



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

March 2021

DENTAL BULLETIN



Teledentistry is Now a Permanent Benefit

We've now added teledentistry as a permanent benefit on all of our commercial dental plans.

When billing for telephonic real-time emergency services, you will need to submit two CDT codes:

D0140: Limited oral evaluation — problem-focused

D9995: Synchronous teledentistry

You'll be reimbursed at the D0140 allowance. Please note that this is a change from our prior process, where you only needed to submit D9995. You can verify benefits and eligibility at [MyDentalCoverage](#) or by calling Customer Service at 888-224-5213.

PPE Reimbursement Ended Jan. 1

Personal Protective Equipment (PPE) D1999 is no longer an authorized billable charge as of Jan. 1, 2021. Claims for dates occurring from May 1 - Dec. 31, 2020, will be reimbursed as previously stated. D1999 should not be charged for PPE, and this fee should not be passed to the member.

Practice Updates and Credentialing Changes

Delays in notifying Dental Provider Relations of changes to your practice may result in claim processing errors. Change requests are not backdated. You will need to hold claims for three weeks once the change has been applied to allow all systems to update. Please be sure to notify us of any changes as soon as possible to ensure system updates are completed in a timely manner.

Timeframe for new provider enrollment:

- **New to the network:** 30-90 days for credentialing verification. The effective date is applied once approved by Dental Director. An additional three weeks is required for a claim hold while the provider is loaded to all other systems.
- **Already in-network, new to your TIN:** Immediate addition; completed within three business days upon receipt of the request. The effective date is applied as the date the request is received *or* the future date provided on the clinic authorization form (no backdating). An additional three weeks is required for a claim hold while the provider is loaded to all other systems.

Timeframe for provider ADD location(s):

- **Adding a new location to the existing provider:** The effective date is applied as the date the request is received *or* the future date provided on the clinic authorization form, or a written request, as long as the provider is already affiliated with your TIN (no backdating). An additional three weeks is required for a claim hold while the provider is loaded to all other systems.

Timeframe for provider termination:

- **Provider terming from a location:** The term date is applied as the date the request received or the future date provided on the Termination Request form, or a written request, as long as the provider is already affiliated with your TIN (no backdating).
- **Full network term:** If the provider is being termed from all offices and TINs and will no longer participate in the Arkansas Blue Cross network, a future term date 90 days out will apply. This will give the provider a grace period to affiliate at other locations or TINs without reapplying to the network and going through credentialing verification.

REMINDER: Verify Your Online Provider Directory Information

We're required by law to keep our provider directories up-to-date, so please visit our [online provider directory](#) and verify that the information listed regarding your practice is current. If there have been any changes, please complete and submit a change document.

Send all credentialing changes and updates to dentalproviderrelations@usablelife.com or fax them to 501-208-8302. You can find provider change forms on the [provider resource page](#) of our website.

Required Signatures: NCQA Guidelines

Arkansas Blue Cross and Blue Shield's provider forms require signatures in order to comply with NCQA credentialing standards and guidelines. For your convenience, we have provided a list of documents and acceptable signature types.

The application, attestation, and contract documents may only be signed by the practitioner. Faxed, digital, electronic, scanned, or photocopied signatures **are** acceptable. Signature stamps are **not** acceptable unless the practitioner is physically impaired and the disability is documented in the practitioner's file. Office staff may **not** sign for the practitioner **nor** place images of the practitioner's signature on application and contract documents.

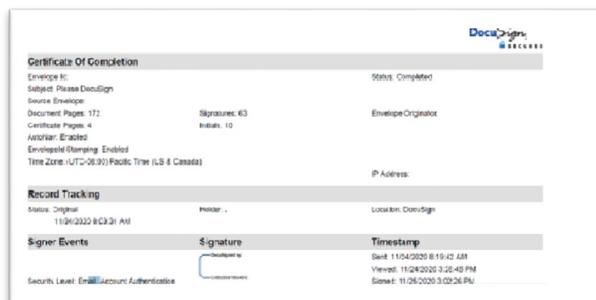
Provider signature required

1. Network Contract
2. Provider Application
3. New Clinic Application
4. Change of Data
5. Clinic Authorization
6. DEA waiver

Provider or office representative

A Termination Request may be submitted in writing after a provider has left the practice.

Electronic Signatures are now more widely accepted because of the COVID-19 pandemic. Electronic signatures must be accompanied by a verification audit document from the approved signer. Many types of electronic document fillable forms can be used. We will continue to accept hand-signed documents as advised above.



National Dental GRID: Participating Blue Plans

The Dental GRID below includes dentists in all 50 states through the networks of participating Blue plans and their affiliates.

Plans

- Anthem Insurance Companies, Inc.
- Anthem Blue Cross of California
- Anthem Blue Cross and Blue Shield of Colorado
- Anthem Blue Cross and Blue Shield of Connecticut
- Blue Cross and Blue Shield of Georgia
- Anthem Blue Cross and Blue Shield of Indiana
- Anthem Blue Cross and Blue Shield of Kentucky
- Anthem Blue Cross and Blue Shield of Maine
- Anthem Blue Cross and Blue Shield of Missouri
- Anthem Blue Cross and Blue Shield of Nevada
- Anthem Blue Cross and Blue Shield of New Hampshire
- Empire Blue Cross and Blue Shield of New York
- Anthem Blue Cross and Blue Shield of Ohio
- Anthem Blue Cross and Blue Shield of Virginia
- Anthem Blue Cross and Blue Shield of Wisconsin
- HCSC- Health Care Service Corporation
- Blue Cross and Blue Shield Illinois
- Blue Cross and Blue Shield Montana
- Blue Cross and Blue Shield New Mexico
- Blue Cross and Blue Shield Oklahoma
- Blue Cross and Blue Shield Texas
- Blue Cross and Blue Shield of Kansas
- Blue Cross and Blue Shield of Kansas City
- BlueCross BlueShield of Nebraska
- Blue Cross Blue Shield of North Carolina
- Blue Cross Blue Shield of South Carolina
- Blue Cross BlueShield of Tennessee
- Blue Cross of Idaho
- Capital Blue Cross (Central PA)
- CareFirst Blue Cross and Blue Shield (Maryland / District of Columbia)
- Excellus BlueCross BlueShield (Rochester, NY)
- Horizon Blue Cross and Blue Shield of New Jersey
- Blue Cross and Blue Shield of Vermont (CBA Blue)
- Wellmark Blue Cross and Blue Shield of Iowa
- Blue Cross and Blue Shield of Arizona
- Blue Cross and Blue Shield of Massachusetts
- BlueCross & BlueShield of Western / BlueShield of Northeastern New York (no providers posted currently)

NOTE: Not all plans offered by these Blue Cross Blue Shield plans participate in the National Dental Grid. Please make sure the grid or grid+ is listed on the back of a member's dental ID card. We recommend that you verify eligibility and benefits through customer service or the online dental portal before providing services.

Networks

- Blue Cross and Blue Shield of Florida
- Blue Cross Blue Shield of Hawaii
- Blue Cross and Blue Shield of Arkansas
- Blue Cross and Blue Shield of Rhode Island
- Blue Cross and Blue Shield of North Dakota
- Blue Cross and Blue Shield of Wyoming
- Dominion
- UniCare
- Decare

Availity is now the EDI Gateway for Federal Blue Cross and Blue Shield Dental Claims

Electronic claims submission to your clearinghouse is now going through Availity and is the recommended method for submitting claims.

You are encouraged to enroll through Availity for portal access to claims, eligibility, and remittance advices

If you don't use a clearinghouse, you can enroll in Availity to submit 837p (professional medical) claims, and in the future, you'll have the ability to submit 837d (dental) claims. If you use a clearinghouse, you should see no change in how your claims are processed.

Format errors can no longer be corrected manually

Format errors of claims were previously corrected manually, but because of the transition to EDI transmission, this will no longer be possible, and claims submitted with errors will be rejected (you will be notified by letter).

Ensure that your claims are not rejected

1. **ICD-10-CM is the current source of diagnosis codes:** Box 34 must contain AB when a diagnosis code is required; otherwise, leave it blank.
2. **A claim must be submitted using the health identification number:** The Box 15 member ID number must match the "R" number from the member's ID card.
3. **When patient and subscriber information matches, the relationship code must be self:** Box 18 must contain the patient's relationship to the subscriber, even if the subscriber is the patient.
4. **Hand-written entries are not accepted:** If your practice management software cannot generate proper information on the claim form, you may use Direct Data Entry to key in and submit the claim directly from Availity.
5. **Subscriber/patient's complete date of birth is required (MM/DD/CCYY) and must be a valid date; subscriber gender must be present:** Boxes 12-23 of patient and subscriber information will be validated when using the eligibility in Availity to ensure it is correct on the claim form.

Availity Provider Portal Available to All Providers

Availity Provider Portal is the new eligibility, benefits, and claim functions portal for Federal Blue Cross and Blue Shield and Arkansas Blue Cross and Blue Shield medical plans. It includes many helpful resources, including training modules. You can take advantage of these great services by registering on the Availity Provider Portal right now — there is no cost to register! [Register now](#).

- **Got a claim processing issue or need assistance with Availity Provider Portal tools?** Availity portal and customer service representatives are available to help at 800-282-4548.
- **Need to set up EDI services?** Contact your clearinghouse; they will enable the EDI features and work directly with Availity EDI services.
- **Need to direct enter dental or medical claims?** Contact Availity to set up the Direct Data Entry tool.
- [Log in to Availity](#).

NOTE: Friday, April 30, will be the last date for providers to use the eligibility and benefits functions on AHIN. A sunset date for claim functions on AHIN will be set soon after.

Arkansas Blue Medicare Dental Plan Updates



On Jan. 1, 2021, Arkansas Blue Cross and Blue Shield began offering Medicare Advantage dental benefits to Medicare and Health Advantage Medicare Advantage members who opt into the program. These members now have access to a robust network of general dentists and oral surgeons.

The Blue Medicare Dental network includes the Dental PPO network. Members can now get additional, high-value benefits that cover dentures, crowns, and much more. Dentists who participate in the current Dental PPP network can easily sign up for participation in the Dental Medicare network by contacting your assigned dental provider representative at dentalproviderrelations@usablelife.com.

No additional enrollment is necessary for dentists in the Dental PPO network who currently participate in the Medicare Advantage network. To verify if you are actively in-network, please refer to the [dental provider directory](#).

To verify dental benefits, eligibility, and claim information, visit the [dental provider portal](#) or call dental customer service at 888-224-5213. Claims can also be mailed to:

Dental Claims Administrator
P.O. Box 69436
Harrisburg, PA 17106-9436

Current Medicare Advantage plans include eight plan options:

- BlueMedicare Premier HMO
- Health Advantage Blue Premier HMO
- Health Advantage Blue Classic HMO
- BlueMedicare Saver Choice PPO
- BlueMedicare Value Choice PPO
- BlueMedicare Premier Choice PPO
- BlueMedicare Value PFFS
- BlueMedicare Preferred PFFS

Medical and Dental Member ID Cards

Please note that the new dental Medicare plans will not require a separate dental card. Members will present their Medicare Advantage medical card. You can view sample Member ID cards in the [Dental Manual](#).

For more information, visit our website's [Medicare Advantage page](#) (found in the Dental Provider section).

You can also find more information in the Medicare Advantage section of our [Health Advantage website](#) (also found in the Dental Provider section).

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Dental Network Manager Territory Map

