

SECTION 21: BCBS FEDERAL EMPLOYEE PROGRAM (FEP) DENTAL

As an HMSA Dental provider, you have access to [Blue Cross Blue Shield FEP Dental](#) members, and your reimbursement for services provided to these members will be at your HMSA Dental PPO contracted rate.

A. FEP Dental Implementation

Effective January 1, 2019, TRICARE retirees and their dependents are eligible to select FEP Dental as their primary dental coverage. The Blue Cross Blue Shield Association (BCBSA) has partnered with the GRID Dental Corporation (GDC) to administer FEP Dental. FEP Dental 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 (HMSA Dental), you will now have access to FEP Dental members. The member's card will be identified with FEP Dental, along with the claim's submission address and customer service number to verify benefits.

B. Identification Cards

Each member enrolled in BCBS FEP Dental receives an identification card (ID card). The ID card will indicate provider network (GRID+), member's identification number, group number, program name, and on the reverse side the address to send the claims and the customer service telephone number. The lower left corner of the member's ID Card will display GRID+ indicating the use of the GRID+ network.

The ID card is for identification ONLY. The ID card is not a guarantee of eligibility or benefits. BCBS FEP Dental recommends that you verify coverage for the date of service. This may be done by calling the BCBS FEP Dental Customer Service Department at **855-504- BLUE** or **855-504-2583**. On the following page, is a generic sample of a BCBS FEP Dental ID Card.

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

 <hr/> ID Number _____ <hr/> Program BCBS FEP Dental Group Number FEPBD1-0002 High Option <hr/> www.bcbstfedental.com <hr/> Dental Program BCBS FEP Dental ©	GRID+ <hr/> Present this card at each visit, along with your medical card, if applicable, for coordination of benefits. This card is for identification only and not a guarantee of benefits or eligibility. For claims submission purposes, use the member's identification number. <hr/> Claims should be submitted to medical carriers for primary coverage and not directly to dental if member has medical coverage. 11/23/2020 <div style="text-align: right;"> For GRID+ Dental Network Customer Service within the U.S. call: 855-504-2583 Outside of the U.S. call collect: 651-994-2583 </div> <hr/> If the member has dental coverage only, forward claims to: BCBS FEP Dental PO Box 75 Minneapolis, MN 55440-0075
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When a member provides your office with their BCBS FEP Dental 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.

C. Claims 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 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
- ✓ Up-to date and complete practice address details

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D. Pre-Treatment Estimates

BCBS FEP Dental recommends a pretreatment estimate be submitted prior to treatment for 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.

E. Pre-Treatment Review and Radiograph Submission

A pre-treatment review program will not be used by BCBS FEP Dental; instead, we have implemented a post-treatment program that monitors individual dentist utilization patterns. BCBS FEP Dental has developed the ability to modernize the process of professional 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 Dental – 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.

F. 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 BCBS FEP Dental. If for billing purposes to show the member the service is not covered, it is important to understand that special handling of the claim is required. All claims for cosmetic services requiring a denial of payment from BCBS FEP Dental must be submitted directly to:

BCBS FEP Dental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Do not send cosmetic claims to the medical carrier.

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G. Coordination of Benefits (COB)

The member's medical coverage is **always** Primary, while BCBS FEP Dental 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 BCBS FEP Dental. Upon completion of the dental care, submit the claim to the Primary medical plan.

Service Benefit Plan (FEP) 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 BCBS FEP Dental. The primary benefit will be coordinated on the claim received from medical carrier and upon completion of Coordination of Benefits; BCBS FEP Dental will send the secondary payment to you.

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

H. 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.

I. Reconsiderations – Claim Dispute

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

Reconsiderations or claim disputes should be sent to:

BCBS FEP Dental Claims Appeals
P. O. Box 551
Minneapolis, MN 55440-0551

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J. FEP Dental Benefits Summary

BCBS FEP Dental 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 bcbsfepdental.com.

K. FEP Dental High Option Benefits Overview

Benefits	High Option	
	IN-NETWORK Member Responsibility	OUT-OF NETWORK Member Responsibility
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants ¹	0%	10%
THREE CLEANINGS A YEAR COVERED		
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	30%	40%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	50%	60%
Annual Deductible for Class A, B and C Services	No deductible	\$50 per person
Annual Maximum Benefits for Class A, B and C Services	UNLIMITED MAXIMUM PER PERSON	\$3,000 per person
Class D (Orthodontic) Services Adults & Children	50% up to \$3,500 lifetime maximum	50% up to allowed amount
NO WAITING PERIOD		

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L. FEP Dental Standard Option Benefits Overview

Benefits	Standard Option	
	IN-NETWORK Member Responsibility	OUT-OF-NETWORK Member Responsibility
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants ¹	0%	40%
THREE CLEANINGS A YEAR COVERED		
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	45%	60%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	65%	80%
Annual Deductible for Class A, B and C Services	No deductible	\$75 per person
Annual Maximum Benefits for Class A, B and C Services	\$1,500 per person	\$750 per person
Class D (Orthodontic) Services Adults & Children	50% up to \$2,500 lifetime maximum	50% up to \$1,250 lifetime maximum
NO WAITING PERIOD		

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M. BCBS FEP Dental – Contact Information

The goal is to make it as easy as possible for you to do business with BCBS FEP Dental. Please feel free to contact them with any questions.

- BCBS FEP Dental Customer Service (in the U.S.) **855-504-BLUE** or **855-504-2583**, **TTY: 711**

Hours: 8 a.m. – 8 p.m. EST Monday-Friday

- Customer Service (International) Call Collect **651-994-BLUE** or **651-994-2583**
- Submit Claims to:

BCBS FEP Dental Claims

P.O. Box 75

Minneapolis, MN 55440-0075

- **If you file electronically**, the Payor ID for BCBS FEP Dental is **BCAFD**.

For additional reference on FEP Dental, visit the bcbsfedental.com site to access:

- Find a Dentist
- Oral Health Tips
- Benefit Information
- Claims Information
- Member FAQ
- And Much More

You may email DentalProviderRelations@bshi.net regarding claims and out of network issues regarding your participation with the FEP Dental network. Please enclose copies of any applicable supporting documents such as EOB statement copies and other correspondence to support issue at hand.

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