

# BlueImpressions Provider Newsletter

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- Dec. 15, 2016 – Meet the new members of our Dental Provider Relations team
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## WHAT'S HAPPENING?

### CareFirst Direct Provider Portal Security Project Update

Recently, CareFirst Direct was updated to include enhanced security features, more self-service options and a more personalized user experience. All providers and office staff who access CareFirst Direct were impacted by these enhancements.

#### *What was enhanced?*

- Multi-factor authentication was implemented, which requires users to provide two types of identification when logging in from an unknown location or non-trusted device.
- Office Managers can now reset user IDs or passwords for staff.
  - Office Managers should contact the Service Desk at 877-526-8390 if they need a reset of their personal password.
- Each user ID within the Tax ID must now have a unique email address.
- Only users with multiple IDs across several Tax IDs can use the same email address for each user ID.
- Users can no longer use an email address that begins with **info@**, **sales@**, **admin@** or **webmaster@**.

## Frequently Asked Questions

### 1. If I already have a CareFirst Direct account, do I need to register again?

All users have to go through a re-registration process, where they need to provide a unique email address and practice role to complete their user profile. This information will be used to customize the experience, making the site more user-friendly and personalized.

### 2. My account is locked. How do I unlock it?

To reset a password, please call the Service Desk at 877-526-8390.

### 3. I am trying to register, but the system won't recognize my TIN/NPI/Doctor Name. What do I do?

Please contact the Provider Networks & Credentialing department at 443-921-0676. CareFirst Direct pulls data that is provided when your practice is credentialed with CareFirst. If a provider has changed tax IDs, did not provide an organizational NPI, has only recently been credentialed, or is still in the credentialing process, information may be missing in CareFirst Direct.

### 4. My practice has multiple users that share the same email address. How will that impact the registration process?

Users can no longer share email addresses in CareFirst Direct. Each user must have a unique email address, which can be updated in "My Settings" when logged in.

If two or more users in your practice are currently using the same email address in their account, whoever completes the re-registration process first will be able to retain that User ID/email address combination. When the other user initiates their registration, it will not allow them to complete the registration and an error message reading "the unique email is already in use" will appear.

### 5. Why are individual User IDs and unique email addresses required?

The recent update to CareFirst Direct allows for role-based customization. Each user in your practice now requires a unique User ID and email address to access the system so that they can access the tools needed to do their jobs. This new requirement also helps us keep CareFirst Direct secure, as it houses electronic PHI.

If you have any questions or need assistance with CareFirst Direct, please contact your [Dental Provider Relations Specialist](#).

## Part-Time Claim Review Position Available

CareFirst is looking for a dentist to fill a part-time position (about four hours per week) performing claim review. The ideal candidate holds a license to practice dentistry in Maryland and has completed an Advanced Education in General Dentistry or a hospital-based dental residency, in addition to 10 or more years practice experience. A working knowledge of computer software is a plus. For more information or to apply, send your resume to Robert Laurenzano, DMD at [robert.laurenzano@carefirst.com](mailto:robert.laurenzano@carefirst.com).

## Upcoming CareFirst Holiday Office Closings

CareFirst BlueCross BlueShield, CareFirst BlueChoice and The Dental Network will be closed May 29 in observance of Memorial Day.

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## CLAIMS AND BILLING

### Capitation Increase for Some DHMO Plans, Effective Jan. 1

As we near the completion of our DHMO Transition Project, we are continuing to transition DHMO members upon renewal. As a result, you may continue to receive multiple capitation checks and eligibility reports for some members, based on their plan and jurisdiction. Effective Jan. 1, the capitation on some of our plans was increased.

If you are not already registered, we encourage you to sign up to use [CareFirst Direct](#), our online self-service portal, for real-time access to DHMO-specific information that can save your office valuable time and resources by accessing the following tools online:

- ✓ Primary Care Dentist Assignment
- ✓ Effective Date
- ✓ Eligibility and Effective Date
- ✓ Renewal Month
- ✓ Member Copayment Schedules
- ✓ Plan Name/Description
- ✓ Coverage Level
- ✓ Claim Status

### Efficient Claims Processing for Your DHMO Patients

For DHMO plans, Pre-Treatment Estimates (PTEs) are not required. Your office should not submit a PTE for any services that may be coverable under a DHMO plan. If you have any questions, please contact your [Dental Provider Relations Specialist](#).

### Federal Employees Health Benefits Program (FEHBP) Changes for 2017

Providers who participate in the Federal Employee Program (FEP) PPO network and who see members holding Blue Cross Blue Shield FEP medical coverage will see slight changes to their patients' benefits in 2017.

[Download a copy of the 2017 FEP Schedule of Benefits.](#)

Changes for 2017 include:

- An increased Maximum Allowable Charge allowance on all codes, with the exception of D1110, which decreased by \$1.
- D0251 and D0290 have been deleted from the list of coverable services for both Standard and Basic plans.\*

Remember, your office has access to FEP eligibility and claim status on [CareFirst Direct](#), our self-service portal. If you have any questions, please contact [FEP Customer Service](#).

\*Remember: Always confirm with the patient if they have secondary supplemental dental coverage under FEP BlueDental. Should this be the case, claims for services rendered not listed on the FEP Schedule of Benefits should be sent to FEP BlueDental for secondary consideration.

## FEP BlueDental and FEHBP Program Coordination of Benefits

When your patient is both covered by an FEHBP Program medical plan *and* opts into the Federal Employee Program (FEP) BlueDental supplemental secondary dental plan (FEDVIP), those two policies will coordinate to pay benefits on dental claims.

When a patient is covered by a FEHB Program medical Basic Plan and a FEP BlueDental policy, a \$30 copay is considered a patient responsibility by the medical plan, but in some cases, it may be picked up by the FEP BlueDental policy. **Due to this, we recommend that you do not charge the patient for any copay or coinsurance associated with the medical plan benefits at the time of their office visit because in many cases, these amounts will be addressed by the dental plan.**

### What may happen?

Option 1: The BlueDental plan will cover the \$30 copay.

- If the claim is submitted for covered procedures.

Option 2: The BlueDental plan will not cover or will cover only a portion of the \$30 copay.

- If the dental network allowances are lower than the medical network allowances.
- Remember, dental and medical plans maintain separate provider networks and schedules of allowances. In these cases, the patient cannot be held responsible for any payment over the dental network allowance.
- If the dental plan allowances are lower than the medical plan allowances, a portion of that \$30 or all of that \$30 may be applied to the network provider write-off.

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## CODING CORNER

### Reminder: Current Dental Terminology Updates for 2017

Regional dental provider fee schedules have been updated with the American Dental Association (ADA) Current Dental Terminology (CDT) revisions for 2017. For a complete list of 2017 updates, see [Coding Corner in the December 2016 issue of BlueImpressions](#).

Notable changes include:

#### Deletions:

CDT 2017	ADA Nomenclature
<b>D0290</b>	Posterior-anterior or lateral skull and facial bone survey radiographic image.

**Additions:**

CDT 2017	ADA Nomenclature	Dental Policy
<b>D1575</b>	Distal shoe space maintainer – fixed – unilateral.	The distal shoe space maintainer is very similar to D1510, except it is used to guide an erupting tooth distal to an edentulous space.
<b>D4346</b>	Scaling in the presence of moderate or severe gingival inflammation – full mouth, after oral evaluation.	<p>The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.</p> <p>Indications:</p> <ul style="list-style-type: none"> <li>• Mostly 2-3mm pocketing</li> <li>• No bone loss – horizontal or vertical</li> <li>• Moderate to heavy supra-gingival plaque, calculus and stain</li> <li>• “Difficult prophy” - adult ortho with enlarged, bulbous gingiva</li> </ul> <p>Frequency Limit</p> <ul style="list-style-type: none"> <li>• No benefit available more than once in a two year period</li> </ul>
<b>D6081</b>	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure.	Incidental or inclusive to D1110 and D4910.

Remember: You can use [CareFirst Direct](#) to access specific benefits and code limitations. When logged in and viewing your patient’s breakdown of benefits, you will see a new option for “New Benefit Search.” Click on that option to view specific procedural benefits on any CDT code, including benefit coinsurances, limitations and frequencies, usage and last date of service.

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