Navigating the Blues Dental Guidebook

A Resource guide for dental providers

Excellus

A nonprofit 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's 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, tips, trends, and items under construction, go to Resources, Practice Management, and the Presentations & Guidebooks tab and click on the Dental Portal Training Manual or Dental Portal Latest Information.

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 and demographic updates	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
Coordination of Benefits (COB)	kim.baker@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 and demographic updates: ExcellusDentalEnrollment@excellus.com
Excellus BCBS website	Navigate to the resources section at 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 (bcbsfepdental.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	1-800-584-6617
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)
Tesia/Renaissance/RemoteLite/Vyne Dental	1-800-724-7240 or info@tesia.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

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.

Participating Provider Practice Changes

Demographic Changes

We recommend all participating dentists to review the practice information that we have on file to ensure that it is up to date. This information is displayed in our Provider Directory and serves as a reference guide for members seeking your services.

You can check this information by:

- Visiting our website, ExcellusBCBS.com
- Selecting the Find a Doctor and Find a Dentist options
- Choose the provider network in which you participate
- Select the Health Plan product(s) in which your office participates
- Enter the provider's first and last name and Click Search

Participating providers can update practice information (practice name, provider name, phone number, fax number, address, office hours, or any other data changes that have occurred within the practice) by completing our Demographic Changes form and submitting it one of the following ways:

Note - *When submitting address or service location updates: Service locations must be a street level address. PO boxes are not acceptable.

Electronically	ProviderEnrollment@Excellus.com	
Fax	1-800-676-6285	
Mail	For Rochester Areas: 165 Court Street Rochester NY 14647	For CNY, Southern Tier, Utica/Watertown, PA & VT areas: 333 Butternut Drive Syracuse, NY 13214

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

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 do not hesitate to 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 deny 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 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. Visit the NPPES website to find taxonomy codes https://nppes.cms.hhs.gov/#/.

Tips for A 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 Portal Claim Submission

Registered Dentists can submit dental claims directly through the Dental Portal. Refer to the "Submit Dental Claims" section of the Dental Portal Training Manual for step by step instructions.

Register with Tesia for Electronic Billing

If you do not currently have an account with Tesia, please consider registering. Tesia 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 Tesia can provide your practice, visit tesia.com.

Sign Up to Use Our Virtual Mailbox!

We invite you to register for the online provider submission portal, designed by Smart Data Solutions, Inc. (“SDS”), an independent company and our business associate. Once registered, you can electronically submit documents via the Virtual Mailbox as an alternative to mailing paper items to our PO Box in Eagan, MN. 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.

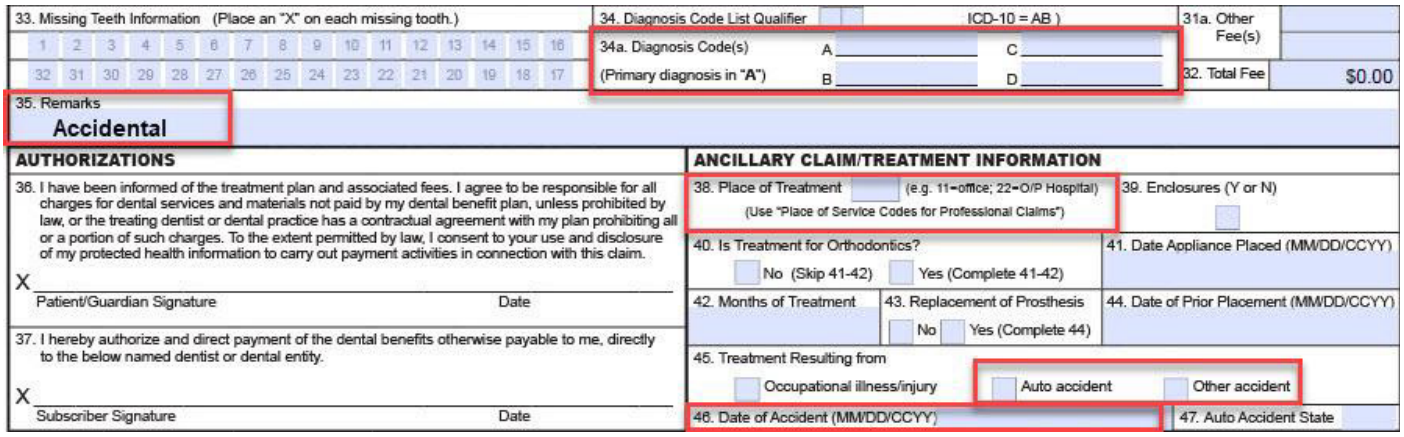
Dental Record Submission

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

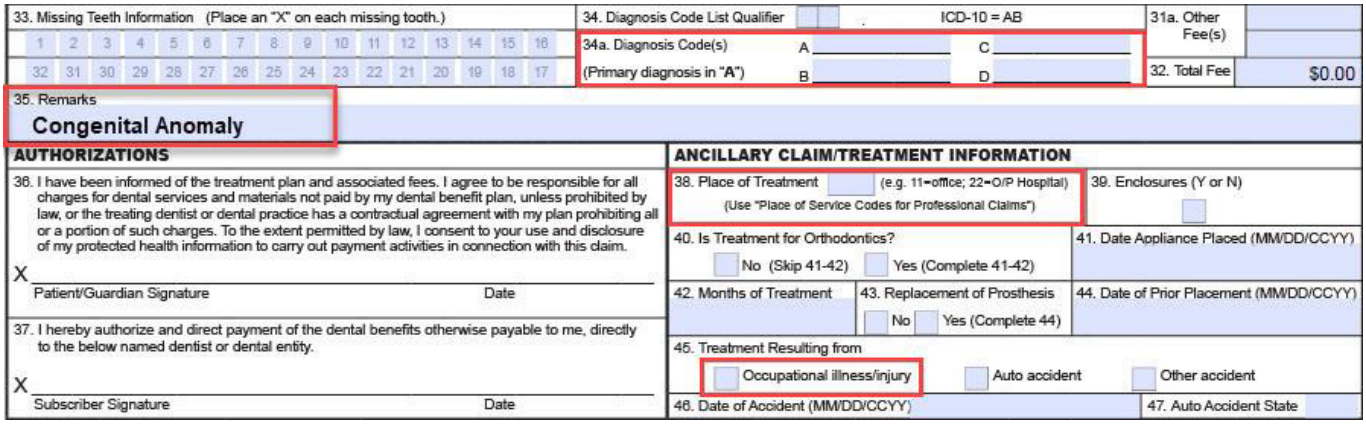


Submitting a Claim for Congenital Anomaly

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



Submitting a Claim for Oral Sleep Apnea

Our participating dental provider contract includes participation for medical accidental injury medical and oral sleep apnea. Review Corporate Medical Policy 1.01.07, Oral Appliances for the Treatment of Sleep-Related Breathing Disorders. To help 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

Thank you to those participating practices that have registered for electronic fund transfer (EFT) and electronic remittance advice (ERA) through InstaMed®, an independent company retained by Excellus BlueCross BlueShield. If you are still receiving paper payments and remittances, we encourage you to transition to EFT/ERAs as soon as possible. Visit www.instamed.com or call 1-866-467-8263 for more information.

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

Non-Participating Providers - Zelis® Payments

Excellus BCBS has partnered with Zelis® Payments, an independent company, to offer ePayment options that can accelerate the settlement of claim payments. This service is available for non-participating providers 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

Paper checks are now issued by Zelis Payments. If you are interested in transitioning to:

- ERA/EFT – Participating providers review the InstaMed information above.
- Zelis ACH or Virtual Card* - Visit zelispayments.com and click "Provider Login" to create an account.

*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.

Auto Recovery Payment Process

Claim overpayment (negative balance) recoveries resulting from claim overpayment adjustments are recovered by the health plan through the auto recovery process. The auto recovery process identifies when there is an outstanding negative balance due to the Health Plan and automatically reduces the provider claim payment to close the receivable. The resultant claim payment is the net of all current claim funds due and the outstanding negative balance. Visit our website for more information.

Alternate Benefits Provision

In most cases, our subscriber contracts provide for an alternate benefit allowance for covered procedures.

When the alternate benefit allowance is provided for, and there is more than one technique or material type for a dental procedure, the dental plan will reimburse for the technique or material type that has the lesser allowance. The member and dentist should discuss which treatment is best suited for the patient and may proceed with the original treatment plan regardless of the benefit determination. If the technique or material type with the greater allowance is chosen, the member is liable for the balance between the amount of the lesser allowance and the billed amount.

Dental Claim Adjustment

When submitting the Dental Claim Adjustment Form through the mail or electronically via the SDS Portal, be sure to include the other carrier explanation of benefits for a claim that denied for other carrier information.

A corrected claim must be included for any changes to the original billed claim, including:

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

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.