January 1 has Passed. Now What?

Here’s What You Need to Know Regarding Health Care Reform

Health insurance Exchanges in Maryland, Virginia and the District of Columbia established under the Affordable Care Act (ACA) of 2010 have begun enrolling individuals and families who purchase health insurance plans offered by CareFirst and other carriers. The first effective date for new members was January 1, 2014, and open enrollment continues through March 31, 2014.

What Does This Mean for Dental Providers?

CareFirst’s medical plans offered in the individual and small group markets (both on and off the Exchange) have the mandated **10 Essential Health Benefits** (EHB), which include a pediatric dental benefit. They do not include an adult dental EHB; dental coverage for adults age 20 and older must be purchased through a separate dental plan.

What is the Pediatric Dental Essential Health Benefit?

- The pediatric dental benefit is based on existing Maryland, Virginia and the District of Columbia pediatric dental plans, so benefit limitations may vary by jurisdiction.
- Pediatric dental members could have dual eligibility through this benefit and a separate dental plan. The indicator on the identification card for members with the pediatric dental benefit coverage will be “PD.” Members who have a separate dental policy may have indicators such as DT, DP, DH, etc.
- Refer to the Dental Claims and Service Reference Guide for a complete list of policies available to members.
- Pediatric members enrolled in medical plans that include the pediatric dental benefit are eligible until the end of the plan year in which they turn 19.
- The pediatric dental orthodontic benefit requires pre-authorization for medical necessity. *See chart on p. 2.*
- Plans offered that include the pediatric dental benefit have an out-of-pocket maximum, meaning payments for deductible and coinsurance contribute to an out-of-pocket amount that may vary by plan. Once a member meets their out-of-pocket maximum, whether individual or combined family, the pediatric dental benefit will then pay 100 percent of the allowed benefit for all covered services.
- There is no annual maximum or orthodontic maximum for the pediatric dental benefit.

What You Need to Remember:

Providers should continue to use CareFirst Direct or the FirstLine VRU and follow current procedures to:

- Check eligibility, benefits and claim status
- View claims submission guidelines and processes
- Access Pre-Authorizations

*Continued on next page*
January 1 has Passed. Now What? (Continued)

*Pediatric Orthodontic Benefit Pre-Authorization Requirements
(For plans that include the pediatric dental EHB)

The chart below outlines orthodontic procedure codes, documentation and pre-authorization requirements for the plans that include the pediatric dental essential health benefit (EHB) only. Plans that do not include the pediatric dental benefit do not follow the requirements below and claims should be submitted as normal. Look for “PD” on members’ cards to indicate they have coverage.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Coverage Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8010</td>
<td>Limited orthodontic treatment of the primary dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8020</td>
<td>Limited orthodontic treatment of the transitional dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8030</td>
<td>Limited orthodontic treatment of the adolescent dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8040</td>
<td>Limited orthodontic treatment of the adult dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8050</td>
<td>Interceptive orthodontic treatment of the primary dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8070*</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
<td>Requires the submission of a Pre-treatment Estimate (PTE). Requires Dental Director Review. Requires submission of photographs, cephalometric and panoramic radiographs, study models with centric bite registration and State mandated assessment form. Benefit limited to once per lifetime.</td>
</tr>
<tr>
<td>D8080*</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
<td>Requires the submission of a Pre-treatment Estimate (PTE). Requires Dental Director Review. Requires submission of photographs, cephalometric and panoramic radiographs, study models with centric bite registration and State mandated assessment form. Benefit limited to once per lifetime.</td>
</tr>
<tr>
<td>D8090*</td>
<td>Comprehensive orthodontic treatment of the adult dentition</td>
<td>Requires the submission of a Pre-treatment Estimate (PTE). Requires Dental Director Review. Requires submission of photographs, cephalometric and panoramic radiographs, study models with centric bite registration and State mandated assessment form. Benefit limited to once per lifetime.</td>
</tr>
<tr>
<td>D8210</td>
<td>Removable appliance therapy</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8220</td>
<td>Fixed appliance therapy</td>
<td>Not covered.</td>
</tr>
<tr>
<td>D8692</td>
<td>Replacement of lost or broken retainer</td>
<td>Benefit limited to one (1) per arch per lifetime within 24 months of debanding.</td>
</tr>
</tbody>
</table>

Requests for Pre-Authorization for comprehensive Pediatric Orthodontic services should be sent directly to:

Dental Director Orthodontic Review
CareFirst BlueCross BlueShield
1501 S. Clinton St.
Baltimore, Md. 21224
Mail Stop: CT09-09
What Do You Think?

We’ve made numerous enhancements to BlueImpressions in recent issues to serve you better and improve how we work together to better serve your patients, our members.

For example, for each issue we asked our Dental Director and/or a Senior Dental Provider Education Specialist to record audio sharing relevant dental news to help explain or highlight dental programs or initiatives that may affect you.

Listen to Dr. Robert Laurenzano, DMD, FAGD, CareFirst Dental Director and a practicing dentist for 40 years, from a previous issue:

“Dr. L” speaks

Now it’s YOUR turn. Tell us what you think of our efforts. How are we doing? Good? Bad? About the same? Are there more changes that you’d like to see?

Email your comments to newsletter.editor@carefirst.com and let us know what you think.

In this issue’s “All Things Dental,” Kim Rothman, a CareFirst Senior Dental Provider Education Specialist, explains the dental product and plan names that providers may hear from CareFirst members and how they work with the different dental provider networks.

Listen as Kim also reminds providers to always verify coverage by asking to see the most current membership identification card and by logging into CareFirst Direct for Traditional and PPO members and SecureTrack Dental for DHMO members.

Check each issue of BlueImpressions to hear Kim explain and/or highlight new dental programs and initiatives, as well as provide insight in how they can help you.

Grace Period Reminder

The Three Month Grace Period is a provision in ACA that only applies to CareFirst members who enrolled on the Exchange and qualify for the Advanced Premium Tax Credit (APTC).

If a member stops paying their premium, you will still be paid for services provided in the first month.

How will you know if a member is behind on payment?

CareFirst will provide a notice on the Notice of Payment (NOP) or 835 during the second and third month of delinquency.

At this point, the subscriber liability will be equal to the claim charge on the NOP and allow you the option to bill the member for services during the second and third month of delinquency (except Maryland HMO members).

Upon receipt of the member’s premium, CareFirst will automatically adjust a clean claim submitted in accordance with the member’s contract in effect at the time of service rendered.
Dental Electronic Claims (EDI)

CareFirst started accepting online claims and Pre-Treatment Estimate (PTE) requests in 2012 to improve the claims processing experience. If you do not currently submit claims electronically or need assistance, please contact one of our preferred clearinghouses:

- Emdeon – www.emdeon.com
- Secure EDI – www.securedi.com

With electronic claim submission, you can benefit from:

- **Faster processing.** Without the delays of regular mail, electronic claims are usually processed faster than paper claims.
- **Reduction in claim errors.** Electronic claims are less likely to be misread and ultimately denied for payment.
- **Cost Savings.** Claims submitted electronically eliminate the need for postage and other paper-related expenses.
- **More time to care for your patients, our members.** Your office staff won’t have to spend time preparing and mailing paper claims or researching and resending incomplete or inaccurate forms.

Remember to contact your clearinghouse directly regarding the availability of these services and any necessary system updates on your end.

For more information visit the Dental Electronic Claims (EDI) section on our website.

NPI Required on All Claims for Commercial, FEP and NASCO Dental

To process claims accurately, CareFirst requires that all dental claims submitted include your National Provider Identifier (NPI) in the appropriate field. We require both the Organization and Practitioner numbers. Completing these fields will better enable claims to be paid to the correct provider and will provide a cross check with the tax identification number. Please note that dental practices, if submitting on paper, should be using the most current version of the ADA Dental Claim Form.

**Where do I put my NPI number on the ADA Dental Claim Form or electronic claim?**

Enter your NPI number in:

- Box 49 – Billing Entity, Type 2 Organization NPI
- Box 54 – Treating Dentist, Type 1 Individual Provider NPI

For electronic submissions, include your NPI number in the appropriate field in your practice management software. Contact your vendor if you are not sure where the fields are located.

Provider files also need to be updated to confirm a match for claim processing. If you have not submitted your NPI number, please complete the [NPI Submission Form for Dental Providers](#) and fax or email it to Dental Contracting at the number/address listed on the form.

New Dental Provider Manual Available

The CareFirst Dental Provider Manual has been revised and reformatted for 2014. The new online version allows easy access to the information dental offices need by downloading a single section or the entire manual based on preference. Specific sections include:

- Dental Claims and Service Reference Guide
- Administrative Functions
- Dental Claims Submission
- Dental Claims Processing Policies
- Membership, Product Information, and Sample ID Cards

The new manual has been consolidated to include information for both commercial and Dental HMO providers.
WHAT’S HAPPENING

CareFirst Direct Password Helpful Hints

CareFirst requires providers to change their CareFirst Direct password every 90 days to maintain the security of confidential member information.

Below are some helpful tips when it comes time to reset your CareFirst Direct password:

- Providers are given reminder messages on days 85 and 88: “You password will expire in ___ days, do you want to change it now?” Take time to change the password when you receive the reminder before a busy new week begins.

- When 90 days has passed, users are automatically taken to the password reset page.

- Passwords must be between 6-20 characters and contain 1 upper case letter, 1 lower case letter and 1 number.

- Passwords cannot contain your first or last name.

- Passwords are case sensitive.

CODING UPDATES

Oral/Facial Images

As of Jan. 1, 2014, CareFirst provides a benefit for ADA CDT code D0350 – Oral/facial photographic image obtained intraorally or extraorally.

To obtain a complete CareFirst Dental Fee Schedule, which includes the allowable benefit for D0350, contact the appropriate Dental Provider Relations Specialist for your area.

Crowns and Amalgam/Composite Restorations

Effective for claims processed on or after June 1, 2014, CareFirst will no longer provide a benefit for a crown when there is a history of an amalgam or composite restoration paid on the same tooth within the last 12 months.

CareFirst may consider a benefit for the crown based on eligibility if there is a medical necessity. For consideration, dentists must submit the proper supporting documentation (refer to the Reference Guide for Required Attachments) and document the medical necessity and rationale for the crown so soon after the direct restoration.

Read as Robert S. Laurenzano, DMD, FAGD, CareFirst Dental Director and a practicing dentist for 40 years, explains the importance of oral health and its impact on cardiovascular disease.