




## Dental Connections

### Welcome to the new *Dental Connections*!



We're excited to tell you that this is the first online-only edition of *Dental Connections*! From now on, the information you need to know about Blue Cross Dental will be delivered straight to your inbox. (Previous issues are now available online on our [Dental Provider Resources page](#).) If you'd like to add anyone in your office to our email list so they can receive *Dental Connections* too, you can do that [here](#).

In this issue, you'll find many important updates about policy and benefit changes, credentialing and recredentialing, coordination of benefits, CDT coding, and much more.

As always, please feel free to [contact me](#) with any questions or suggestions you have. We want to make sure you have everything you need, and we value your partnership.

Thank you for your continued support!

Corey McCarty  
Vice President, Consumer Segment

#### In this issue:

- Changes to clinical policies and benefits
- Credentialing recredentialing
- Coordination of benefits (COB)
- CDT coding
- New feature: My Patients' Benefits
- Medicare opt-in/opt-out deadline
- Medical claims submission
- Blue Cross Dental contact information

## Changes to clinical policies and benefits

Over the past several months, we've been working to streamline our processes and policies in order to better serve you and our members. Please take a few minutes to read the red-lined version of the [Blue Cross Dental clinical policies and benefit changes](#) that will become effective with dates of service of September 1, 2016 or later.

Some of the revisions you'll see include a change back to a calendar year schedule for calculating the frequency of preventive procedures, including coverage for bitewing X-rays once per calendar year (changed from once every 18 months).

You will also see changes to policies related to the following services:

- Amalgams and composites
- Denture adjustments
- Crown and bridge repair
- Prophylaxis/scaling and root planing
- Post removal
- Post and core

**Please note:** Some of the changes red-lined in the documents are intended to clarify the existing policy and corresponding member or provider liability, but do not change our existing guidelines. Additionally, as in the past, some large group employers choose benefits outside of Blue Cross Dental's clinical policies. These are group-specific benefits and are reflected online in United Concordia's "My Patients Benefits" or in the member's subscriber agreement.

**As a reminder, please verify the detailed benefit display on My Patients' Benefits at [www.unitedconcordia.com](http://www.unitedconcordia.com) to ensure you have the most accurate benefit information.**

Read our policy changes [here](#).

## Credentialing and recredentialing

BCBSRI has partnered with Aperture to perform our credentialing and recredentialing functions. You may receive notice from Aperture that you are due for recredentialing, encouraging the use of CAQH (a nonprofit credentialing service that is an alliance of health plans and trade associations). While using CAQH is optional—and we will still accept the paper recredentialing applications—please consider utilizing this tool. The initial enrollment with CAQH may take slightly longer than the paper application. However, this is a one-time requirement and eliminates the need for paper recredentialing applications in the future. CAQH will send periodic reminders for you to log in and attest that your information is current and correct. By using CAQH, any third party payors that you participate with that utilize CAQH can also access this information for their recredentialing purposes.

## Coordination of benefits (COB)

If there is indication that a member may have other dental coverage, in addition to Blue Cross Dental, we may send a letter to the member asking for them to provide us with their coverage details. Please encourage your patients to return this information to us in a timely manner so that claims payment delays can be avoided.

As a reminder: As part of the Affordable Care Act, dental coverage for patients up to age 19 can be included in their medical plan. If your patient has a BCBSRI medical plan with pediatric benefits AND a Blue Cross Dental traditional (“standalone”) dental plan, we will consider the standalone dental plan the primary coverage. In the event of a BCBSRI medical plan with pediatric benefits and a standalone carrier other than Blue Cross Dental, the traditional COB rules apply (for example, the birthday rule).

## CDT coding

New CDT coding is released annually and is effective for the calendar year. Please be sure to use the most current CDT coding (CDT 2016) and the code that most accurately describes the procedures performed. This will help to ensure correct and timely claims processing. Only use unlisted codes (Dx999) in cases where no other code accurately describes the treatment being rendered. Unlisted coding requires a narrative explaining the procedure performed with submission and will be reviewed for consideration by BCBSRI.

There are several new CDT codes being introduced for 2017. Read the [Blue Cross Dental Clinical guidelines and policy](#) on these codes.

## New feature: My Patients’ Benefits

“My Patients’ Benefits” is the name of United Concordia’s online tool where you can verify benefits, eligibility, claims history, and more. You can save time and money just by adding a date of service online for services that have a predetermination on file. Log on to [www.unitedconcordia.com](http://www.unitedconcordia.com) and click on the “Add date of service to a predetermination” in the Claims tile on the next page. Read our step-by-step [instructions](#).

## Medicare opt-in/opt-out deadline

Last fall, you received notification from Blue Cross Dental that the Centers for Medicare and Medicaid Services (CMS) had implemented a requirement for providers who have the ability to prescribe medications to their patients. This requires providers, including dentists, to visit [CMS.gov](http://CMS.gov) and either opt in or opt out of Medicare. Taking no action on this mandate may cause issues for patients at the pharmacy when they attempt to fill prescriptions. To meet this requirement, CMS has extended this deadline to January 1, 2017. Please be aware that if you choose to opt out of Medicare, we are required by CMS to consider you as non-participating for BCBSRI members that have our Medicare Dental Rider. Those members do not have coverage for out-of-network services. Opting out of Medicare will not affect your Blue Cross Dental commercial member participating status.

## Medical claims submission

As a reminder, effective October 1, 2015, all providers, hospitals, and facilities must submit ICD-10 codes when billing BCBSRI medical claims on a CMS 1500 form. Medical claims submitted with ICD-9 codes will be rejected upon request.

## Blue Cross Dental contact information

**Claims submission address:**

Dental Claims Administrator  
P.O. Box 69427  
Harrisburg, PA 17106-9427

**Claims submission address for FEP:**

Blue Cross & Blue Shield of Rhode Island  
500 Exchange Street  
Providence, RI 02903

**For claims, eligibility, and benefits:**

Monday through Friday, 8:00 a.m. to 8:00 p.m.  
For offices calling from within RI: (401) 453-4700  
Outside of RI: 1-800-831-2400

**For FEP claims, eligibility and benefits:**

Monday, Wednesday, Thursday, and Friday: 8:15 a.m. to 4:30 p.m.; Tuesday: 9:15 a.m. – 4:30 p.m.  
For offices calling from within RI: (401) 831-0153  
Outside of RI: 1-800-377-4418

**For provider/network support:**

Stephanie Santoro, RDH, Dental Network Manager: (401) 459-5745

**For member enrollment:** (401) 459-5550 or 1-855-690-2583

You may also direct your patients who need service to our Your Blue Store<sup>SM</sup> locations Monday through Friday, from 9:00 a.m. – 5:00 p.m.:

**Warwick** – Cowesett Corners, 300 Quaker Lane

**Lincoln** – Lincoln Mall Shopping Center, 622 George Washington Highway

**Bristol** – Bell Tower Plaza, 576 Metacom Avenue, Unit 18

**Your Blue Stores main line:** (401) 459-2200



500 Exchange Street, Providence, RI 02903-2699

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