



Dental Office Implementation Guide

9/29/2017

FEP BlueDental Announcement

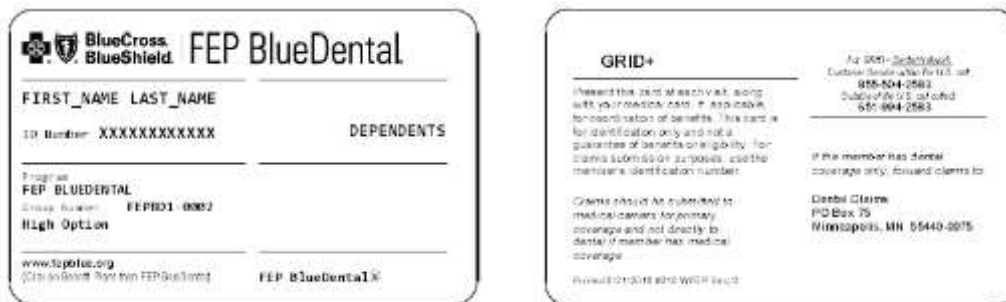
The Blue Cross Blue Shield Association (BCBSA) has partnered with the GRID Dental Corporation (GDC) to administer FEP BlueDental. FEP BlueDental members will be able to utilize the GRID+ network as an in-network provider source. By participating in your local Blue Cross and Blue Shield plan you will now have access to FEP BlueDental members. The member's card will be identified with FEP BlueDental at the top of the ID card, along with the claims submission address and customer service number on the back to verify benefits.

Identification Cards

Each employee will receive 1 set of 2 FEP BlueDental ID cards. The ID cards will have the employee's name only on the ID cards. The word 'Dependents' will appear on the ID card if the employee is covering a spouse and/or dependent.

- The ID card is for identification ONLY. The ID card is not a guarantee of eligibility or benefits. FEP BlueDental recommends that you verify coverage for the date of service. This may be done by calling the FEP BlueDental Customer Service Department at 855-504-BLUE or 855-504-2583

Below is a generic sample of a FEP BlueDental ID Card.



When a member provides your office with their FEP BlueDental ID Card, it is important to also ask for their medical ID Card. The medical ID card is important because by law, the member's medical plan is the primary carrier and should be billed first if there is dental coverage through their medical plan.



Claim Submission Tips

Accurate claims submission results in faster payment. To ensure timely claims payment, you may use the following checklist as a tool. Please check the information you are providing for completeness and accuracy.

- State-issued treating Dentist License Number and Tax Identification Number (TIN)
- Patient's birth date
- Patient's relationship to the member
- Member's birth date
- Member's social security number (SSN) or identification number
- Member/patient's signature
- Current ADA procedure code(s)
- Fee for treatment
- Treatment date(s)
- Tooth number, surface and quadrant if applicable
- Treating Dentist's signature

Pre-treatment Estimates

FEP BlueDental recommends a pretreatment estimate be submitted prior to treatment for alternate services (such as posterior composites) extensive oral surgery, periodontics, endodontics, major restorative, prosthodontic, and orthodontic services. We will provide an explanation of benefits to both you and the member that will indicate if procedures are covered and an estimate of what we will pay for those specific services. The estimated Maximum Allowable Amount is based on the member's current eligibility and contract benefits in effect at the time of the completed services. Submission of other claims or changes in eligibility or the contract may alter the final payment. A pretreatment estimate is not a guarantee of benefits. Pretreatment estimates can be sent directly to FEP BlueDental and do not need to be sent to the primary medical carrier first.

Pre-treatment Review and Radiograph Submission

A pre-treatment review program will not be used by FEP BlueDental; instead, we have implemented a post-treatment program that monitors individual dentist utilization patterns.

FEP BlueDental has developed the ability to modernize the process of pre-approval review. This process has greatly improved service to our network dentists and members because pre-estimates and claims will be processed faster and **radiographs will not be required** prior to rendering services. You may find this new process makes FEP BlueDental easy to do business with.

Post-payment review is simple and straightforward: individual dentist utilization is analyzed periodically and compared over time to determine if changes in utilization have occurred. You may be asked to periodically provide treatment information post-payment as part of the post-payment review process.

Submit for Cosmetic Service only if Necessary

Cosmetic dental services **are not** covered by the plan. If you provide cosmetic services to a member, you do not need to submit a claim to FEP BlueDental. All claims for cosmetic services requiring a denial of payment from FEP BlueDental must be submitted directly to: FEP BlueDental Claims, P.O. Box 75, Minneapolis, MN 55440-0075. **Do not** send cosmetic claims to the medical carrier.

Coordination of Benefits (COB)

The member's medical coverage is **always** Primary, while FEP BlueDental is Secondary. Submit all claims to the Primary medical plan first. Refer to the back of the member's medical ID card for submission. Pre-estimates of benefits can be submitted directly to FEP BlueDental. Upon completion of the dental care, submit the claim to the Primary medical plan. The exception to this is when the medical carrier does not have dental embedded benefits, if that is the case the claim can be submitted directly to FEP BlueDental with a primary payment amount of \$0.

FEP BCBS Service Benefit Plan Medical Member - Submit claims to the local Blue Cross Blue Shield Plan. Primary payment will be sent to you and then FEP Medical will forward the claim, along with the Primary payment amount, to FEP BlueDental. The primary benefit will be coordinated on the claim received from medical carrier and upon completion of Coordination of Benefits; FEP BlueDental will send the secondary payment to you. It's important to note that when a member is covered by an FEP BCBS medical plan with dental benefits and a separate FEP BlueDental plan, those two policies will coordinate to pay benefits on dental claims. We recommend that the dentist not charge the patient for any copay or coinsurance associated with the medical plan benefits at the time of their dental office visit because, in most cases, these amounts will be addressed by the dental plan.

Other Medical Member - Submit claims to the other medical carrier. Primary payment will be sent. You then submit claims and Primary remittance to FEP BlueDental for Secondary COB payment. Please hold Secondary claim submission until you have received Primary Payment and remittance from the other medical plan.

Requirements for Federal Member ID's

The following instructions only apply if primary submission is to Service Benefit Plan (FEP) Medical. Federal Member identification numbers (ID) for FEP Medical begin with an "R" followed by eight digits (e.g. R12345678). If you do not use the correct ID format for FEP Medical, claims may be rejected. Follow all claim form instructions for the proper placement of the member ID.

Reconsiderations – Claim Dispute

If you and your FEP BlueDental patient disagree with the initial decision of how dental services were processed, please encourage your FEP BlueDental patient to refer to their FEP BlueDental Brochure on how to submit a reconsideration.

Reconsiderations or claim disputes should be sent to:

FEP BlueDental Claims Appeals

P. O. Box 551

Minneapolis, MN 55440-0551

Benefits Summary

FEP BlueDental Members have two options while choosing benefits during open enrollment, High Option or the Standard Option. A general breakdown can be seen below. To verify benefits please contact **(855) 504-BLUE** or 855-504-2583 or visit www.fepbluedental.com

High Option Benefits	In-Network Member Responsibility	Out-of-Network Member Responsibility
Class A (Basic) Services – preventive and diagnostic	0%	10%
Class B (Intermediate) Services – includes minor restorative services	30%	40%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	50%	60%
Class A, B, and C Services are subject to an unlimited annual maximum benefit for In-Network benefits and \$3,000 for Out-of-Network benefits and a \$50 deductible for Out-of-Network services per calendar year.		
Class D Services – orthodontic \$3,500 Lifetime Maximum	50%	50%

Standard Option Benefits	In-Network	Out-of-Network
Class A (Basic) Services – preventive and diagnostic	0%	40%
Class B (Intermediate) Services – includes minor restorative services	45%	60%
Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services	65%	80%
Class A, B, and C Services are subject to a \$1,500 annual maximum benefit for In-Network benefits and \$750 for Out-of-Network benefits and a \$75 deductible for Out-of-Network services per calendar year.		
Class D Services – orthodontic* \$2,000 Lifetime Maximum for In-Network, or \$1,000 Lifetime Maximum for Out-of-Network	50%	50%

*Class D Services – orthodontics has a waiting period which applies to the Standard option only. To meet this requirement, the person receiving orthodontic services must be enrolled in the same plan option for the entire and continuous 12-month waiting period to receive orthodontic coverage. Any change in the plan option will result in a new 12 month waiting period. A re-enrollment into FEP BlueDental, after transferring from another FEDVIP dental carrier, will require the member to satisfy a new 12-month orthodontia waiting period for the new plan option.

Our goal is to make it as easy as possible for you to do business with us. Please feel free to contact us with any questions.

Contact Information

- Customer Service (in the U.S.) 855-504-BLUE or 855-504-2583
- Customer Service (International) Call Collect 651-994-BLUE or 651-994-2583
- Submit claims to:
 - FEP BlueDental Claims
 - P.O. Box 75
 - Minneapolis, MN 55440-0075

www.fepbluedental.com