



Dental Bulletin

October 2021

Arkansas Blue Medicare Dental Plan Updates



Beginning Jan. 1, 2022, Health Advantage and Arkansas Blue Cross and Blue Shield will enhance the Dental Medicare Advantage network to broaden access to our general dentists and specialists for our Medicare Advantage members. If you're currently contracted with the Dental PPO network, you'll automatically be enrolled, effective Jan. 1. The new Medicare Advantage fee schedule is comparable to the current PPO fee schedule.

Dentists who participate in the Dental PPP network can easily sign up for participation in the Dental Medicare Advantage network by contacting your assigned dental provider representative at dentalproviderrelations@usablelife.com.

The dental Medicare Advantage fee schedules will be available on our website in October and will correspond to the 2022 PPO fee schedules. You can verify the providers affiliated with your practice on our [online provider directory](#).

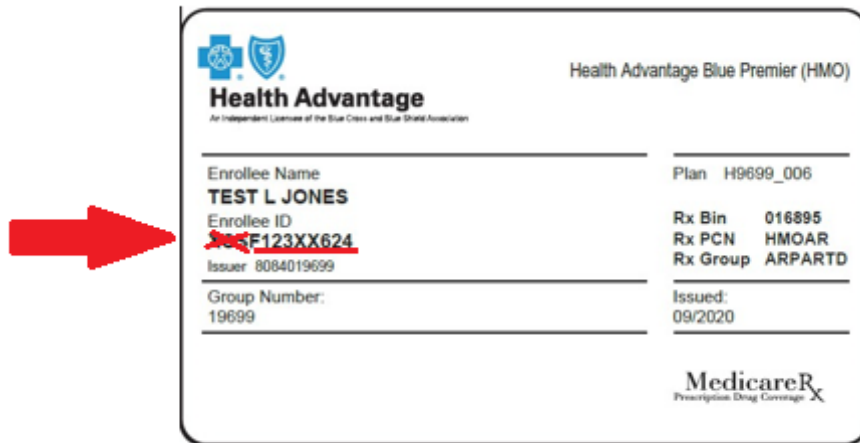
To verify dental benefits, eligibility and claim information, visit the dental provider portal at mydentalcoverage.com or call dental Customer Service at 888-224-5213. Claims can also be mailed to:

Dental Claims Administrator
P.O. Box 69436
Harrisburg, PA 17106-9436

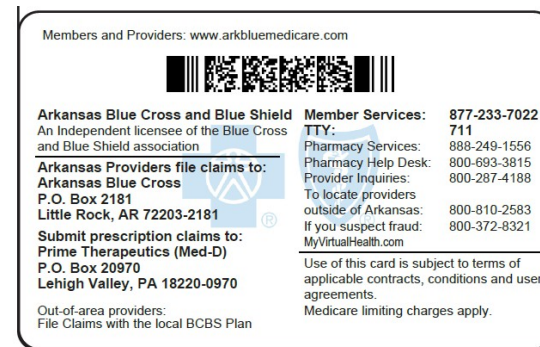
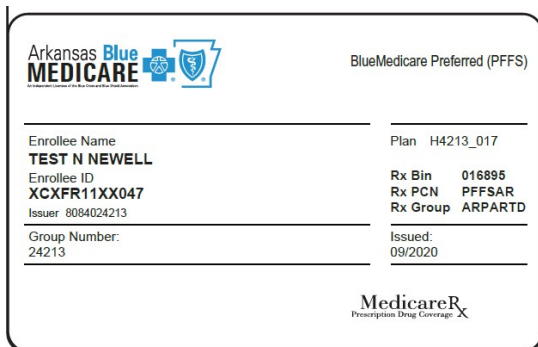
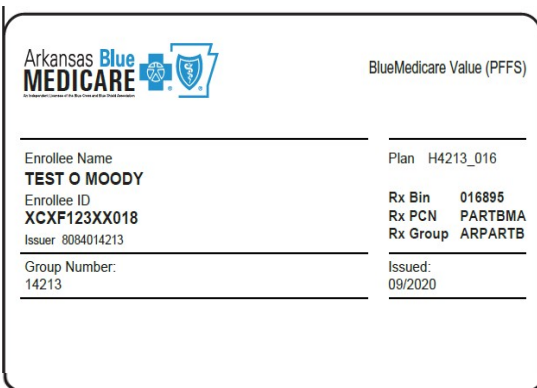
Current Medicare Advantage plan details can be found at arkansasbluecross.com/providers/dental-providers/medicare-advantage-dental.

Arkansas Blue Medicare Medical and Dental Member ID Cards

Please note that the new dental Medicare plans will not require a separate dental card. Members will present their Medicare Advantage medical cards. When verifying benefits and eligibility or filing a claim, you'll need to drop the first three letters of the alpha prefix from the member's medical ID card.



See sample cards below.




Arkansas Blue MEDICARE  BlueMedicare Premier (HMO)

Enrollee Name TEST W STRICKLAND	Plan H6158_002
Enrollee ID PBH1006XX012	Rx Bin 016895
Issuer 8084016158	Rx PCN HMOAR2
	Rx Group ARPARTD
Group Number: 16158	Issued: 10/2020

MedicareR
Prescription Drug Coverage 

Members and Providers: www.arkbluemedicare.com



Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association


Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970



Member Services: 844-463-1088
TTY: 711
Pharmacy Services: 855-457-0228
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
To locate providers outside of Arkansas: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com

Use of this card is subject to terms of applicable contracts, conditions and user agreements.
Medicare limiting charges apply.


Out-of-area providers:
File Claims with the local BCBS Plan

Arkansas Blue MEDICARE  BlueMedicare Premier Choice (PPO)

Enrollee Name JOHN DOE	Plan H3554_008
Enrollee ID XCX11111111111	Rx Bin 016895
Issuer 808400000	Rx PCN PPOAR2
	Rx Group ARPARTD
Group Number: 13554	Issued: 09/2020

MedicareR 
Prescription Drug Coverage 

Members and Providers: www.arkbluemedicare.com



Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PPO plans. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.


Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970

Member Services: 844-201-4934
TTY: 711
Pharmacy Services: 866-590-3028
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
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Out-of-area providers:
File Claims with the local BCBS Plan

 **Health Advantage**
An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage Blue Classic (HMO)

Enrollee Name TEST E MAESTRI JR	Plan H9699_004
Enrollee ID XCSFR11XX034	Rx Bin 016895
Issuer 8084019699	Rx PCN HMOAR
	Rx Group ARPARTD
Group Number: 19699	Issued: 09/2020

MedicareR
Prescription Drug Coverage 

Members and Providers: www.HAMedicare.com



Arkansas Blue Cross and Blue Shield
An Independent licensee of the Blue Cross and Blue Shield association


Arkansas Providers file claims to:
Arkansas Blue Cross
P.O. Box 2181
Little Rock, AR 72203-2181

Submit prescription claims to:
Prime Therapeutics (Med-D)
P.O. Box 20970
Lehigh Valley, PA 18220-0970

Member Services: 877-349-9335
TTY: 711
Pharmacy Services: 888-249-1595
Pharmacy Help Desk: 800-693-3815
Provider Inquiries: 800-287-4188
Provider Pre-authorization: 800-810-2583
If you suspect fraud: 800-372-8321
MyVirtualHealth.com


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Out-of-area providers:
File Claims with the local BCBS Plan

 **Health Advantage**
An Independent Licensee of the Blue Cross and Blue Shield Association

Health Advantage Blue Premier (HMO)

Enrollee Name TEST L JONES	Plan H9699_006
Enrollee ID XCSF123XX624	Rx Bin 016895
Issuer 8084019699	Rx PCN HMOAR
	Rx Group ARPARTD
Group Number: 19699	Issued: 09/2020

MedicareR
Prescription Drug Coverage 

Members and Providers: www.HAMedicare.com



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Out-of-area providers:
File Claims with the local BCBS Plan

For more information, visit the [Medicare Advantage](#) page in the Dental Provider section of our website.

Earn CE Credits with Santa Fe Group Continuum on Health Integration!

USABLE Life's membership with Santa Fe Group benefits Arkansas Blue Cross and Blue Shield's dentists by offering monthly webinars that address critical issues that affect oral health. They're free to our participating dental providers, and CE credit is provided to all dentists and hygienists who attend. The Santa Fe Group addresses critical issues such as oral cancer, dental education reform, children's oral health, improved primary care access, the importance of linking medical and dental health systems, and most recently, expanding oral healthcare for our nation's seniors.

You can access pre-recorded and live webinars at any time at santafegroup.org/events.

Re-credentialing with VerifPoint

Arkansas Blue Cross and Blue Shield, Arkansas Blue Medicare and Health Advantage Medicare Advantage HMO (Health Plans) are committed to providing a comprehensive dental network for our members. They remain compliant with all applicable federal and state regulations and National Committee for Quality Assurance (NCQA) guidelines. In May 2021, the health plans began re-credentialing all contracted dental providers to meet these requirements. This process will continue every 36 months to meet compliance requirements.

You'll receive a re-credentialing form via email, fax or mail from VerifPoint/Credentialing Solutions, a credentialing verification organization (CVO). Please complete the form and return it to Verifpoint, along with a copy of your Professional Liability Certificate, as soon as possible to avoid termination of your dental network participation. Once re-credentialing has been approved by our Dental Credentialing Committee, you'll receive a letter advising you that the process is complete.

If you have any questions, please reach out to your assigned Dental Network Manager, or email us at dentalproviderrelations@usablelife.com. Please notify us right away if you need to update your email address or fax number to ensure you receive this important request.

Pre-med Notification Page e973

There has been no change to the indications for pre-meds. However, due to the large number of C. diff. cases from Clindamycin, penicillin-allergic patients are now to be prescribed a Z-Pak, Clarithromycin or Doxycycline. Keflex may still be considered if there is no cross-allergenicity. You can view the full article at ahajournals.org.

Dental XtraSM

Our Dental Xtra program allows us to combine expertise in all disciplines of comprehensive care. By partnering with Arkansas Blue Cross, you can help your patients who have medical conditions that might benefit the most from preventive dental care. Through Dental Xtra, you can:

- Help your patients achieve better overall health
- Easily identify patients eligible to enroll, or already enrolled, in the program so that they can take advantage of Evidence-based Dental BenefitsSM
- Increase your revenue by providing additional services

Covered Medical Conditions and Evidence-based Dental Benefits	Automatic Program Enrollment	Two Additional Cleanings or Periodontal Maintenance Visits per Year	Oral Cancer Screenings Once Every 6 Months & Fluoride Treatments Once Every 3 Months	Periodontal Scaling* Covered 100% with No Out-of-Pocket Expense
Diabetes	✓	✓		✓
Coronary Artery Disease	✓	✓		✓
Stroke	✓	✓		✓
Pregnancy		✓		✓
Oral Cancer	✓	✓	✓	
Head & Neck Cancers	✓	✓	✓	
Sjögren's Syndrome	✓	✓	✓	

*A member's plan must include periodontal coverage to receive this benefit.

Evidence-based Dental Benefits at no additional cost

We've made it easier financially for your patients to take advantage of the program:

- There are no deductibles, copayments or coinsurance, and waiting periods do not apply
- The benefits are worth more than \$1,000 for each enrolled member

How do my patients enroll?

Members who have medical and dental plans through Arkansas Blue Cross and a qualifying medical condition are automatically enrolled. Members who have only a dental policy with Arkansas Blue Cross or are pregnant must self-enroll at arkansasbluecross.com/members/dental-xtra/enroll. Once you have identified members who are enrolled, we encourage setting up their four prophylaxis recalls.

For more information about the impact oral health has on these qualifying conditions, please visit: arkansasbluecross.com/members/dental-xtra.

Arkansas Blue Cross Dental Providers Website

The dental provider page has some exciting new tools and features. Check it out at arkansasbluecross.com/providers/dental-providers/!

- **News and announcements** and the **Dental Bulletin** can now be found in the upper right-hand corner of this page. Catch up on the latest news and information for dental providers.
- **2022 fee schedules** are now online! You can find the current 2021 fee schedules and a preview of 2022 schedules.

Dental fee schedule

View the current PPO, PPP, and FEP Blue-Grid fee schedules and reimbursement guides.

[View dental fee schedule](#)

[Dental Provider Reimbursement Guide \[pdf\]](#)

- **Dental Provider** and **CDT code manuals** will be updated annually with current codes, policies and procedures, making it easier for you to file dental claims, referral requests and more.

Dental Provider Manual

Policies and procedures to assist providers in filling dental claims, referral requests and other services.

[View 2021 Dental manual \[pdf\]](#)

Arkansas CDT code manual

Access the procedures code and nomenclature for dental providers in Arkansas.

[View 2021 CDT manual \[pdf\]](#)

- A dedicated **Medicare Advantage** page will help you navigate this new network. Providers can find a full Medicare Advantage dental manual, copies of the medical cards used for dental services and other resources to stay CMS compliant.

Medicare Advantage

Find helpful information about Medicare Advantage

[View Medicare Advantage dental](#)

- Access to **MyDentalCoverage for Dentists** and **Availity** to determine dental eligibility, check claim status, correct errant claims and submit new claims.

MyDentalCoverage for Dentists

Determine dental eligibility, check claim status, correct errant claims and submit new claims.

[How to register \[pdf\]](#)

[Access MyDentalCoverage](#)

[FEP/Availity](#)

- **New dental credentialing forms!** We're updating the forms required for participating dentists. Forms and a checklist can be found under **Dental provider forms**.

Dental provider forms

Access forms for dental providers.

[View forms](#)

- Verify **your provider details**, find your **Dental Representative's** contact information or access information on **how to submit claims**.

Your provider details

Be sure to verify your online directory information.

[Search for your listing](#)

Dental Representatives

Contact a dental representative with questions or concerns.

[Contact a dental representative](#)

Claims and benefits information

Contact the dental claims administrator electronically or through the mail.

[View information](#)

News and announcements

Additional resource for news and information.

[View news and announcements](#)

Dental Bulletin

Catch up on the latest news and information for dental providers.

[View Dental Bulletin](#)

Verifying Your Arkansas Blue Cross Online Provider Directory Information

We make every effort to maintain the accuracy of the provider information used to promote your participation with us in our online provider directory. Having accurate information helps our members locate participating providers, and it ensures fast and accurate claim processing. To help in this effort, we ask you to please visit secure.arkansasbluecross.com/findcare and verify your practice's information.

Find a provider

Already a member?



Search using your member ID

Searching with your member ID will show you doctors and other healthcare professionals participating in your network. For the lowest cost on your care, make sure the doctor you receive services from is in your network.

Member ID

Search with Member ID



Sign in to My Blueprint

To find costs estimates for treatments or to post reviews of providers you've visited, sign in or register for My Blueprint.

Sign in





Register

Continue as guest

Search all networks

Search Medicare networks

Be sure to select both search methods to confirm if you participate as a Medicare Advantage eligible provider. Search by your name to verify all active affiliations by location.

 Doctors by name	 Doctors by specialty	 Places by name	 Places by type
Search all		Advanced Search	

Federal Blue Cross and Blue Shield Dental Claims

An Arkansas Blue Cross-issued submitter ID (E#####) is required for providers submitting electronic claims through a clearinghouse, direct data entry on Availity or through secure file upload. A submitter ID is not required for paper claims. Complete the EDI online enrollment to obtain an electronic submitter number here: secure.ediservices.net. If you have any questions about filling out the EDI online enrollment to receive your electronic submitter number, please call 501-378-2336 or email us at edi@arkbluecross.com.

Learn how to obtain a submitter number at arkansasbluecross.com/docs.

You're encouraged to enroll through Availity for portal access to claims, eligibility and remittance advices

Your submitter ID may be registered in Availity's portal to submit 837p (professional medical) claims and 837d (dental) claims. If you use a clearinghouse, you will need to provide your submitter ID for claims to process.

Claims submitted containing errors can no longer be corrected manually

Claims submitted containing errors were previously corrected for you; all professional and dental claims, including paper claims, will now be returned to the provider for correction. Paper claim submitters with errors will be notified in writing.

Ensure that your claims are not rejected

1. **A claim must be submitted using the health identification number:** The member ID number must match the "R" number from the member eligibility on file.
2. **When patient and subscriber information matches, the relationship code must be self:** Patient relationship must contain the patient's relationship to the subscriber, even if the subscriber is the patient.
3. **Hand-written entries are not accepted:** If your practice management software cannot generate proper information on the claim form, you may use direct data entry to key in and submit the claim directly from Availity.
4. **Subscriber/patient's complete date of birth is required (MM/DD/CCYY) and must be a valid date; subscriber gender must be present:** Patient and subscriber information may be validated when using the eligibility in Availity to ensure it is correct on the claim form.
5. **When coding for SCRP on a claim form, please enter the upper right quadrant as 10, the upper left quadrant as 20, the lower left quadrant as 30 and the lower right quadrant as 40.** The ADA guidelines can be found at ada.org/~media/ADA/Publications.

If your claim still gets rejected, please have your rejection letter available for the customer service representative to research your claim.

FEP Service: 800-482-6655

FEP Email: customerservicefep@arkbluecross.com

Please note that paper claim submissions are experiencing a delay due to a backlog in the mailroom. Please allow additional processing time for paper claim submissions.

Availity Provider Webinars Available to All Providers

You can access Availity provider webinars by logging into the Availity Learning Center. After logging in, go to **Help & Training** in the upper right-hand corner, click on **Get Trained**, then choose the **Dental** category. Register for the following helpful prerecorded webinars:

- Availity Overview for Arkansas Blue Cross and Blue Shield Dental Providers

- Dental Claim Submission and Remittance Viewer for Arkansas Blue Cross and Blue Shield Dental Providers
 - Claims Management for Arkansas Blue Cross and Blue Shield Dental Providers
 - Intro to Availity EDI for Arkansas Blue Cross and Blue Shield Dental Providers
- **Got a claim processing issue or need assistance with Availity Provider Portal tools?** The Availity portal and customer service representatives are available to help at 800-282-4548. You can also open a ticket or chat with a rep on the Availity portal.

Arkansas Blue Cross and Blue Shield Provider News

Annual compliance training

The federal annual compliance training through the Centers for Medicare and Medicaid has changed. Medicare Part C and D compliance training is no longer required, but a training link will be available for providers to view the Availity payer space. Providers are not required to attest. Contact Regulatory Compliance at regulatorycompliance@arkbluecross.com if you have any questions.

FEP adding AIM effective March 1, 2022

Approval information for radiological services

Effective March 1, 2022, an outpatient diagnostic imaging program for Federal Employee Program (FEP) members of Arkansas Blue Cross will be in place. Physicians must secure prior approval for the following outpatient procedures: CT scan, MRI/MRA, nuclear cardiology and PET scan. Arkansas Blue Cross utilizes AIM Specialty Health — an independent company — to provide prior approval of health plan coverage services.

Claim Filing of Craniofacial Anomalies:

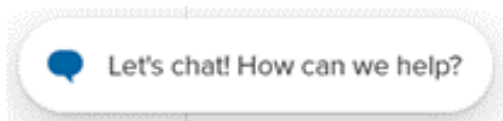
Subject to prior approval and must be submitted on a medical claim form with diagnosis code.

Subject to Prior Approval from the Company, coverage for corrective surgery and related Health Interventions for a Covered Person who is diagnosed as having a craniofacial anomaly provided the Health Interventions meet Primary Coverage Criteria to improve a functional impairment that results from the craniofacial anomaly as determined by a nationally accredited cleft-craniofacial team approved by the American Cleft Palate-Craniofacial Association in Chapel Hill, North Carolina. A nationally accredited cleft-craniofacial team for cleft-craniofacial conditions shall evaluate Covered Persons with craniofacial anomalies and coordinate a treatment plan for each Covered Person. **Failure of the Covered Person's treating Provider to submit a pre-service claim for Prior Approval will result in denial of coverage.**

My Patients' Benefits Live Chat Now Available!

You can now chat live with our customer service representatives while logged into your My Patients' Benefits account. Live chat allows you to quickly resolve issues and obtain answers to your questions online via chat conversations.

Chats can be transitioned at any time to live web sessions, where our representatives can guide you through My Patients' Benefits in real-time. Live web sessions enable our representatives to provide on-screen guidance for faster resolution. Chats can also be upgraded to phone calls with the same representative for more complex discussions.



By adding this new customer service feature for dental offices, we can provide you with support using your preferred communication method.

Live chat is available from 8 a.m.- 5 p.m. ET.

In addition to our live chat feature, you can also use My Patients' Benefits to:

- Look up benefits specific to your office and your patient
- Check claim status
- View maximums and deductibles
- See maximum allowable charge schedules
- View patient history
- Identify clearly defined waiting period information
- Change an approved predetermination to payment

For more information or to start using live chat, visit [My Patients' Benefits](#).

