

**Dental Update** is an online newsletter containing up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for dental providers. It is published in the spring and fall by the Health Network Services (HNS) and Communications departments.

If you are a contracting BCBSNE dental provider, this newsletter serves as an amendment to your agreement and affects your contractual relationship with us. You are encouraged to review every issue of Dental Update and reference it often. In addition, you may view the Policies and Procedures Manual in the Provider section at **NebraskaBlue.com/Providers**.

As a service for Blue Cross and Blue Shield members, we also make this newsletter available to non-participating Nebraska providers.

Find each issue online at **NebraskaBlue.com/Providers**.

To request permission to reprint the material published in this Dental Update for any purpose, you must email the editor, Loraine Miller, at [Lorraine.Miller@NebraskaBlue.com](mailto:Lorraine.Miller@NebraskaBlue.com).

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## What's New



## Happening Now

Please continue to check our [Happening Now](#) page for current information and updates.



### COVID-19 Policies

For up-to-date information on our COVID-19 policies, check our [COVID-19 page](#).

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## New Medical ID Cards with QR Codes


To comply with the ID card mandates in the 2021 Consolidated Appropriations Act, and to make it easier for members and providers to find information about covered health care benefits, new ID cards with Quick Response (QR) Codes on the front will be issued to our members who have medical coverage with us. The cards will be issued throughout 2022. **If members are enrolled in only dental coverage, the card will look the same as it does currently.**

Please note:

- ▶ The QR Code will link to the member's specific medical Schedule of Benefits Summary. By scanning the QR Code, both the member and health care provider can access information about in-network and out-of-network medical deductibles and out-of-pocket maximums. **Dental providers will need to call our Customer Service number to verify dental eligibility and benefits.**
- ▶ Current member ID numbers will not change.


Here is a sample of the new medical ID card. Please scan or click on the QR Code to see a sample Schedule of Benefits Summary.



Member Name <b>JOHN DOE</b>	<b>NEtwork BLUE</b> <b>NEtwork BLUE Dental</b>
ID <b>XYZ123456789</b>	
Medical and Rx Benefits RxBIN <b>610455</b> RxPCN <b>RxNEB</b>	Copays may apply 

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Here is a sample of the dental-only ID card.



Member Name <b>JANE DOE</b>	<b>NEtwork BLUE Dental</b>
ID <b>ABC123456789</b>	
Dental Benefits Plan Code <b>259/759</b>	

**Issued 11/2021**





# NaviNet<sup>®</sup>

now available to check claim status

NaviNet is now available for dental offices to obtain claim information. The online portal is offered at no cost to our providers. It's easy to use and gives you a dashboard to see the claims status for your BCBSNE patients. If you have not tried NaviNet, we encourage you to do so. Please sign up [here](#).

In addition to NaviNet, these options are still available for checking claim status:

- Call the automated voice response number – 800-635-0579
- Submit an [online inquiry](#)



## Medicare Advantage Dental Benefit

BCBSNE Medicare Advantage dental benefits is a member reimbursement benefit offering combined preventive and comprehensive coverage to members. There is no dental network; the only requirement is that services are provided by a licensed dental provider.

Preventive services include two oral exams, two cleanings, fluoride treatment and one dental X-ray. Comprehensive services include restorative, endodontics, periodontics, extractions and prosthodontics. Dental benefits have an annual benefit maximum of \$650 for the Core HMO Metro plan, \$900 for the Core HMO Central plan, \$1,350 for the Access PPO plan and \$1,750 for the Retiree Group MA PPO plan.

To receive reimbursement for dental services, members must complete a [dental claim reimbursement form](#). Members should fill out one form per person and include an itemized bill and original receipts from the provider.

The information on the bill should be on clinic letterhead and include:

- The date the service was provided
- Provider name
- Provider NPI/TIN
- Total amount charged for service(s)
- Procedure description and/or codes

For questions about BCBSNE Medicare Advantage dental benefits, please have members call Customer Service at **888-488-9850** or 711 for TTY.

## CLAIMS CORNER

### Accurate billing and ADA claim form

When manually submitting dental claims to us:

- Use the 2012 or newer claim form from the American Dental Association (ADA). Claims will be returned if they are submitted on older forms. You may access the most recent claim form at [ADA.org](http://ADA.org).
- Bill using the correct fields for Type 1 and Type 2 NPI numbers and tax ID.
- Submit the claim to the correct plan after you have checked both the front and back of the member's ID card.

If you are an individual or sole proprietor	If you are a group practice
<p>List your:</p> <ul style="list-style-type: none"> <li>• Type 1 NPI number in box 49</li> <li>• Individual tax ID number in box 51</li> <li>• Type 1 NPI number in box 54</li> </ul>	<p>List your:</p> <ul style="list-style-type: none"> <li>• Type 2 NPI number in box 49</li> <li>• Your organization's tax ID number in box 51</li> <li>• The treating provider's individual Type 1 NPI number in box 54</li> </ul>

➤ To learn more about filing claims with us, please visit [NebraskaBlue.com/ClaimsInfo](http://NebraskaBlue.com/ClaimsInfo).

### Filing for medical services

Please use [CMS-1500 claim form](#) when billing for services covered under the patient's medical plan.

As a network provider, you have agreed to file all dental and medical claims with BCBSNE for any covered benefit provided to our members.

Guidelines for completing CMS-1500 form can be found in the [Dental Policies and Procedures Manual](#) under the topic of "CMS 1500 Claim Filing."

### Locum Tenens

A locum tenens (Latin: "holding the place," i.e., "placeholder") is a person who is temporarily fulfilling the duties and responsibilities of an office in the absence of the appointed holder of that office.

When a locum tenens is used, services should be billed under the dentist who is temporarily gone. The contracting status of the dentist under whose name the services are being billed will be used for claim payment. If the substitution lasts for more than 90 days, then the dentist filling in should be credentialed.

A locum tenens is not a new permanent dentist or a dentist going through credentialing.

### Timely filing reminder

The timely filing limit for BCBSNE is 120 days from the date of service. As a network provider, you are obligated to submit claims to BCBSNE within the 120-day limit. If the claim is not submitted within 120 days from the date of service, no reimbursement will be made, and the member cannot be held liable. Please always make sure to ask for a current member ID card.

**NOTE:** If a claim is incomplete and is returned, you will need to submit a new claim (bill type XX1) within the timely filing limit in order for the claim to be processed.

For the complete policy on timely filing, please see Section 8 of the [Dental Policies and Procedures Manual](#).

## Provider data changes

If your practice information changes, such as a change in address, new location, different tax ID or NPI number, please notify us at least 45 calendar days before the changes take effect. This will help ensure your information is current in our system so we can continue to provide you with timely communications.

## Credentialing and Recredentialing Requirements

As part of our ongoing commitment to our members and network providers, we have developed a credentialing program that must be completed prior to participation in our provider network. Credentialing policies and procedures have been established in compliance with Nebraska law and modeled after URAC and NCQA standards.

If you are not credentialed with us, follow these steps:

- Complete the [online CAQH application](#). You must receive confirmation from CAQH that your application is complete before we can begin the credentialing process.
- Send an email to us with the required information listed on our [Credentialing page](#).
- If requested, respond to our request for additional information.
- Wait to receive your determination letter.

For more information, please refer to our [Credentialing](#) page.

### Recredentialing

- Providers are recredentialed every three years.
- You will be notified by CAQH four to six months prior to the month you are due to be recredentialed.



## Questions?

Please contact your [provider executive](#).

## GRID and GRID+ Frequently Asked Questions

- ▶ What is GRID and how does it work?

GRID Dental Corporation (GDC) manages the national Dental GRID. GRID links the dental networks of many of the nation's Blue Cross and Blue Shield plans with additional networks in states where there are no Blue plan networks. Members of participating Blue plans have seamless access to GRID and GRID+ providers in all 50 states.

- ▶ Who issues ID cards? What information will be listed on the ID cards?

Because each Blue Cross and Blue Shield plan owns its own customer relationships, each plan issues its own ID cards. For example, BCBSNE will issue ID cards for our group's members.

GRID or GRID+ may appear on the back of the ID card, along with the customer service number of the Blue plan. This ensures that the member and dentists across the country recognize members from participating Blue plans. It also lets members and providers know which plan to call for member service.



## Security Corner: Business vendors

Your business vendors may have access to sensitive information as part of their job duties. Make sure those vendors are securing their own computers and networks, too. You can:

- **Put it in writing.** Include provisions for vendor security in your vendor contracts.
- **Verify compliance.** Establish processes so you can confirm that vendors follow your rules.