

## The Mouth-Body Connection: Medical-Dental Integration

In recent issues of [BlueImpressions](#), we highlighted the mouth-body connection. New research has shown that oral health has a strong association with the overall health of a patient, especially those with chronic diseases such as diabetes and cardiovascular disease, cancer and respiratory disease. Infections and other diseases often present signs in your mouth long before they are detected elsewhere in your body. The treatment



Dr. Robert Genco speaks on April 10.

of patients currently being treated for chronic disease now calls for the integration of medical and dental care.

As part of our efforts to continue educating providers on this connection, we held a continuing education seminar, **The Impact of Periodontal Disease on General Health**. This session was held on April 10 at the CareFirst Conference Center in Canton, featured Robert Genco, DDS, Ph.D, and was attended by 140 dentists, hygienists, physicians and nurses. 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.

As Dr. Genco explained, the oral health of your patients is about more than just their teeth. Share our resources about complete dental and medical wellness with your patients by visiting [www.carefirst.com/dentalwellness](http://www.carefirst.com/dentalwellness).

Did you miss this seminar? View our [video](#) or [download selected seminar notes](#) from Dr. Laurenzano for future reference.

Attendees learned about:

- The current understanding of etiopathogenesis of periodontal disease,
- Risk factors for periodontal disease,
- Periodontal disease and its effects on systemic conditions such as diabetes, cancer and respiratory disease,
- Inter-professional management of patients with periodontal disease and associated systemic diseases.



Drs. Laurenzano and Genco with Katie Tana, Karen Evans and Mindy Kretschmer, the Dental Provider Relations team.

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## FEP BlueDental – What You Need to Know

FEP BlueDental is administered by the BlueCross BlueShield Association (BCBSA) in partnership with the GRID Dental Corporation and is offered to Federal Government employees as a supplemental dental policy option. Through your participation with CareFirst, your office has access to greater membership with FEP BlueDental.

### How to Distinguish FEP BlueDental Members

The member’s card will be identified with FEP BlueDental, along with the claims submission address and customer service number to verify benefits. FEP members enrolled in both medical coverage and the FEP BlueDental plan should always consider their medical coverage primary.

### How to Submit Claims for FEP BlueDental Members

Claims for members who enroll in both the BCBS FEP Service Benefit medical plan and FEP BlueDental should always be sent to the BCBS FEP Service Benefit medical plan first, for primary consideration, and are automatically routed to FEP BlueDental for secondary coverage consideration. Claims for FEP members who enroll in another carrier’s medical coverage are not automatically routed to FEP BlueDental and should be sent to both the primary medical carrier and, subsequently, FEP BlueDental for benefits consideration.

### Helpful Hint

When a member provides your office with their FEP BlueDental ID card, also ask for their medical ID card. The medical ID card is important because by law, the member’s medical plan is the primary carrier.


### How to Verify FEP BlueDental Benefits

FEP BlueDental members have two options when choosing benefits during open enrollment: [High Option or Standard Option](#). To verify benefits, call (855) 504-2583 or visit [www.fepblue.org](http://www.fepblue.org).

More information can be found in the [FEP BlueDental Office Implementation Guide](#).



Sample of an FEP BlueDental member identification card:

 <b>BlueCross. BlueShield.</b>   <b>FEP BlueDental.</b>	
FIRST_NAME LAST_NAME	
ID Number XXXXXXXXXXXX	DEPENDENTS
Program FEP BLUEDENTAL	
Group Number 000000-0000	
www.fepblue.org	FEP BlueDental

<p><b>GRID+</b></p> <p>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.</p> <p><i>Claims should be submitted to medical carriers for primary coverage and not directly to dental if member has medical coverage.</i></p> <p>Printed 10/0/2013 #216 WFEP Seq 1</p>	<p><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></p> <p><i>if the member has dental coverage only, forward claims to:</i></p> <p><b>Dental Claims PO Box 75 Minneapolis, MN 55440-0075</b></p>
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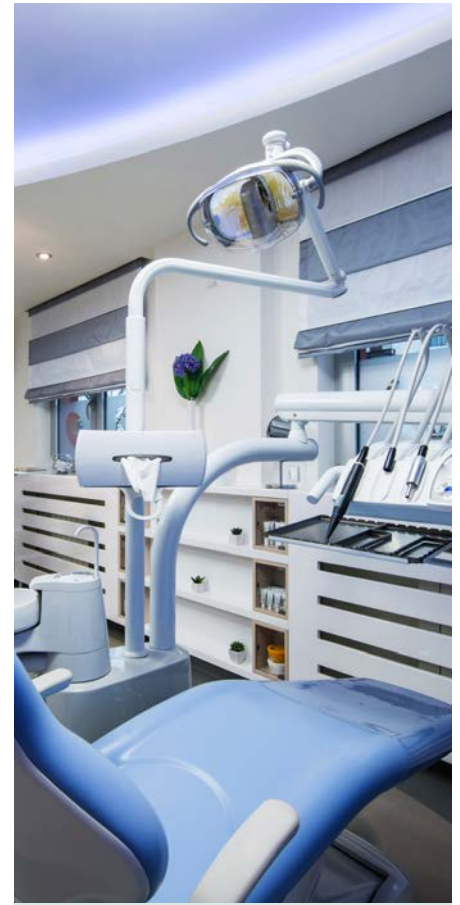
## New Tools for Your Office

As of April 1, 2015, we moved our dental accounts from the current NASCO system to our fully integrated operating system. You now have three new tools that are now available to your office:

- 1 **CareFirst Direct**—Your office is able to verify benefits, check eligibility and pull claim status for any of your patients previously served by the NASCO system. These members have received new member identification cards and a new member identification number, so remember to ask for your patient's ID card at each visit. Need to sign up for [CareFirst Direct](#)? Register now.
- 2 **CareFirst on Call**—You have complete access to [CareFirst on Call](#) for benefits, eligibility, and claim status for NASCO members. Just call the customer service number located on the back of your patient's NASCO card.
- 3 **Electronic Claims Submission**—To begin submitting claims electronically, please contact one of our preferred vendors:
  - [Emdeon](#) at (866) 369-8805
  - [inMediata](#) (formerly Secure EDI) at (877) 466-9695
  - [Tesia Clearinghouse](#), LLC at (800) 724-7240

Please note: Your [National Provider Identifier](#) (NPI) must be used to identify your practice when submitting electronic claims. Your billing and rendering NPI must be [registered with CareFirst](#) and match the information on our provider files.

*Remember: Claims for services rendered prior to an account's move from NASCO will still be handled by NASCO.*



## Use Your New Tools: Faster Claims Processing in 4 Simple Steps

CareFirst is committed to helping you and your office get claims paid as quickly and accurately as possible. Here are steps to take to help get your claims paid in a timely manner.

### STEP 1

**Ask for both the patient's medical and dental member identification cards.** Be sure to ask for both the patient's medical and dental member ID cards and ask about any updates to their coverage at each visit. Obtaining the patient's medical card can be vital in cases where medical plans may have an embedded dental benefit in their medical plan, especially with Affordable Care Act (ACA) compliant plans. Have patients visit [www.carefirst.com/mobileaccess](http://www.carefirst.com/mobileaccess) to access their ID card 24/7. It can be emailed to your office through this app.

### STEP 2

**Verify your patient's benefits at the time of service.** You have several ways of verifying your patient's eligibility and benefits with CareFirst: [CareFirst Direct](#) and [CareFirst on Call](#) both take only minutes and give you a complete suite of benefit information for your patients.

### STEP 3

**Make sure your National Provider Identifier (NPI) is listed accurately on your claim forms.** Whether your office submits claims through a clearinghouse or by mail, your individual and organizational NPI numbers are

required to appear on claim forms. Your practice's billing NPI is necessary for processing and releasing your payments. Visit [www.carefirst.com/dentalnpi](http://www.carefirst.com/dentalnpi) for details.

### STEP 4

**Be patient.** Upon receipt of a dental claim, CareFirst has 15 days (for Virginia providers) and 30 days (for all other providers) to process the claim and release payment. Most often, CareFirst does not require the full 15 to 30 day deadline. You can always check claim status on [CareFirst Direct](#) and [CareFirst on Call](#).

## WHAT'S HAPPENING



### Our Network is Growing

In 2014, CareFirst Dental focused largely on expanding our network to offer greater accessibility to our members and their families. We are pleased to announce that our networks are growing within our service area of Maryland, the District of Columbia, and Northern Virginia. Not only do we have a greater number of you working towards a healthier dental population; we also know that you, our dental providers, are exceptional in your fields of practice.

Thank you for helping us to become one of the largest networks in the region.

## IN CASE YOU MISSED IT

We're focused on providing you with the information that matters most. "In Case You Missed It" highlights CareFirst dental news, events and updates that you and your office staff might have missed.

More dental news and information is available online at [www.carefirst.com/dentalnews](http://www.carefirst.com/dentalnews).

#### DENTAL DIRECTOR

Robert S. Laurenzano, DMD, FAGD

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## CODING CORNER

D3431 / D4265 are considered incidental when a bone graft is placed in the same site, particularly when a membrane is used in conjunction with the bone graft (D3432 / D4266).

<b>D4265</b>	Biologic materials to aid in soft and osseous tissue regeneration
<b>D3431</b>	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periapical surgery

**These codes are not to be used when extractions are performed.** These codes are intended for use when suturing of complicated lacerations is required. Extraction codes (D7111, D7140, D7210 – D7250 and D7251) include closure, therefore, closure or suturing is incidental to these procedures. The member/patient should not be charged or balance billed for suturing with extractions.

<b>D7911</b>	complicated suture – up to 5 cm
<b>D7912</b>	complicated suture – greater than 5 cm

This code should be used only when sectioning a bridge when a portion of the bridge is retained and serviceable. This code may not be used when sectioning a crown or crowns for removal and/or replacement.

<b>D9120</b>	<b>Fixed partial denture sectioning—</b> Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following section and extraction or other treatment. Includes all re-contouring and polishing of retained portions.
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### We Want to Hear From You

You've finished reading yet another issue of *BlueImpressions* and the question is once again asked: What did you think?

Let us know—send us an email at [newsletter.editor@carefirst.com](mailto:newsletter.editor@carefirst.com).

