪ Eligibility ▪ Benefits ▪ Pretreatment estimates ▪ Claims ▪ Remittances ▪ Checks Contact Provider Relations at ExcellusDentalEnrollment@excellus.com for: ▪ Provider contracting questions ▪ Staff education ▪ Recurring issues ▪ Enrollment	Call Web Security Help Desk at 1-800-278-1247 for assistance with the web. Call Dental Customer Care at 1-800-724-1675 for: ▪ Eligibility ▪ Benefits ▪ Pretreatment estimates ▪ Claims ▪ Remittances ▪ Checks

Contact List & Quick Reference Guide	
Claims Submission Address	Excellus BlueCross BlueShield PO Box 21146 Eagan, MN 55121
1099 Inquiries	1099desk@excellus.com
DenteMax is a national Preferred Provider Organization (PPO) network of quality dentists.	1.800.752.1547 or https://www.dentemax.com/
Enrollment	Email for questions regarding enrollment: ExcellusDentalEnrollment@excellus.com
Excellus BCBS website	Go to Provider.ExcellusBCBS.com/Resources for - Forms and documents - News and updates - Staff training information - Update practice information - Attestations & Certifications
FEP Blue Dental and FEP Dental	1-855-504-BLUE (2583) or Blue Cross Blue Shield FEP Dental - Contact Us (bcbsfedental.com)
HealthPlex – members with Medicaid Managed Care (MMC), Child Health Plus (CHP), Essential Plan (EP), and Duals Special Needs Plan (DSNP).	Members: 1-866-795-6493 Providers: 1-877-282-7012
Instamed	1-866-InstaMed or 1-866-467-8263
Local Excellus BCBS FEP Plan	- For the Federal Employees Health Benefits program (FEHB) call 1-800-584-6617 - For the Postal Service Health Benefits program (PSHB) call 1-877-878-4657
National Plan & Provider Enumeration System (NPPES)	1-800-465-3203 or https://npiregistry.cms.hhs.gov/
Smart Data Solutions (SDS) Provider Submission Portal (Virtual Mailbox)	SDS Provider Portal for Claims Providers Excellus BlueCross BlueShield (excellusbcbs.com)
Vyne Dental (Remote Lite, Practice Core, Tesia)	1-800-782-5150 or visit them online at vynedental.com
Zelis	Provider Enrollment 1-855-496-1571 Provider Services 1-877-828-8770

Join Our Network

Enrollment in Excellus BlueCross BlueShield Network

Joining our network requires the following documents:

- Application for dental enrollment
- Signed dental agreement
- W9
- Copy of New York License
- Copy of malpractice certificate
- Copy of DEA license if applicable
- Council for Affordable Quality Healthcare (CAQH) ID

Once your enrollment documents and contract have been submitted for processing, please allow up to 30 days for enrollment to be completed. To follow up on enrollment status, email Dental Provider relations, ExcellusDentalEnrollment@excellus.com.

If you are an oral surgeon who would like to join our network, please refer to the [credentialing policy for oral surgeons](#).

Dental Agreement

If you agree to participate with Excellus BCBS, this includes coverage for Medicare Advantage members. While Excellus BCBS is permitted by the Centers for Medicare & Medicaid Services (CMS) to reimburse providers who have opted out of Medicare for supplemental benefits (e.g., cleanings, fillings, tooth extractions) only, we encourage you to contact CMS and remove your opt-out status as soon as you are eligible. Review your opt-out status at: <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>

Your agreement does not include participation in Medicaid Managed Care, Child Health Plus or Essential Plan members. To participate in those plans, contact HealthPlex, 1-888-468-2183.

Participating Provider Practice Changes and Attestations

Keeping your practice and contact information accurate and up to date helps members easily find and connect with you through our provider directories, supports efficient claims processing, and ensures compliance with regulatory requirements.

Council for Affordable Quality Healthcare (CAQH)

We partner with Council for Affordable Quality Healthcare (CAQH) to electronically share provider information with the Health Plan, and we encourage practitioners to maintain their individual CAQH profile at all times.

Registering for CAQH

To register for CAQH, please first sign-in/register via www.ada.org and follow the instructions to submit a credentialing application via CAQH Provider Data from the American Dental Association's website. Once complete, authorize Excellus Health Plan, Inc., to access your profile so that we can obtain your attestations and updates.

For support and questions with the CAQH portal, contact the CAQH Support Desk at 1-888-599-1771, Monday through Friday, from 7:00 am to 7:00 pm (EST)

Notifying the Health Plan of your CAQH ID

If you are an existing provider who has recently registered with CAQH, please email your name, individual NPI and CAQH ID to Provider.Relations@excellus.com so we can update your Health Plan and CAQH files.

How to update your information

Type of Change	Where to Update
- Practitioner Name - Date of Birth - Email Address - Race/Ethnicity - Languages Spoken - Accepting New Patients - Office Hours - Adding a Medicaid ID - Adding a Medicare ID - Adding a Location to an Existing Tax ID - Adding an existing in-network provider to an existing in-network group - Telephone Number - Fax Number - Accessibility Data - Specialty - Provider Type 90 Day Attestations - Board Certifications - Credentialing Information	CAQH Platform Be sure to select "Review & Attest" to save any changes made or to attest to your current information.
- All Group-related Changes - Tax Identification Changes - National Provider Identifier (NPI) Changes - Updates to Secondary Addresses (Billing, Remittance, Medical Records, and Correspondence)	Update CAQH and Practitioner Demographic Change Form Step 1: Update in CAQH Platform Step 2: Submit Practitioner Demographic Change Form

Tax ID Updates, NPI Changes, Joining a New Dental Group

If there is a change to the following, a new contract is required:

- Tax ID
- Individual NPI to group NPI (see page 7 for more information on NPI)
- Participating dental provider joining a new dental group
- Change in ownership

For assistance with completing a new contract, email Dental Provider Relations, ExcellusDentalEnrollment@excellus.com.

Dental Insurance Products

Excellus BCBS offers its members several dental care coverage options:

- Dental Blue Options
- Dental Blue Classic
- SimplyBlue Plus Dental
- Medicare Advantage
- Blue Select Family Dental*
- Blue Select Premier Dental*
- Blue Select Children's Dental*

*Standalone dental plans that are different from embedded dental plans, which provide some dental benefits within the member's medical plan.

National Dental GRID

The "National Dental Grid" or "GRID" is a national dental network developed through a consortium of BCBS Plans administered by DeCare Dental, a subsidiary of Anthem Inc.

Member Card Tips

Member cards contain vital information to assist you in submitting clean claims and receiving prompt claim reimbursement when applicable.

At every visit, be sure to make a copy of your patient's card (front and back) and verify the card information against the member's eligibility and benefit information by using the dental portal or calling the Dental Customer Care line, 1-800-724-1675.

Keep the following in mind when reviewing a patient's member card:

- Logo: BlueCross BlueShield logo is located on all BCBS plan member cards
- Subscriber Name: Name of the person holding the policy
- Subscriber ID Number: This number is vital for correct claim processing
- Copay Amount: Collect copays from the patient at the time of service
- Dependent Information: Dependents will not be listed on the card
- Telephone Numbers/Instructions: The telephone numbers for Dental Customer Care are located on the back of the card. If you have questions regarding a member's benefits, please use the Dental Portal, or call for assistance.

Claim Submission

Participating providers with Excellus BCBS need to submit all claims, including those for local subscribers, out-of-area subscribers, and primary and secondary claims, to us. Most participating provider agreements contain a time limit within which claims will be accepted, so you should submit all claims as soon as possible after rendering service. Claims submitted after that time may be denied for late filing.

American Dental Association (ADA) Claim Form and Instructions

Visit the [ADA Dental Claim Form](#) website for the most recent ADA Dental Claim Form and completion instructions. Here are a few reminders for completing a standard claim form:

- Dental claims do not require a prefix
- Dental claims require a taxonomy code
- Dental claims do not require a group number
- Dental payor ID is 00802
- Please allow 30 days for claim processing
- Commas are needed in the name field to ensure that the first and last names are correctly identified in our system: Doe, Jane, C

Requirements for Electronic and Paper Claims

National Provider Identifier (NPI)

Excellus BCBS requires an NPI for all participating providers regardless of whether they submit electronic or paper claims. NPI is an identification number assigned by the Federal government to all providers considered to be HIPAA covered entities.

An NPI is unique to an individual dentist (Type 1 NPI) or dental practice organization (Type 2 NPI) and has no intrinsic meaning. Type 1 includes health care providers who are individuals, including dentists and all sole proprietors, and as an individual, is eligible for only one NPI. Type 2 includes health care provider organizations, including physicians' groups (multiple providers), hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

If you are an incorporated practice that gets paid under a business or corporate name, you need to have a group NPI, or Type 2 NPI. However, each practitioner also needs an individual, or Type 1, NPI. To obtain a group NPI, visit the National Plan & Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/#/>.

Additional information on NPI and enumeration can be obtained from the American Dental Association's website at <http://www.ADA.org> and the NPPES website at <https://nppes.cms.hhs.gov/#/>.

Taxonomy Code

Taxonomy codes are used to indicate the specialty associated with the assigned NPI. Providers may have one NPI with multiple taxonomy codes indicating each specialty for that practitioner. For billing purposes, your taxonomy code needs to match the taxonomy code provided on the enrollment application. Visit the NPPES website to find taxonomy codes <https://nppes.cms.hhs.gov/#/>.

Claim Submission Methods

Excellus BCBS Dental Portal Claim Submission

Registered Dentists can submit dental claims directly through the Excellus BCBS Dental Portal. Refer to the “Submit Dental Claims” section of the [Dental Portal Training Manual](#) for step by step instructions.

Vyne Dental for Electronic Billing

Vyne Dental offers:

- Access to real-time explanation of benefit information 24 hours a day, seven days a week, which may reduce the need to contact the Excellus BlueCross BlueShield Dental Customer Care.
- Remote Lite e-claims processing, an electronic transaction management system that interfaces with your existing practice management software to submit dental claims to insurance companies.

For additional information about the services that Vyne Dental can provide your practice, visit vynedental.com.

Smart Data Solutions Virtual Mailbox

Smart Data Solutions, Inc. (“SDS”), an independent company, and our business associate offers a Virtual Mailbox as an alternative to mailing paper items. Visit our [website](#) for more information. As our business associate, SDS is bound by the terms and conditions of a business associate agreement executed by Excellus BlueCross BlueShield. In accordance with the business associate agreement and the Health Insurance Portability and Accountability Act (HIPAA), SDS is required to maintain the confidentiality of any protected health information they receive from you on our behalf.

Mail

Paper claims can be mailed to Excellus BlueCross BlueShield, PO Box 21146, Eagan, MN 55121.

Tips for Successful Paper Claim Submission

To help ensure that claims are processed quickly and correctly, please check the following before submitting the claim:

- Avoid handwritten claims.
- All information must be submitted as clearly as possible, such as using uppercase characters.
- Validate the address, city, state, and ZIP code against the United States Postal Service (USPS) database.
 - ✓ Both primary and secondary/alternative city names will be accepted.
 - ✓ Never use city names that are listed on the CITY NAMES TO AVOID list.
 - ✓ If a city name has spaces, the claim submission needs to match the USPS format exactly.
 - ✓ Abbreviations are only accepted if listed as a valid city name and must match USPS exactly.

If a rejection is received, please make the needed corrections, and print a new claim.

- Do not cross out or correct data on the original copy of the claim submitted for processing.
- Do not resubmit the correction with the return letter or the original claim as this will make it appear as if two claims are being submitted.
- The field causing the rejection will have parentheses (xxx) around the incorrect data.

Dental Record Submission

We have a *Procedure Codes that Require Dental Record Submission* grid available on our [website](#) that includes information on the records needed for each procedure code listed. We recommend reviewing this grid prior to submitting claims so you can include any required dental records when you submit the claim.

Submitting a Claim for Accidental Injury

Services for the treatment of accidental injury to sound and natural teeth, when rendered within 12 months of the date of injury, are eligible for coverage in accordance with the benefits set forth in the member's medical (not dental) contract, provided the following criteria are satisfied:

- A. The tooth must be sound and natural with no restorative treatment and no disease prior to the injury.
Note: This coverage does not extend to teeth that are broken while biting into food.
- B. Use the American Dental Association claim form and ADA codes.
 - Box 34A should include the diagnosis code if known
 - Box 35 should say Accidental if the diagnosis code is unknown
 - Box 38 should include Place of Service
 - Box 45 should have Other Accident or Auto Accident checked.
 - Box 46 should include a date of the accident

33. Missing Teeth Information (Place an "X" on each missing tooth.)																34. Diagnosis Code List Qualifier				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)				C					
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A")				B				32. Total Fee	
																								\$0.00	
35. Remarks																									
Accidental																									
AUTHORIZATIONS										ANCILLARY CLAIM/TREATMENT INFORMATION															
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.										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)					
X Patient/Guardian Signature _____ Date _____										40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42)										41. Date Appliance Placed (MM/DD/CCYY)					
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.										42. Months of Treatment										43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44)		44. Date of Prior Placement (MM/DD/CCYY)			
X Subscriber Signature _____ Date _____										45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident															
										46. Date of Accident (MM/DD/CCYY)										47. Auto Accident State					

Submitting a Frenectomy Claim

In general, frenectomy is not covered under the dental plans. If the benefit is considered under the medical plan, similar to accidental injury, claims should be submitted with the patient's medical identification number and should be submitted on the ADA dental claim form as follows:

- Box 34A should include the diagnosis code if known
- Box 35 should say Frenectomy
- Box 38 should include the Place of Service
- Box 45 should have Other Accident checked
- Box 45 Date of Frenectomy

Please note if the procedure is covered under the dental plan (may be covered on custom or self-funded plans) then bill with the dental identification number.

Submitting a Claim for Congenital Anomaly

Services for the treatment of Congenital Anomaly are eligible for coverage in accordance with the benefits set forth in the member's medical (not dental) contract.

Use the [American Dental Association claim form](#) and ADA codes.

- Box 34A should include the diagnosis code if known
- Box 35 should say Congenital Anomaly if the diagnosis code is unknown
- Box 38 should include Place of Service
- Box 45 should have the Occupational Illness/Injury box checked

33. Missing Teeth Information (Place an "X" on each missing tooth.)																		34. Diagnosis Code List Qualifier										ICD-10 = AB										31a. Other Fee(s)																																									
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Congenital Anomaly																																																																															
AUTHORIZATIONS																								ANCILLARY CLAIM/TREATMENT INFORMATION																																																							
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 _____																								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 _____ 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 _____																																																							
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 _____																																																																															

Submitting a Claim for Oral Sleep Apnea

Your participating dental provider contract with Excellus BlueCross BlueShield includes participation for oral sleep apnea treatment. Please review the important information below related to HCPCS code E0486 oral sleep apnea appliance.

Medical Policy

[Corporate Medical Policy 1.01.07, Oral Appliances for the Treatment of Sleep-Related Breathing Disorders](#).

Authorization Requirement

E0486 requires reauthorization for Medicare members. To request preauthorization, please contact Customer Care at 1-800-363-4658.

Medicare Advantage

E0486 is considered a basic medical benefit under Medicare. If you have opted out of Medicare, Excellus BCBS is not permitted to pay for basic medical benefits for Medicare Advantage members.

We encourage you to remove your opt-out status as soon as you are eligible. Review your opt-out status at: <https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/opt-out-affidavits>

Medicaid Managed Care, Child Health Plus, Healthy NY, Essential Plan

E0486 is not covered for members with Medicaid Managed Care (including the Health and Recovery Plan, or HARP), Child Health Plus, Healthy NY, or Essential Plan coverage.

Please check the Medicaid eligibility verification system, [eMedNY.org](https://www.emedny.org), for Medicaid Managed Care member benefits and eligibility.

Medical Claim Form

To ensure that oral sleep apnea claims are submitted accurately to allow for timely payment, these claims need to be submitted on a medical claim form. Please review our [Tips for Completing the CMS-1500 Claim Form](#) and access the National Uniform Claim Committee's (NUCC) 1500 Health Insurance Claim Form Reference Instruction Manual, which is available at www.nucc.org.

Claim Payments and Remittances



Participating Providers - InstaMed®

Excellus BCBS has partnered with InstaMed, an independent company, to offer participating dentists the option to register for electronic fund transfer (EFT) and electronic remittance advice (ERA).

InstaMed advantages include:

- Accelerated payments with direct deposit into your existing bank account
- Saved time and money due to the elimination of paper checks and remittances
- Receipt of fully reconciled remittances electronically
- Access to payment details 24 hours a day, seven days a week, with the capability to view and print
- Remittance statements to help you update your billing records

Visit www.instamed.com or call 1-866-467-8263 for more information.

Zelis® Payments

Excellus BCBS has partnered with Zelis® Payments, an independent company, to offer ePayment options that can accelerate the settlement of claim payments to both participating and non-participating dentists for all lines of business.

Zelis Payments' solutions are designed to:

- Accelerate payment - Receive payment by up to 20 days faster than by paper check
- Receive clean and compliant 835s and Explanations of Payment (EOPs)
- Reduce risk – electronic payments are more secure, traceable, and monitored
- Combine payments from multiple payers and decrease paperwork
- Lower expenses - decrease lockbox and bank fees
- Increase accuracy - detailed data helps you balance more accurately

Zelis offers ACH and Virtual Credit Card* options. To opt in visit <https://www.zelis.com/providers/provider-enrollment>.

Paper checks are also available through Zelis, if you have not opted in to one of the other electronic payment options.

*Important: There is a fee and required contract with Zelis Payments associated with the ACH payment method. Please contact Zelis Payments for more information. For Zelis Virtual Card, standard credit card fees apply.

Alternate Benefits Provision

All covered procedures are subject to Alternative Benefits. We will only provide benefits for the procedure carrying the lesser allowable expense, provided the procedure meets acceptable dental standards, subject to medical necessity. If the more expensive procedure is chosen by the member or the Dentist and is not medically necessary, the member must pay the difference between our payment and the amount billed by the dentist. Pretreatment estimates are recommended for patient liability prior to care.

Most major restorative (prosthetic) services are subject to the alternate benefit provision and include the following services:

- Prosthetics
- Crowns
- Inlays / Onlays
- Complete or Partial Dentures
- Bridge abutments / Pontics
- Implants are not subject to alternate benefit

Services that apply to Alternate Treatment Benefit:

Base Code	Alternate Code
D2740	D2790
D2752	D2792
D2753	D2792
D6242	D6212
D6243	D6212
D6245	D6240
D6740	D6790
D6752	D6792
D6753	D6792

Claim Adjustments and Overpayments

A claim adjustment or retraction can be requested when:

- Additional information was requested on the remittance
- Correcting an original claim
- Member eligibility updated after denial
- Coordination of Benefit (COB) change affecting processing
- Incorrect benefits applied
- Incorrect denial
- Incorrect provider paid
- Incorrect payment or overpayment
- Retraction requests when a check has been cashed

When submitting the adjustment request:

Be sure to include the other carrier explanation of benefits for a claim that denied for other carrier information.

Include a corrected claim for any changes to the original billed claim, including:

- Procedure code changes
- Change in patient information
- Change in charges
- Any change in provider information

Submit a Request Through SDS or Mail

To request an adjustment through SDS or by mail, complete the form linked below and follow the applicable instructions.

[Request for Research / Claim Adjustment](#)

For further details on how to submit documents through the virtual mailbox, please refer to the SDS training manuals at [Provider.ExcellusBCBS.com/Resources/Practice Management/Staff Training](http://Provider.ExcellusBCBS.com/Resources/Practice%20Management/Staff%20Training) and clicking on the Presentations & Guidebooks tab.

Overpayment Process

Providers are required to report, return, and explain overpayments to us **within 60 days** of identifying the overpayment so that the claim can be adjusted.

Adjustment/Auto Recovery

If the adjusted claim results in an overpayment (negative balance), we will recover the overpayment through the [Auto Recovery Payment Process](#). If you disagree with our decision regarding the adjustment, please contact [Customer Care](#).

Coordination of Benefits

Coordination of benefits (COB) is a provision in a contract that applies when a member is covered by more than one group health insurance carrier. COB relies on the exchange of information between carriers so that no more than 100% of the provider charge or company allowance is paid.

Adjudication Date

The payment date is required to process a COB secondary claim. You can use the payment date from your provider remittance as the adjudication date to pass on to the secondary carrier with the explanation of benefits.

Providers using InstaMed®: Use the Payment Date located on page 1 of your remittance. Providers using Zelis® Payments: Use the Paid Date located on page 2 of your remittance.

Pre-Treatment Estimate



Getting a pre-treatment estimate, or pre-determination, is a standard component of the dental insurance process. For certain services, a pre-treatment estimate must be submitted to the Health Plan so that a determination of coverage can be made before services are rendered.

It is recommended that you get a pre-treatment estimate for the following services:

- Multiple crowns
- Inlays
- Bridgework
- Partial dentures
- Labial veneers
- Dental prostheses
- Implants

Pre-Determination Procedure

Submit the claim form with the pre-determination box checked and omit the date of service. Along with the claim form, submit X-rays, diagnostic materials, or a narrative, when appropriate.

You must submit X-rays for the following services:

- Anterior crowns
- Veneers
- Multiple crowns
- Bridges
- Crown lengthening
- Difficult extractions
- Implants

Dental Policies

The following Dental Policies are available on our [website](#):

- 7.01.21, Dental and Oral Care under Medical Plan: Bone Cysts, Odontogenic Cysts, Oral Surgery
- 13.01.01, Dental Implants
- 13.01.02, Dental Crowns and Veneers
- 13.01.03, Dental Inlays and Onlays
- 13.01.04, Periodontal Scaling and Root Planing
- 13.01.05, Periodontal Maintenance

Dental Related Medical Policies:

- [1.01.07, Oral Appliances for the Treatment of Sleep-Related Breathing Disorders](#)
- [7.03.01, Coverage for Ambulatory Surgery Unit \(ASU\) and Anesthesia for Dental Services](#)

Participating Providers - Pediatric Dental Poster

Children's Oral Health poster, available for order! Contact your Provider Relations representative for more information.

