BLUE CROSS BLUE SHIELD FEP DENTAL®
2025 DENTAL OFFICE PROVIDER USER GUIDE

The Blue Cross Blue Shield Association (BCBSA) has partnered with the GRID Dental Corporation (GDC) to administer Blue Cross Blue Shield FEP Dental Program (BCBS FEP Dental). BCBS FEP Dental members are able to utilize the GRID+ network as an in-network provider source. By participating in your local Blue Cross and Blue Shield plan you have access to BCBS FEP Dental members.

Visit **bcbsfepdental.com**

Call **1-855-504-BLUE (2583)**.

BlueCross BlueShield | FEP Dental®

FEDVIP

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ANNOUNCEMENT

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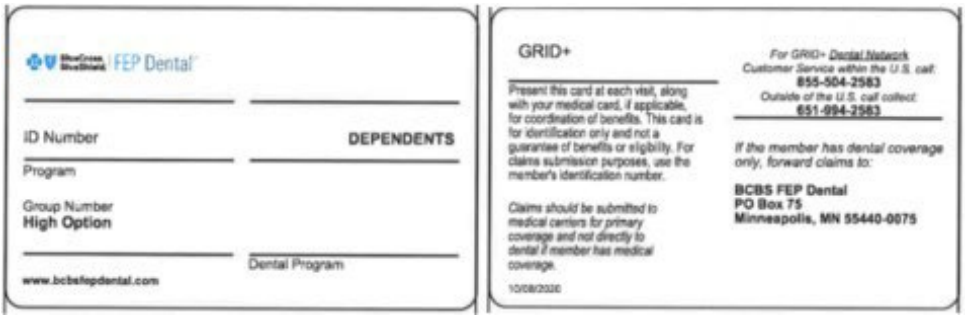
IDENTIFICATION CARDS

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.**

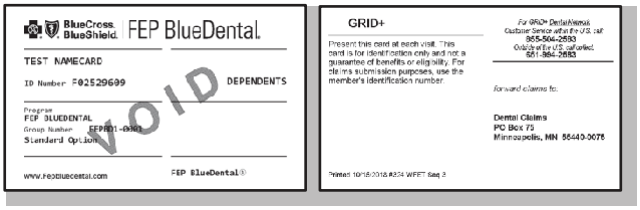
Below is a generic sample of a BCBS FEP Dental ID Card.



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.

**Please note: Existing members may have an ID card with the previous program name, FEP BlueDental. New ID cards were not issued to all existing members.*



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.

Benefits may be alternated to a least costly procedure that meets broadly accepted national standards of dental practice.

We will provide a non-binding, 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 plan allowance is based on your current eligibility and benefits in effect at the time of the pre-treatment estimate. Submission of other claims or changes in eligibility or benefits may alter final payment. A pretreatment estimate is not a guarantee of benefits.

Pre-treatment estimates are valid through the calendar year in which they are processed, or 12 months, subject to eligibility and plan limitations.

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

Post-treatment Review and Radiograph Submission

A pre-treatment review program is not 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-treatment estimates and claims will be processed faster, and radiographs will not be required prior to rendering services. You may find this new process makes it easy to do business with BCBS FEP Dental.

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 post-payment treatment information as part of this review process.

Alternate Benefits

If more than one service or procedure can be used to treat the member's dental condition, BCBS FEP Dental reserves the right to authorize an alternate treatment, less costly covered service as deemed by a dental professional to be appropriate and to meet broadly accepted national standards of dental practice. If you and the member choose the more expensive treatment instead of the alternate benefit, the member is responsible for the additional charges beyond the plan allowance for the alternate service.

Example: If a dental professional determines an implant is not dentally necessary or a less expensive appropriate treatment is available, no benefits will be allowed for the individual implant or implant related procedures, and the allowance for the less expensive treatment may be approved. For additional information on covered dental services, please refer to the Benefit Brochure, which can be found on the website **bcbsfepdental.com/brochure**.

Submissions for Cosmetic Services

Cosmetic dental services are excluded from the plan. If you provide cosmetic services to a member, you do not need to submit a claim to BCBS FEP Dental. Claims for cosmetic services which may require a denial of payment from BCBS FEP Dental may 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.*

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.

BCBS Service Benefit Plan (FEP) Medical Member

When your patient has a FEP medical plan, submit dental claims to the local Blue Cross Blue Shield Plan since they are primary. To avoid duplicate claim submissions, do not submit dated claims to both FEP medical and BCBS FEP Dental. 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 for secondary processing. Upon completion of the Coordination of Benefits, BCBS FEP Dental will send the Secondary payment to you. It's important to note that when a member is covered by a BCBS FEP medical plan (Standard Option or Basic Option) with dental benefits and a separate BCBS FEP Dental plan, those two policies will coordinate to pay benefits on dental claims. You only need to submit once to medical. You should 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 BCBS FEP Dental plan payment.

- If your office does collect the FEP medical copay up front, you are then required to reimburse the member the copay in full once the claim has processed under BCBS FEP Dental. This applies even if BCBS FEP Dental does not make a payment on the claim; the FEP Medical copay cannot be billed to the patient.
- Once a member's claim has been submitted to FEP Medical, the BCBS FEP Dental explanation of benefits (EOB) will reflect the final determination of how FEP Medical and BCBS FEP Dental coordinated on your patient's claim.
- For covered services, the allowed amount is the total paid between the Plan and the member. The member cannot be billed anything over the allowed amount. This is also known as the write-off amount.

FEP BlueFocus

BCBS FEP Dental will be paid as the Primary dental benefit for those who are enrolled in FEP BlueFocus. FEP BlueFocus medical option does not have any embedded dental benefits. All dental claims must be submitted directly to BCBS FEP Dental. FEP Blue Focus is printed on the FEHB/PSHB medical ID card.

Other FEHB/PSHB (Federal Employee/Postal Service Health Benefit) Medical Member

Submit claims to the FEHB/PSHB medical carrier. You then submit claims and the Primary remittance advice to BCBS FEP Dental for Secondary COB payment. **Do not** submit the Secondary claim to BCBS FEP Dental until you have received Primary payment and the remittance advice from the medical plan.

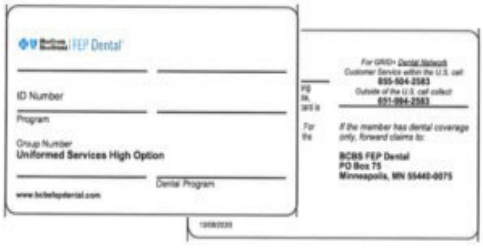
Requirements for Federal Member IDs

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.

Retired Uniformed Service Members

Most retired uniformed service members will not have FEHB/PSHB medical. BCBS FEP Dental will be paid as the Primary dental benefit for those retired uniformed service members. All dental claims will be submitted directly to BCBS FEP Dental. Note: Uniformed Service members ID cards will have group number: Uniformed Service High Option or Uniformed Service Standard Option.

Retired Uniform Service Members may have FEHB/PSHB coverage if they fall under the below categories:



- The policyholder may have an active FEP medical plan, as someone who has re-entered into the workforce with active employment through the government. (Example: Someone who served 20 years with the military and is now working for the post office.)
- The subscriber could have a spouse who has an active FEHB/PSHB Plan with embedded dental (be a dependent on the plan)
- If the policyholder has coverage under a spouse who has an active non-federal dental plan – the FEDVIP plan would be first and then the spouse's plan.
- If the policyholder themselves has a non-federal dental plan – the plan in existence the longest would be considered prime.
- If the policyholder is covered under a spouse's active military TRICARE Dental Plan (TDP), this FEDVIP comes first, then the spouse's plan.

Reconsiderations – Claim Dispute

If you and your BCBS FEP Dental patient disagree with the initial decision of how dental services were processed, refer to Section 8, Claims Filing and Disputed Claims Process, of the BCBS FEP Dental Brochure on how to submit a reconsideration. Providers may not appeal without a dated and signed "Patient Consent Form for Provider Submitted Appeals" completed by the member. This form can be found on the bcbsfepdental.com website under the Tools & Resources tab, Brochures & Resources then Forms.

Reconsiderations or claim disputes must be received within ***60 days*** from the date the determination was made and should be sent to:

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

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 bcbsfepdental.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

A general breakdown can be seen below.

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**	

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

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

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 bcbsfepdental.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.

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