

BlueImpressions Provider Newsletter

December 2017 | Volume 14 | Issue 4

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IN CASE YOU MISSED IT

- September 27, 2017 - CareFirst Direct looks a little different – These user guides can help
- September 20, 2017- CareFirst Direct enhancements are coming at the end of September. Details inside

WHAT'S HAPPENING?

Provider Portal Enhancements are Complete

We work to keep our Provider Portal (CareFirst Direct) as efficient as possible. That's why this fall, we made enhancements to [CareFirst Direct](#), including:

- Adding viewable and downloadable access to Notice of Payments and Estimate of Eligible Benefits
- Enhancing your claim status experience with the ability to submit a claims inquiry to a service unit
- Providing an easier option to send us changes to your provider information
- Adding a Frequently Asked Questions section

[Watch this short video to learn more.](#)

DMHO Platform Conversion Project-Complete

CareFirst has completed our DHMO Platform Conversion Project. Your office staff can now use our Provider Self Service options, CareFirst Direct and CareFirst On Call, to check eligibility and benefits for our DHMO members.

By using these valuable tools, your office can confirm in real time that patients are eligible and listed on your roster. Your office can also access member copayment schedules and regional fee schedules on CareFirst Direct – just make sure you have administrative access on the portal. To get administrative access, contact the CareFirst Direct service desk at 877-526-5390.

Registration is open for our Continuing Education Seminar: *Oral Cancer Symposia for the Dental Healthcare Provider*

Join us on Friday, April 27, 2018 for an informative presentation by the University of Maryland School of Dentistry, Department of Oral & Maxillofacial Surgery Faculty:

- **Robert Ord, DDS, MD, FRCS, FACS, MS** – Professor and Chairman
- **Joshua Lubek, DDS, MD, FACS** – Associate Professor and Fellowship Program Director, Oral-Head and Neck Oncology / Microvascular Reconstructive Surgery
- **Donita Dyalram, DDS, MD, FACS** –Assistant Professor and Associate Program Residency Director
- **Dima Ghunaim, DDS, MS, FACP** – Board Certified Prosthodontist

This year's seminar will introduce you to everything you ever wanted to know about oral cancer. The program will not require you to become pathologists or maxillofacial surgeons. The expectation is that you will leave with skills and clinical knowledge that will empower you to recognize potential neoplastic oral pathology. Once recognized, you will be able to appropriately refer your patient to the correct specialty, competently follow the case, and provide preventive and supportive oral health care during and post-cancer therapy avoiding significant and debilitating adverse oral/dental complications.

Time: 8:00 a.m. to 4 p.m. ([Registration](#) and Continental Breakfast 7:00 a.m. to 7:45 a.m.)

Location: CareFirst Conference Center at Canton Crossing,
1501 S. Clinton St., 17th Fl., Baltimore, MD, 21224

Credits: Seven AGD-PACE Continuing Education credit hours

Tuition: Free for CareFirst in-network dentists and their clinical staff
\$290 for out-of-network dentists and physicians
\$145 for professional staff employed by out-of-network dentists and physicians



Cost includes: Continental breakfast, lunch, parking and a Continuing Education Certificate

Target Audience: Dentists, Dental Hygienists, Physicians and Nurses

Parking is available in the waterfront lot on S. Clinton Street opposite the building. Attendee must present the issued parking ticket at the seminar for validation.

Register Now: Mail or Fax [the registration form](#) (payment if applicable – checks made payable to CareFirst BlueCross BlueShield) by April 1, 2018 to:

CareFirst BlueCross BlueShield

1501 S. Clinton St.

Baltimore, MD 21224

Attn: Dental Director's Office

Fax: 410-781-0770

E-mail: DentalDepartmentFax@carefirst.com

The Winner is.... Provider Portal Registration Winner Announced

In May, we asked you to register for our Provider Portal, CareFirst Direct. As a "Thank You" to those who registered, we randomly selected one person to win breakfast for up to 10 people at their office.

Congratulations to Tiffany Barnett-Scott from Stellar Dental, on being our lucky winner!

A Gift for Your Office

We want to make it easy for your office to advertise that you are a CareFirst in-network provider. If you'd like to receive a new static cling for your office window, please contact your [Dental Provider Relations Specialist](#).

CareFirst's Members Rights and Responsibilities

CareFirst is committed to maintaining a mutually respectful relationship with our members, your patients. Our Rights and Responsibilities policy acknowledges our responsibilities to our members and outlines their obligations as a member. Read on to view our complete policy.

Members have a right to:

- Be treated with respect and recognition of their dignity and right to privacy.
- Receive information about the Health Plan, its services, its practitioners and providers, and members rights and responsibilities.
- Participate with practitioners in making decisions regarding their health care.
- Discuss appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities policies.
- Voice complaints or appeals about their plan or the care provided.

- Provide, to the extent possible, information that the Health Plan and its practitioners and providers need in order to care for them.
- Understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Pay member copayments or coinsurance at the time of service.
- Be on time for appointments and to notify practitioners/providers when an appointment must be canceled.

More information regarding Member Rights and Responsibilities and policies and procedures regarding participation in our plans are available in your Dental Provider Manual, online at www.carefirst.com/dentalmanual.

Upcoming CareFirst Holiday Office Closings

CareFirst BlueCross BlueShield, CareFirst BlueChoice, and The Dental Network will be closed on the following dates:

- Dec. 25 – Christmas Day
- Jan. 1, 2018 – New Year’s Day
- Jan. 15, 2018 – Martin Luther King Jr.’s Birthday
- Feb. 19, 2018 – Presidents’ Day

CLAIMS AND BILLING

Know Before You Go – How to Make Estimates of Eligible Benefits Work for You

The Estimate of Eligible Benefits (EEB), commonly known as a pre-treatment estimate, is designed to provide members and providers benefit information based on current eligibility. As part of the EEB process, a clinical review is completed by one of our dentists. This pre-treatment review can be a huge time-saver for you and your patients when planning complex and expensive treatment. The pre-treatment estimate confirms benefits and eligibility at the time of review. Upon completion of treatment, the EEB should be used to request reimbursement by completing the date of service, signing and submitting the EEB for processing and payment to our Correspondence Unit, P.O. Box 14114, Lexington Kentucky, 40512, attention: Mail Administrator. No further review is needed, and your office should not submit a new claim or claim form with the EEB.

The pre-treatment estimate is valid for 270 days. It is not a guarantee of payment because when the procedure is done, the patient must be an eligible member of the plan and the services rendered must be similar to or the same as those approved on the EEB.

By submitting EEBs for your patients’ major dental services, your office can benefit from reduced overhead and faster insurance claim payment; improved patient relations due to clearer informed consent; and patient understanding of financial responsibility.

If you have any questions regarding this new EEB process, please contact your Dental Provider Relations Specialist.

Informed Consent

When planning to treat any patient, CareFirst advises you to have an informed consent signed by the patient or guardian for the procedure(s). This consent should contain alternate treatments that may be or were considered, prognosis and costs of the alternate treatments and estimated member financial liability.

CODING CORNER

CDT Updates for 2018 – Revisions, Deletions and Additions

The following charts list the American Dental Association’s (ADA) Current Dental Terminology (CDT) 2018 codes that have been deleted, added or revised effective Jan. 1, 2018.

Additions for 2018 include the following covered services

Codes	Nomenclature	Dental Policy
D5511	Repair broken complete denture base, mandibular (Replaces ADA code D5510
D5512	Repair broken complete denture base, maxillary	Replaces ADA code D5510
D5611	Repair resin partial denture base, mandibular	Replaces ADA code D5610
D5612	Repair resin partial denture base, maxillary	Replaces ADA code D5610
D5621	Repair cast partial framework, mandibular (Replaces ADA code D5620
D5622	Repair cast partial framework,	Replaces ADA code D5620
D9222	Deep sedation/general anesthesia – first 15 minutes	Subsequent minutes to be reported using the current ADA code D9223. See below for more information
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	Subsequent minutes to be reported using the current ADA code D9243. See below for more information

The following CDT additions are not covered services:

Codes	Nomenclature
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D0411	HbA1c in-office point of service testing
D6096	Remove broken implant retaining screw
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary
D7296	Corticotomy – one to three teeth or tooth spaces, per quadrant
D7297	Corticotomy – four or more teeth or tooth spaces, per quadrant
D7979	A sialolith is removed from the gland or ductal portion of the gland without surgical incision into the gland or the duct of the gland; for example via manual manipulation, ductal dilation, or any other non-surgical method.
D8695	Removal of fixed orthodontic appliances for reasons other than completion of treatment
D9995	Teledentistry – synchronous; real-time encounter
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review

The following codes are being deleted in 2018:

Codes	Nomenclature
D5510	repair broken complete denture base
D5610	repair resin denture base
D5620	repair cast framework

Please make note of these additions and deletions to ensure timely processing of claims. Reimbursement information, when applicable, will be made available on CareFirst Direct under the *Fee Schedules* tab.

2018 Changes to Anesthesia CDT Codes

The ADA’s revisions for 2018 include creation of new codes (D9239) and nomenclature changes for D9223 and D9243. These changes are a return to code and nomenclature similar to 2015 code structure and prior. When D9222 or D9239 is used alone, a higher allowance is made in consideration of the setup and breakdown time for the procedure. CareFirst has arranged the anesthesia family of codes to provide the same overall allowance to your office, while maintaining the integrity of the first 15 minutes of sedation.

Double Check your CDT Codes before Submitting Claims

Recently, CareFirst has received claims with extra charges and improper use of the American Dental Association’s CDT codes for materials and procedures which are included as part of the main dental procedure. Make sure to double check your codes before submitting claims to CareFirst. The CDT codes for many procedures include anesthesia, bonding agents, etc. You do not need to code these items separately.

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