2024 Dental Billers Workshop



Agenda

- Contracting
 - Value in contracting
 - 2025 CAP contracting
 - Quality Based Reimbursement Program (QBRP)
 - Policy Memo changes
- Member services
 - Dental benefits
 - Availity
 - Dental GRID



Agenda

- Claim tips / Miscellaneous
 - Claim submission reminders
 - Dental manual review
 - Medicare Advantage
 - ASK-EDI
 - Lucky Strikes





What Can Your Rep Do For You

- Insurance billing education
- CAP mailing
- Policy Memos
- Dental Medical Policies
- Documentation
- Coding
- Claim Submission Tips
- Availity







Customer Service Center (C	SC) (ffice Hours: Monday - Friday 7:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Claim status	Email: csc@bcb	
• Appeals	Phone: 800-432-3990 or 785-291-4180 Fax (written inquiries and predets): 785-290-0711	
Pre-determinations		
Benefits		
• Eligibility Fax (all others): 785-290		785-290-0783
CSC Providers Only Benefits	Line ()ffice Hours: Monday - Friday 7:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Benefits	Email: csc@bcbsks.com	
• Eligibility	Phone: 800-432-0272 or 785-291-4183	
Provider Network Services		Hotline Hours:
	Mo	nday-Wednesday, and Friday 8:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Contracting	Email: prof.relations@bcbsks.com	
Credentialing	Phone: 800-432-3587 or 785-291-4135	
Network enrollment	Fax: 785-290-0	734
Availity® Essentials	() ffice Hours: Monday - Friday 7:00 a.m 6:00 p.m.
Contact Availity Client Services toll free at 800-Availity (800-282-4548) or log in to Ava Essentials to submit a support ticket.	lity during the	hours listed above.
BlueCard®		
Eligibility for out-of-state members •Office Hours: Monday - Friday 8:00 a.m Phone: 800-676-BLUE (800-676-2583) Claim info for out-of-state members •Office Hours: Monday - Friday 7:00 a.m •Phone: 800-432-3990, ext. 4058	4:30 p.m.	
2		
Questions regarding:	Contacts:	8:00 a.m 4:30 p.m.
Questions regarding: Assistance with coordination of care for	Contacts: Phone: 800-432	
Questions regarding:	Contacts: Phone: 800-432 785-291-6628	8:00 a.m 4:30 p.m. -0216, ext. 6628 or
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Questions regarding: •Assistance with coordination of care for patients with complicated health issues.	Contacts: Phone: 800-432 785-291-6628 For FEP membe	8:00 a.m 4:30 p.m -0216, ext. 6628 or ers: 800-782-4437, ext. 6611
MiResource Contacts: Email: support@miresource.co Lucet Questions for behavioral health carr	Contacts: Phone: 800-432 785-291-6628 For FEP members m	8:00 a.m 4:30 p.m. -0216, ext. 6628 or ers: 800-782-4437, ext. 6611 Office Hours: 24/7/365
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8:00 a.m. - 6:00 p.m. KS members or M3A prefix • Provider Services: 800-240-0577 Fax: 800-976-2794 Prior Authorization/Utilization Management/Care Transition: 800-325-6201 Fax: 877-218-9089 After Hours Utilization Management/Care Transition: 800-331-0192 Fax: 877-218-9089 Behavioral Health Services (Lucet): 877-589-1635 Hearing Services: 800-334-1807 Vision Services: 877-226-1115 Federal Employee Program Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m. (FEP) - All FEP inquiries except OPL Contacts: FEP Blue Dental Contacts: Phone: 800-432-0379 or 785-291-4181 Phone: 855-504-2583 Fax: 785-290-0764 www.bcbsfepdental.com **Electronic Data Interchange** Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m. (ASK-EDI) - Payor ID: 47163 Questions regarding: Contacts: Electronic claims transmission Email: askedi@ask-edi.com Electronic RA Website: ask-edi.com Billing software Phone: 800-472-6481 or 785-291-4178 Clearinghouse services Fax: 785-290-0720 Internet file transfer and passwords Real-time vendors Office Hours: Monday - Friday Fraud Hotline 8:00 a.m. - 4:30 p.m. Ouestions regarding: Contacts: Reporting of any illegal activity Phone: 800-432-0216, ext, 6400 or involving BCBSKS, Callers may remain 785-291-7000, ext 6400. anonymous. Other Party Liability (OPL) & Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m. Pre-Existing Ouestions regarding: Contacts: Duplicate coverage Phone: 800-430-1274 or 785-291-4013 Fax: 785-290-0771 No-fault auto exclusion Subrogation Workers' compensation Pre-existing Pre-certification, Concurrent Office Hours: Monday - Friday **Review and Alternate Care** 8:00 a.m. - 5:00 p.m. Questions regarding: Contacts: Phone: 800-782-4437 All hospital inpatient admissions Teleorder Office Hours: 24/7/365 Contacts: Phone: 800-346-2227 or 785-291-8130 Location Address: Billing Address: 1133 SW Topeka Blvd P.O. Box 239 Topeka, KS 66629-0001 Topeka, KS 66601-0239

An Independent licensee of the Blue Cross Blue Shield Association.

Office Hours: Monday - Friday



Medicare Advantage



Value In Contracting

- Opportunity to earn additional revenue through the Quality Based Reimbursement Program (QBRP)
- Direct payment from BCBSKS
- Detailed claim payment information provided to you and the member
- Electronic Remittance Advice
- Dental Workshops
- Provider name listed in the directory
- Website (bcbsks.com) and self-service tools accessible through Availity
- Opportunity to participate in BCBSKS Dental PPO and/or Medicare Advantage networks



Cap – Competitive Allowance Program

- Annual Contract Update
- Provider contract is Perpetual
- Approved by Board of Directors at BCBSKS
- Emailed towards the end of July
- Quality Based Reimbursement Program (QBRP)
- Policy Memo Summary of Changes





2025 Reimbursement

- Aligned to continue RVU-based pricing
- Increase lower valued codes
- Maintain allowances for higher valued codes
- QBRP incentives
- Rural access incentive



Quality Based Reimbursement Program

- QBRP
- Prerequisites
 - File claims electronically
 - Sign up for electronic newsletters
 - Stop receiving paper remits
 - Must be in good standing with BCBSKS





Quality Based Reimbursement Program

- Applies to all eligible dental providers
 - BCBSKS CAP
 - Dental PPO
 - EPO
- Does not apply to:
 - Medicare Advantage
 - DFP claims, member prefix R



QBRP – Groups 1 and 2

- Group 1 (ESS & EPM): Applies to all eligible CDT and CPT codes
 - Clinical lab and pharmaceutical services are excluded
- Group 2 (PRD): Applies to all eligible CDT codes
- Clinical lab and pharmaceutical services are excluded



QBRP – Group 1

- Electronic Self Service (ESS)
- ES3 2.0 percent (96 percent or greater)
- ES2 1.0 percent (86 to 95 percent)
- Electronic Provider Message Board (EPM)
 - EPM 1.0 percent



QBRP – Group 2

- Provider Portal Information (PRD) 3.0 percent
 - Attest during each qualifying period outlined in CAP
 - Individual provider level for all providers tied to the group contract
 - Consolidated Appropriations Act (CAA)
 - Rolling 90-day attestation requirement
 - Group and individual attestations are required



2025 Dental Policy Memo Summary of Changes

- Policy Memo Summary of updates can be found on our website
 - Section I: Confidentiality
 - Section V: Post-Payment Audits
 - Section XV: Claims Filing
 - Section XXVII: Acknowledgment of Independent Status of Plan
 - Section XXXV: Acknowledgment of Non-Discrimination Laws



Content of Service

- Local anesthesia
- Impressions for prosthetics
- Materials and/or supplies
- Suture removal
- Postoperative care
- Sedative base content to amalgam or composite restoration





Non-covered Services

- Professional services are not reimbursed when provided to an immediate family member (spouse, children, parents, siblings, or legal guardian of the person who received the service) or themselves.
- There are several categories of services and procedures that may be considered noncovered per member contract language. These denials are billable to the member.



Limited Patient Waiver

- Situations when a waiver should be obtained
 - Medical necessity denials
 - Utilization denials
 - Patient requested services
 - Experimental / Investigational procedures
 - Deluxe services (gold crowns, diamond caps, etc.)
- When not to use a waiver
- Services considered content of service
- Balance billing: Cannot be used to bill the patient the difference between the provider charge and the allowed amount (contractual obligation)



Limited Patient Waiver

- Requirements of the waiver
 - Signed before receipt of service
 - Patient specific
 - Procedure specific
 - Date of service specific
 - Dollar amount
 - Retained in the patient's file at the provider's place of business
 - Presented on an individual basis to patients. Blanket waivers are not allowed
- Use modifier GA



Limited Patient Waiver

Limited Patient Waiv	er			
Section 1 – Patient Information				
First Name	MI Provider Name			
.ast Name	Suffix Provider Address			
lentification Number	City			
rovider NPI	State ZIP Code +4			
he provider must document in the patient rec	ord the discussion with the patient regarding the following	g service(s):		
Section 2 – Notice of Personal Fina	ncial Obligation (Please read before signing)			
have been informed and do understand	that the charge(s) for	iance		
	will not be covered because Blue Cross and Blue			
Not medically necessary	□ Patient-requested services			
Deluxe features (applicable to deluxe of prosthetic appliances as specified in the contract) – the allowance for standard applied to the deluxe item(s)	e member Experimental or investigational			
is my wish to have this service(s) perfo	med even though it will not be paid by BCBSKS.			
understand that I will be held person pproximation only, based on the service	Illy responsible for approximately \$. This amount is an		
Options: Check only one box. We can	not choose for you.			
Option 1: I want the service listed all provided so that a determination of c	ove. I also want the provider to bill my insurance for overage can be made by my carrier.	r the service		
Option 2: I want the service listed all	have no appeal rights if the claim is not processed th			
Acknowledgment of personal financial ob by this or another provider(s).	igation applies to charge(s) for service(s) specified	above when performed		
further understand any additional servic	e(s) could affect the amount of my financial respons	ibility.		
Your signature required	arent/guardian if other than patient)	Date Signed		
rauent (olghature or	arenoguaruan il ottet tiati patienti	Date Signed		
erson who signed above did read this n	(witness name), did personally observe btice and did affix their signature in my presence.	e and do certify the		
Your signature required				
Witness		Date Signed		

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Documentation

- Abbreviations must have a legend
- Must be legible
- Diagnosis and diagnosis code, when appropriate
- Electronic vs hand-written signature
- BCBSKS requests for medical records
- Must be provided at no charge
- Must be submitted within the time frame specified by BCBSKS



Uniform Charging

- What constitutes a provider's usual charge?
 - A discount to every patient without health insurance is considered the usual charge
 - Required to bill BCBSKS the same amount as the self-pay amount
- Concierge/Club services are not to be offered to BCBSKS members
- Are discounts acceptable?
- Yes, only if based upon an individual patient's situation and is documented as such
- Cash discounts are NOT allowed
- Collect only deductible, coinsurance, copay, or non-covered amounts at the time of service



Non-Contracting Provider

- When a contracting provider uses a non-contracting provider (either in or out of state) to perform one or more professional services, the contracting provider who ordered the service(s) must bill BCBSKS for all services rendered by the non-contracting provider.
- The contracting provider will be required to ensure the member is held financially harmless.
- If a member requests referral to a non-contracting provider, a signed statement of financial obligation should be on file with the referring provider.



Locum Tenens Provider

- BCBSKS allows use of a locum tenens provider in the following situations
 - Provider and substituting locum must be the same provider type
 - Locum tenens must be license in Kansas
 - Coverage can last no longer than a continuous 60-day period
- Billing: use the NPI of the provider for whom the locum tenens is substituting
 - Modifier Q6 is required
- Cannot use locum tenens coverage for a deceased provider



Adverse Events

- The following adverse events are not billable to BCBSKS
 - Surgery/procedure on the wrong tooth
 - Surgery/procedure on the wrong patient
- Wrong surgery/procedure on a patient
- When one of these adverse events occurs, no payment will be made to the provider for that error or the correction of that error. The patient shall be held financially harmless and may not be billed for any adverse event. The provider shall refund payments to BCBSKS made for an adverse event if a claim is filed in error.



Dental Manual

- Dental claim filing
- Out of state BCBS member services that fall under the member's dental policy should be submitted directly to the member's Home Plan.
- BlueCard claims (out of state BCBS members)
 - Only for services that fall under a member's medical policy. These claims should be submitted to BCBSKS.



National Dental GRID and GRID+

- BCBSKS has teamed with other Blue Plans to form the GRID Dental Corporation
- Dental GRID and Dental GRID+ enable patients to see in-network providers outside of their Plan area
- Member ID cards
- GRID = DPPO Maximum Allowable Payment (MAP)
- GRID+ = BCBSKS MAP





National Dental GRID and GRID+

- Troubleshooting
 - Active license
 - NPI change
 - EIN change
 - Contract status change

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Claim Filing

- Timely filing BCBSKS has a timely filing period of 15 months from the date of service
- Dental vs. Medical
 - Services that fall under a patient's medical benefit can be filed on a current ADA J430D or CMS-1500 claim form
- Modifiers BCBSKS accepts
 - Modifier 22 additional consideration
 - GA modifier waiver on file
 - Q6 locum tenens provider used



Claim Filing Hints

- Corrected claim
- Box 35: Indicate resubmission code 7 and the original claim number
- Void claim
- Box 35: Indicate resubmission code 8 and the original claim number
- Accident claim
 - Box 29a: Diagnosis pointer
 - Box 34: AB to indicate ICD-10 code
 - Box 34a: ICD-10 code (accident code must be primary)
 - Box 45: Complete appropriate box for accident type
- Box 46: Accident date





Contact Availity for:

- Registration (<u>www.Availity.com</u>)
- Password issues
- Changes/updates to Availity provider profile
 - TIN / NPI changes
 - Name / address changes
- Questions regarding other Payers
- 1-800-Availity





Availity/Blue Access - BCBSKS

- Eligibility and Benefits
- Claim Status
- Blue Access (BCBSKS Provider Secure Section)
 - Patient ID Search
 - Update / Maintain Provider Information: 90 Day Attestation
 - Business Associate Agreement (BAA)
 - View / Print Remits
 - QBRP Earned Report
 - Message Board





Availity/Blue Access - BCBSKS

- Resources
 - Dental Manual
 - Coverage Summary
 - Dental Newsletters
 - EFT Form (enroll, change, term)

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Remittance Advice

- Claim Control Number
 - Example: 252400500001
 - 25 electronic claim
 - 24 year received
 - 005 received on 5th of January
 - 0001 first claim in the sequence





Remittance Advice

- Commonly used remark codes for dental services can be found at:
 - https://x12.org/codes
- Healthcare code lists
 - Claim Adjustment Reason Codes (CARC)
 - Remittance Advice Remark Codes (RARC)



Electronic Funds Transfer (EFT)

- Quicker access to payments by eliminating postal service transit delays
- Reduces the clinic's manual check processing efforts
- Sign up in Blue Access under Resources tab/Forms
- Funds transferred will match the Remittance Advice total payment amount



Credentialing

- BCBSKS credentials all dentists in the CAP network based on the URAC Health Plan Credentialing Standards
- BCBSKS utilizes CAQH for professional and demographic information for network providers
- CAQH website: www.caqh.org


Provider Add/Term/Address Change

- Provider Network Enrollment Request Form
 - Initiate request at least 60 days before the start date
 - CAQH must be current
- BCBSKS credentialing program
- BCBSKS does NOT backdate contract effective dates due to URAC requirements
- Provider change request form



Provider Information

- Provider Network Enrollment Request form
- Initiate request at least 60 days before start date
- BCBSKS does NOT backdate the contract effective date because of URAC requirements
- CAQH must be current
- BCBSKS Credentialing Program
- Provider Change of Information form



Dental Benefit Programs

- Comprehensive Dental
- Share Pay Dental
- Building Block Dental
- BlueCare Dental
- Voluntary Dental
- ACA Pediatric Dental Benefits



General Exclusions

- Non-intravenous conscious sedation
- Cosmetic services
- Patient education services
- Hospital calls or consultations
- Bone graft for alveolar ridge augmentation
- Occlusal adjustments
- Mandible staple bone plate procedures
- Acid etching
- Services done in conjunction with a non-covered service





Federal Employee Program (FEP)

- FEP dental plan options
 - Basic
 - Standard
 - Blue Focus
 - Blue Cross Blue Shield FEP Dental



Blue Cross Blue Shield FEP Dental

- Part of the GRID+ network
- For patients without FEP medical, submit claims to

BCBS FEP Dental Claims

PO Box 75

Minneapolis, MN 55440-0075

- For patients with FEP medical, submit claims to BCBSKS and we will coordinate with BCBSMN.
- Contact information
- <u>www.bcbsfepdental.com</u>
- CSC 855-504-BLUE (2583)



Dental Coverage Summary

- Table lists
 - CDT code
 - Policy name
 - Accident rider
 - Associated medical policies



Other Party Liability (OPL)

- Duplicate coverage from another insurance policy
- Workers' compensation
- Personal Injury Protection (PIP)
 - Auto no-fault coverage
- Claim filing
- Coordination of Benefits (COB)
 - Orthodontics
- Group vs non-group





Oral Sleep Apnea Appliances

- Must use an in-network sleep lab
 - If non-contracting lab is used, member must be held financially harmless
 - Dental Policy Memo, section XIV
- Use HCPCS code E0486 only bundled / global code
 - Includes appliance, fitting, and adjustment of appliance
 - Includes x-rays, AM aligners, and impressions
 - Includes 42-day global period for follow-up exams
 - Do not use CDT codes for appliance, fitting, or adjustments





Oral Sleep Apnea Appliances

- Waiver is not applicable
- Cannot bill the member for the provider write-off (contractual obligation)
- Initial E/M should never be higher than level 3
- Follow up visits after the first 42 days global period are allowed if medically necessary

TMJ Appliances

- Occlusal orthotic device for diagnosis of TMJ
 - D7880 (by report)
 - Initial evaluation
 - Imaging/diagnostic services
- Follow up
- Non-billable services
- Medical policy for TMJ



Lucky Strikes

- Orthodontic billing
- Cone beam imaging (CBT)
- Front teeth knocked out because of an accident
 - Will deny unless pre-accident x-rays accompany the claim
- Panos and full mouth x-rays are not covered on the same date of service





Blue Medicare Advantage Dental



Kansas Blue Medicare Advantage Dental Network

- · Same CAP allowances (fee schedule)
- No PPO reduction
- Serve Kansans through all stages of their lives
- Simple Opt-in process





2024 MA Dental Coverage

Embedded Preventive + Minor Comprehensive Services on all plans

Blue Medicare Advantage plans include the following embedded routine dental coverage:

- Preventive Dental Services
- Routine cleanings (up to 2 every year)
- Bitewing x-rays (up to 2 every year)
- Oral Exams (up to 2 every year)

- <u>Comprehensive Dental Services</u>
 - Restorative
 - Endodontics
 - Periodontics
 - Extractions
 - · Prosthodontics and Oral / Maxillofacial Services

	Blue Medicare Advantage (PPO) – Topeka Region	Blue Medicare Advantage (PPO) – Wichita Region	Blue Medicare Advantage Comprehensive (PPO)	Blue Medicare Advantage Choice (PPO)	Blue Medicare Advantage Freedom (PPO)
Embedded Preventive + Minor Comprehensive	\$1,750 Annual Allowance	\$2,500 Annual Allowance	\$3,000 Annual Allowance	\$1,750 Annual Allowance	\$1,000 Annual Allowance
Dental Buy - up	\$1,000 Annual Allowance for Minor Comprehensive C&&##ge;Savaility, or co	Not Offered	\$1,000 Annual Allowance for Minor Comprehensive Services tional detail on covered cor	Not Offered	Not Offered



MA Claims & Contacts

Claims

- Electronic claims to ASK-EDI using BCBSKS payor ID 47163
- Paper claims:

Dominion National ATTN: BCBSKS PO Box 211424 Eagan, MN 55121

Who to Contact

- MA Provider Services 800-240-0577
- Patrick Artzer MA Professional Relations Representative – 785-291-6289
- Joseph Scherr MA Professional Relations Support Representative – 785-291-4187



BlueMA Dental Member Eligibility and Benefit Inquiries

SUBMIT AN INQUIRY Once logged into Availity:

1. Select Payor Spaces

2. Select Blue Cross and Blue Shield of Kansas

3. Select BlueMA Dental (BCBSKS site branded by Dominion National administrator for Medicare Advantage)

4. Select **Organization** from drop-down menu

5. Select Submit

6, You have arrived at the Dominion National sef-service portal

BlueCross BlueShield Kansas





BlueMA Member Eligibility & Benefits Inquiry

Member Eligibility & Benefits

7. Select Member Eligibility and Benefits header

8. Enter Member ID or Last Name & Date of Birth (search by numeric portion of the member ID only)

9. Select Search

10. Select the Plan Name displayed and member beneift details will open

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BlueMA Benefit Confirmation Inquiry

Benefit Confirmation

7. Select **Benefit Confirmation** header

8. Enter Last Name & Date of Birth

9. Select Search

10. Select the **Member ID number displayed** and benefit details will appear at the bottom of the page



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