



Welcome to Blue Cross Blue Shield FEP Dental

We are committed to providing quality, accessible, and comprehensive dental care in the most cost-effective and efficient manner possible. We realize to do that, a strong partnership with our contracted providers is critical, and we value you as an important part of our program. We've put together a quick reference guide where you will find tools and information needed to successfully administer our program.

Provider Portal Access

Our goal is to make it as easy as possible for you to do business with us. For this reason, we created our provider portal to give you the information you need when you need it - without having to call our customer service. The provider portal gives you, as a contracted dentist, access to a wealth of patient information and the ability to view the following:

- Eligibility
- Plan benefits
- Claims
- Coverage details
- BCBS FEP Dental benefit brochure
- Clinical policies
- Provider user guide
- Provider QRGs

To access this helpful information:

1. Go to the BCBS FEP Dental website bcbsfedental.com and click the 'Provider Login' link on the universal navigation bar on the home page.
2. Complete the information on the BCBS FEP Dental registration screens. When registration is complete, a confirmation letter will be sent in the mail.

Benefit 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 access the complete BCBS FEP Dental benefit brochure:

1. Go to the BCBS FEP Dental website bcbsfedental.com and click the 'Tools and Resources' link on the universal navigation bar on the home page.
2. Click on Brochures & Resources, click on the Dental Plan Brochure and select your choice language.
3. The document can either be downloaded and saved or printed for your office use.

While you are not prohibited from providing services that are not covered by the Plan, surprise bills and large out of pocket costs can lead to a negative dental patient and dentist experience. As a Participating Dentist, you must inform the Covered Person in a written treatment plan prior to the provision of such services that the services are not likely to be covered by the Plan and the approximate cost to the Covered Person for such services. Most common non-covered procedures that cause member abrasion when not properly communicated are:

- photographic images (D0350)
- oral hygiene instruction (D1330)
- gingival irrigation (D4921)
- topical application of fluoride (D1208) and varnish (D1206) for members over the age of 22

Benefit	High Option		Standard Option	
	IN-NETWORK Member Responsibility	OUT-OF-NETWORK Member Responsibility	IN-NETWORK Member Responsibility	OUT-OF-NETWORK Member Responsibility
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants	Member Pays nothing	Member Pays 10%	Member Pays nothing	Member Pays 40%
	THREE CLEANINGS A YEAR COVERED		THREE CLEANINGS A YEAR COVERED	
Class B (Intermediate) Services e.g., oral surgery, fillings, deep cleanings	Member Pays 30%	Member Pays 40%	Member Pays 45%	Member Pays 60%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	Member Pays 50%	Member Pays 60%	Member Pays 65%	Member Pays 80%
Class D (Orthodontic) Services Adults & Children	Member Pays 50% up to \$3,500 lifetime maximum per person	Member Pays 50% up to \$3,500 lifetime maximum per person	Member Pays 50% up to \$2,500 lifetime maximum per person	Member Pays 50% up to \$1,250 lifetime maximum per person
	NO WAITING PERIOD		NO WAITING PERIOD	
Annual Deductible for Class A, B and C Services Does not apply to Class D (Orthodontics)	Member Pays No deductible	Member Pays \$50 per person	Member Pays No deductible	Member Pays \$75 per person
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (Orthodontics)	No benefit limit	\$3,000 per person	\$1,500 per person	\$750 per person


**** Orthodontic plan payments are made monthly through the course of treatment****

Identification Cards

Each contract holder receives two BCBS FEP Dental ID cards. The cards only have the contract holder's name on them. The word 'Dependents' appears on the card if the contract includes a spouse and/or dependent.

- 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 member coverage for each appointment. This may be done by calling the BCBS FEP Dental Customer Service Department at 855-504-BLUE (2583) (TTY: Dial 711). Participating providers can also obtain eligibility or benefit information by using the provider portal on the website bcbsfepdental.com.

Below is a generic sample of a BCBS FEP Dental ID Card.

	
ID Number	DEPENDENTS
Program	
Group Number High Option	
www.bcbsfepdental.com	Dental Program

GRID+	<i>For GRID+ Dental Network Customer Service within the U.S. call: 855-504-2583 Outside of the U.S. call collect: 651-994-2583</i>
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.	<i>If the member has dental coverage only, forward claims to:</i>
Claims should be submitted to medical centers for primary coverage and not directly to dental if member has medical coverage.	BCBS FEP Dental PO Box 75 Minneapolis, MN 55440-0075
10/08/2020	

When a member provides your office with their BCBS FEP Dental ID Card, you may need to ask for their medical ID card.

- If they are covered under the Federal Employee Health Benefit (FEHB) or Postal Service Health Benefit (PSHB) Program, their medical ID card is important because by **law**, the FEHB/PSHB member's medical plan is the primary carrier and should be billed first if there is dental coverage through their medical plan.
- Uniformed Services members are not under this requirement and should be billed directly to our office. Please see additional details below under coordination of benefits.

Claim Submission Tips

Accurate claims submission results in faster payment. To ensure timely claim payments, use the following checklist as a tool. Verify the information you provide 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/or quadrant when applicable
- Treating dentist's signature
- Up-to-date and complete practice address details
 - Treating address
 - Billing address if different than treating address

Pre-treatment Estimates

Pre-treatment estimates are not mandatory. However, we do recommend that your office submits a pre-treatment estimate if the member is considering major or extensive dental care. Pre-treatment estimates should include a comprehensive treatment plan and necessary supporting documentation such as, chart notes, radiographic images, and photos.

Submit pre-treatment estimates to BCBS FEP Dental at the address below. Do not send pre-treatment estimates to the medical plan.

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

Coordination of Benefits (COB)

The member's FEHB/PSHB medical coverage is always Primary, while BCBS FEP Dental is Secondary. Upon completion of dental care, submit all claims to the Primary medical plan first. Refer to the back of the member's medical ID card for submission information. If a member has FEHB/PSHB medical coverage and BCBS FEP Dental, **do not collect** the member's cost shares (e.g., the FEP Basic Option \$35 copay noted on the medical card.) The member is not responsible for this copayment, and it will be covered under the dental claim payment. The exception to submitting to medical first is when the medical carrier does not have embedded dental benefits. If that is the case, the claim can be submitted directly to BCBS FEP Dental with a primary payment amount of \$0. Requests for pre-treatment estimates and orthodontic services can be submitted directly to BCBS FEP Dental.

Contact Information

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:

- Participating providers can obtain eligibility or benefit information by using the provider portal on the website bcbsfepdental.com.
- Customer Service (in the U.S.) 855-504-BLUE (2583) (TTY: 711).
 - Hours: 8 a.m. to 8 p.m. EST, M-F.
- Submit claims to:

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

bcbsfepdental.com



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This is a summary of the many features and benefits of BCBS FEP Dental®. For a complete description, please view the benefit brochure.

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