We’ve Enhanced Our Claims Payment System

Want to file your dental claims faster and get your payments without delay?

If so, CareFirst has enhanced its electronic claims submission for dental providers, thereby simplifying the method for processing claims and sending payments to dentists.

New electronic capabilities include:

- **Electric Funds Transfer (EFT)** – Allows providers to receive payments electronically. A clearinghouse manages provider enrollment and validation date.

- **Electronic Remittance Advice (ERA)** – Equivalent to the Notice of Payment. Some clearinghouses auto-post the ERA and EFT to the patient’s account using the providers Practice Management System.

Our new paperless submission capabilities are designed to improve efficiency, reduce administrative complexity and improve turnaround time. Claims for FEP members can now also be submitted electronically.

Other features include:

- Dedicated dental Electronic Data Interchange (EDI) staff members
- Around-the-clock systems monitoring
- Reliable, flexible and secure systems that use state-of-the-art technology

If you have questions regarding a member’s eligibility, benefits or claims status information, we encourage you to use one of our self-service channels, CareFirst Direct or CareFirst on Call.

For more information, visit the Dental Electronic Claims section of our website.

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The Mouth-Body Connection: Medical-Dental Integration

Listen as Dr. Daniel Winn, an internist and CareFirst Vice President and Senior Medical Director, discusses the Mouth-Body Connection.

Announcing CareFirst on Call

CareFirst on Call is the new provider interactive voice response (IVR) system used to verify member eligibility, benefits and claims status information. Replacing the FirstLine and BlueLine voice response systems, CareFirst on Call provides you with reliable information and functionality along with the following added features:

- Speech recognition
- Easier navigation
- The ability to listen to additional detail on each claim as desired

- Separate options for eligibility, benefits, deductibles and maximums
- Options to manually select the network level for specific information
- A fax back option
- Frequently requested information

The best part? CareFirst on Call uses the same telephone numbers and provider and member identifiers as the previous systems.

Questions? Contact your Dental Provider Representative.

CareFirst’s Continuing Education Series Seminar: The Impact of Periodontal Disease on General Health

Join us on Friday, March 6, 2015, for an informative presentation from Robert J. Genco, D.D.S., PhD. on the Impact of Periodontal Disease on General Health.

A Distinguished Professor of Oral Biology and Microbiology at the State University of New York, Dr. Genco has worked on laboratory and clinical studies for more than 30 years to help understand the causes, prevention and treatment of oral diseases and their association with systemic diseases such as heart disease, stroke and diabetes. His presentation could have a significant impact on your practice and your patients’ health.

Seminar attendees can learn more about:

- Current Understanding of Etiopathogenesis of Periodontal Disease
- Risk Factors for Periodontal Disease and Their Modification
- Periodontal Disease and Its Effects on Systemic Conditions
  - Diabetes
  - Atherosclerotic Disease
  - Respiratory Disease
- Inter-professional Management of Patients with Periodontal Disease and Associated Systemic Diseases
  - Role of the Medical Team
  - Implications for Health Insurance Companies
  - Cancer
  - Adverse Pregnancy Outcomes
  - And more

- Role of the Dental Team
- Implications for Dental Practice

The Impact of Periodontal Disease on General Health

Date: Friday, March 6, 2015
Time: 8:30 a.m. to 4 p.m.
Location: CareFirst Conference Center, Canton Crossing, 1501 S. Clinton St., 17th Floor, Baltimore, Md. 21224
Fee: No charge to CareFirst network dentists; $295 for out-of-network dentists. Cost includes breakfast, lunch, parking and Continuing Education certificate.
CE Credits: 6 CEU (AGD PACE)
Parking: Parking is available in the lot opposite the building. Please bring the issued parking ticket with you to the seminar and validation will be provided.

Registration begins Nov. 3, 2014. Please complete registration form.
Attention Office Managers Who Use CareFirst Direct

Office managers should frequently review the list of CareFirst Direct users under your tax ID. Be sure to disable the user accounts of staff members who have left your employment or have new job functions that do not require access to the system.

To change the status of a user who should no longer have access:
1. Sign in to CareFirst Direct
2. Click on User Management
3. Search for the appropriate user
4. Click on the User ID
5. Click the ‘Modify User’ button
6. Edit the user end date to today’s date
7. Click on ‘Submit’
8. Log out of CareFirst Direct

Revised Current Dental Terminology User’s Manual

The American Dental Association’s (ADA) revised Current Dental Terminology (CDT) User’s Manual will be effective Jan. 1, 2015. Providers are encouraged to consult the amended CDT manual to accurately report dental procedures.

To get a copy of the revised manual, contact the ADA Catalog Sales Department at (800) 947-4746.

In Case You Missed It

We know you’re busy. That’s why we’re focused on providing you with the information that matters the most to you. “In Case You Missed It” highlights CareFirst dental news, events and updates that you and your office staff might have missed.

For example, did you know that CareFirst created a Dental Provider Link List that takes you directly to the information you need through user-friendly, easy-to-remember links?

Click the “In Case You Missed It” envelope icon to view other topics including:
- CareFirst on Call for Dental Providers
- BlueImpressions—June 2014

More dental news and information is available online at www.carefirst.com/providers/dental.
Diagnostic Imaging

CareFirst considers the following imaging series equivalent for benefits and subject to the three-year frequency limitation (standard plans)*:

- D0210 – complete series of intraoral radiographic images (14 to 22 periapical and bitewing)
- Any combination of seven or more periapical and bitewing images
- D0277 – vertical bitewing – 7 to 8 radiographic images
- D0330 – Panoramic radiographic image

Practitioners should adhere to the "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure," published jointly by the American Dental Association and the U.S. Food and Drug Administration, as updated in 2012.

*The District of Columbia has a five-year frequency limit for Affordable Care Act pediatric dental products.

Implant Benefits Reminders

Implants and implant-related services are subject to review by the CareFirst Dental Director. With all services that require professional clinical review, the approval or denial of the service is based upon coverage limitations, CareFirst clinical guidelines and the clinical records provided.

When submitting services for review, provide records that clearly support your case. Dentists are advised to submit complete and appropriate records including: periodontal charting and periodontal status, if appropriate; diagnosis, recent good quality FMX or panoramic images, and listing of missing teeth.

Rationale for complex or unusual situations is helpful, and digital images that are electronically transmitted are best. Plain paper prints and faxed images are generally of poor quality and not diagnostic.

Implant Benefits Reminders

ACA Orthodontic Case Submission Advisory

The pediatric dental orthodontic benefit requires pre-authorization for medical necessity. Many of these orthodontic cases have been delayed or returned for various reasons, especially incomplete documentation. Below are helpful tips to facilitate your orthodontic cases:

- Orthodontics will be considered on a pre-treatment (PTE) basis only. If you start a case after Jan. 1, 2014, without first being approved on a PTE basis, no benefit will be available. The only exception will be transfer and continuation of care cases. These cases require original records or Medicaid approval form and date of banding.
- Only comprehensive cases are covered (D8070, D8080, D8090).
- Limited, interceptive and minor treatment cases are not covered.
- Benefits discontinue at the end of the calendar year of the 19th birthday.
- Submit all required case records with a completed American Dental Association® (ADA) claim form, check the box for Dentist’s pre-treatment estimate and leave the date of service blank.

- Use the index form required by your state:
  - Maryland and the District of Columbia use the Handicapping Labiobulingual Index (HLD);
  - Virginia requires the Salzmann Deviation Index.
- Submit a separate claim form with date of service for the records (exam, x-rays, models, etc).
- Label all the models with patient name, office name and impression date.
- Package the models so they do not break in transit.
- Electronic records may be provided in lieu of paper; however, we must be able to open the files.

If your assessment of the case results in a low score, there is no requirement that you must submit the case for review. If the parent insists or the score is close to passing, we recommend you submit the case for review.

If repairing a periimplant defect with bone graft material, use ADA code D6103. When reporting a bone graft done at the time of implant placement, use code D6104. ADA codes D4263 and/or D7953 should not be used when reporting either of the services listed above.
Orthodontic Services

Billing for Orthodontic Pretreatment Services: Diagnostic Work-up

Providers should bill for orthodontic pretreatment services separately by using the appropriate procedure codes. The benefit for pre-treatment services is considered diagnostic services and paid at the level of coinsurance associated with the member’s benefit plan. Be sure to verify member eligibility and coverage prior to rendering services.

We encourage you to use one of our self-service channels, CareFirst Direct or CareFirst on Call, or contact the appropriate customer service area, since certain services may be subject to limitations or exclusions under the member’s contract.

Reporting Orthodontic Consultation

Providers should not use ADA procedure code D9310 (consultation) or bill for the orthodontic consultation, as this is considered part of the complete case workup.

Pre-Treatment Estimates Available

To avoid errors in financial planning for complex procedures before the treatment is done, Pre-Treatment Estimates (PTE) are available to dentists and CareFirst members for many services. When requesting a PTE, check to make sure the procedure(s) is listed on the Reference Guide for Required Attachments. If Dental Director Review and clinical documentation are not required for the service, the service is not eligible for Pre-Treatment Estimate. We suggest that you submit a Pre-Treatment Estimate for all implant and complex, and/or expensive services listed on the Reference Guide for Required Attachments.

Reporting Diagnostic Records

Diagnostic records that include study models, diagnostic photographs, cephalometric and panoramic films may be reported by listing the following ADA procedure codes separately:

- D0330 – Panoramic radiograph
- D0340 – Cephalometric radiograph
- D0470 – Diagnostic casts
- D0350 – Oral/facial images (additional reimbursement for this procedure will not be provided, as it is considered to be incidental to and included in the allowance for the diagnostic casts)

The member’s lifetime orthodontics benefit is applied to the active treatment which begins with the insertion of the appliance (i.e., banding date) and should be reported using the orthodontic procedure code most appropriate to the member’s stage of dentofacial development and treatment planned or performed. The submission of claims for active treatment will continue to follow current guidelines of the member’s dental plan. For additional information, contact the appropriate Provider service area or refer to the Dental Provider Manual.

Note: Procedure code D8660 is intended to be used to report a pre-orthodontic treatment examination to monitor growth and development. Many providers have used this procedure code to report orthodontic records for members covered under Affordable Care Act (ACA) contracts. Due to a change in the CDT-2015, as of Jan. 1, 2015, ADA procedure code D8660 (Pre-orthodontic treatment visit) will no longer be accepted for reporting diagnostic records for ACA members and, therefore, should not be used. Diagnostic records for members covered under ACA contracts must be reported using the correct diagnostic procedure codes as required for all non-ACA member contracts.

How Are We Doing?

So, you’ve just finished reading BlueImpressions and, hopefully, we’ve informed you on the latest dental news regarding CareFirst as well as dental updates and events in the Mid-Atlantic region. At least that was our intention.

Did we do our job? Was this issue of BlueImpressions—or any past issues of BlueImpressions—helpful? We’ve made several enhancements to BlueImpressions over the last year or so, and we’d like to know what you think.

It’s your turn to sound off. Email your comments to newsletter.editor@carefirst.com.