

BlueImpressions

Dental News & Updates

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For more information, visit [CareFirst.com/blueimpressions](https://www.carefirst.com/blueimpressions)

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What's Happening

Save the Date for our Annual Dental Symposium

Join us on Friday, April 3, 2020 from 9:00 a.m. to 3:00 p.m. for our annual symposium. This year's event will explore how oral health care impacts your patients' health and wellbeing. Speakers will delve into topics such as women's oral health issues, how eating disorders impact oral health and dental concerns for your patients as they age.

New this year

The conference will be live streamed to two additional CareFirst locations. You can attend the live event at the CareFirst Conference Center at Canton Crossing or go to one of our satellite locations (CareFirst Conference Center at Columbia Gateway and the CareFirst Conference Center in Fairfax). Continental breakfast and lunch will be served at all three locations.



CareFirst BlueCross BlueShield is designated as an Approved PACE Program Provider by the Academy of General Dentistry. The formal continuing dental education programs of this program provider are accepted by the AGD for Fellowship, Mastership and membership maintenance credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 1/1/2012 to 12/31/2021. 333354

Have a question for our provider relations team? CareFirst staff will be on hand to meet with you and your staff.

Registration Information

The conference is free for CareFirst in-network dentists and dental hygienists (please note, hygienists can attend only if at least one dentist from their practice is registered to attend). Attendees will earn six AGD-PACE Continuing Education credit hours.

Information on how to register is being mailed in early 2020. If you have questions, contact your [Dental Provider Relations representative](#).

Your Guide to CDT Updates for 2020 – Additions, Deletions, and Revisions

The following charts list the American Dental Association's (ADA) Current Dental Terminology (CDT) 2020 codes that have been added, deleted or revised, effective Jan. 1, 2020.

Additions and revisions for 2020 include the following covered services:

Codes	Descriptor	Dental Policy
D1510	space maintainer - fixed, unilateral – per quadrant	Nomenclature revision; no change to current policy
D1520	space maintainer - removable, unilateral - per quadrant	Nomenclature revision; no change to current policy
D1551	re-cement or re-bond bilateral space maintainer - maxillary	Replaces D1550, adds arch specificity.
D1552	re-cement or re-bond bilateral space maintainer - mandibular	Replaces D1550, adds arch specificity.
D1553	re-cement or re-bond unilateral space maintainer - per quadrant	Replaces D1550, adds arch specificity.
D1556	removal of fixed unilateral space maintainer - per quadrant	Replaces D1555, adds arch specificity.
D1557	removal of fixed bilateral space maintainer - maxillary	Replaces D1555, adds arch specificity.
D1558	removal of fixed bilateral space maintainer - mandibular	Replaces D1555, adds arch specificity.
D1575	distal shoe space maintainer - fixed, unilateral - per quadrant	Nomenclature revision; no change to current policy
D2753*	crown - porcelain fused to titanium and titanium alloys	Benefit is available for 1 tooth every 5 years. Requires Dental Director Review when billed two or more times on the same date of service.
D5284	removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	Dentures have a 5-year benefit limitation.

D5286	removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	Dentures have a 5-year benefit limitation.
D6082*	implant supported crown - porcelain fused to predominantly base alloys	Requires Dental Director review.
D6083*	implant supported crown - porcelain fused to noble alloys	Requires Dental Director review.
D6084*	implant supported crown - porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6086*	implant supported crown - predominantly base alloys	Requires Dental Director review.
D6087*	implant supported crown - noble alloys	Requires Dental Director review.
D6088*	implant supported crown - titanium and titanium alloys	Requires Dental Director review.
D6097*	abutment supported crown - porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6098*	implant supported retainer - porcelain fused to predominantly base alloys	Requires Dental Director review.
D6099*	implant supported retainer for FPD - porcelain fused to noble alloys	Requires Dental Director review.
D6120*	implant supported retainer – porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6121*	implant supported retainer for metal FPD – predominantly base alloys	Requires Dental Director review.
D6122*	implant supported retainer for metal FPD – noble alloys	Requires Dental Director review.
D6123*	implant supported retainer for metal FPD – titanium and titanium alloys	Requires Dental Director review.
D6195*	abutment supported retainer - porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6243*	pontic - porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6753*	retainer crown - porcelain fused to titanium and titanium alloys	Requires Dental Director review.
D6784*	retainer crown $\frac{3}{4}$ - titanium and titanium alloys	Requires Dental Director review.

* [CareFirst strongly recommends submitting a pre-treatment estimate \(PTE\) for these services prior to providing care.](#) Please note that the participating provider who submits for placement of the implant body will receive the approval/denial for that service. If an implant body procedure is denied, then all of the restorations for that implant will also be denied. There may be an alternate benefit for a less invasive or less costly service, so a PTE for implant restoration is also strongly recommended. If an implant has been approved, restoration of

that implant will not be approved if osseous integration is not demonstrated in a pre-restoration radiograph (two or more threads of the implant are superior to the osseous crest).

Additions for 2020 include the following inclusive or non-covered services:

Codes	Descriptor
D0419	assessment of salivary flow by measurement
D7922	placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D8696	repair of orthodontic appliance – maxillary
D8697	repair of orthodontic appliance – mandibular
D8698	re-cement or re-bond fixed retainer – maxillary
D8699	re-cement or re-bond fixed retainer – mandibular
D8701	repair of fixed retainer, includes reattachment – maxillary
D8702	repair of fixed retainer, includes reattachment – mandibular
D8703	replacement of lost or broken retainer – maxillary
D8704	replacement of lost or broken retainer – mandibular
D9997	dental case management - patients with special health care needs

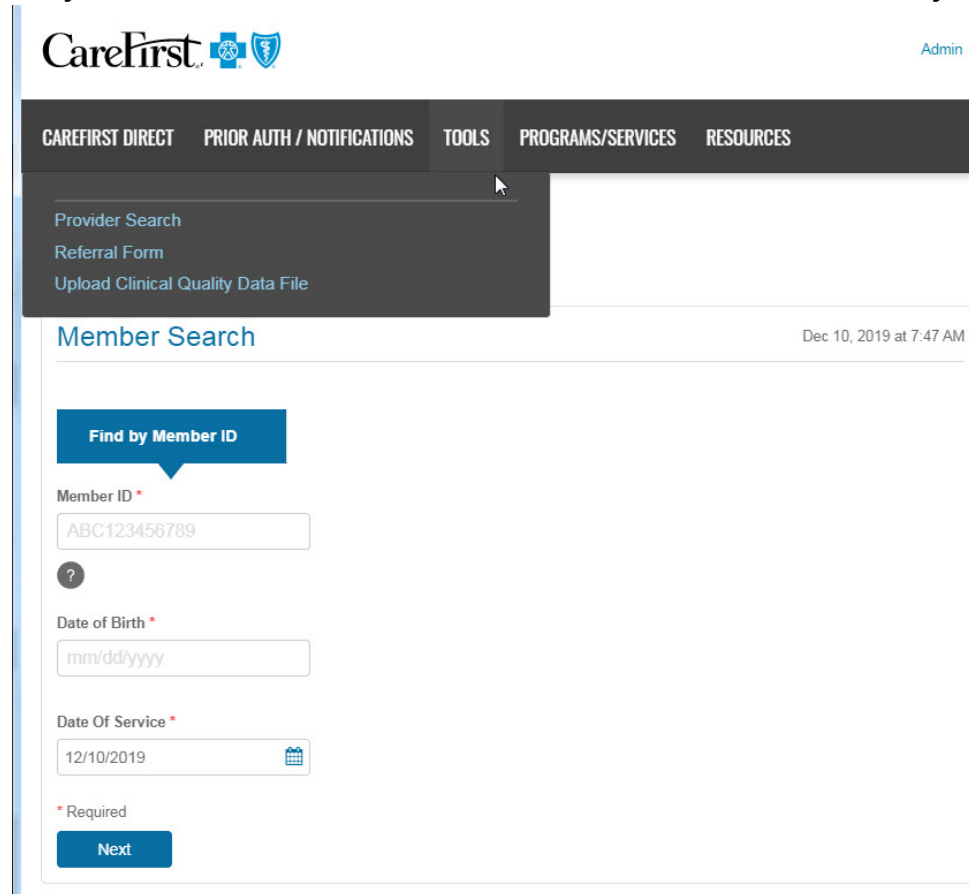
The following codes are being deleted in 2020:

Codes	Descriptor
D1550	re-cement or re-bond space maintainer
D1555	removal of fixed space maintainer
D8691	repair of orthodontic appliance
D8692	replacement of lost or broken retainer
D8693	re-cement or re-bond fixed retainer
D8694	repair of fixed retainers, includes reattachment

Try Our New Provider Search Capabilities on CareFirst Direct

CareFirst Direct has recently been enhanced to include its referral capabilities. Dental providers now have access to an interactive provider search tool, both regionally and nationally, which can help your office help your patients look for specialists.

For your convenience, we've also moved our referral form to an easy-to-find location.



The screenshot displays the CareFirst Direct web application. At the top, the CareFirst logo is on the left, and an 'Admin' link is on the right. A dark navigation bar contains the following menu items: CAREFIRST DIRECT, PRIOR AUTH / NOTIFICATIONS, TOOLS, PROGRAMS/SERVICES, and RESOURCES. A dropdown menu is open under the 'TOOLS' tab, listing 'Provider Search', 'Referral Form', and 'Upload Clinical Quality Data File'. Below the navigation bar, the 'Member Search' section is visible, dated 'Dec 10, 2019 at 7:47 AM'. It features a 'Find by Member ID' button and three required input fields: 'Member ID *' (containing 'ABC123456789'), 'Date of Birth *' (with a placeholder 'mm/dd/yyyy' and a help icon), and 'Date Of Service *' (containing '12/10/2019' and a calendar icon). A legend indicates that an asterisk (*) denotes a required field. A 'Next' button is located at the bottom of the form.

While CareFirst doesn't require this form to be submitted with your dental health maintenance organization (DHMO) claims, it's still required for the primary care dentist to send to a participating DHMO specialist after examining your patient, and it's a helpful tool for you and your patients to keep accurate records.

Stay tuned for more updates in CareFirst Direct in 2020.

Do You Want Easy Access to Dental Wellness Tools for Your Patients?

Research has shown that oral health has a strong association with the overall health of your patients. As part of our efforts to help you help your patients, we have made it easier for your office to have access to our Dental Wellness flyers by housing them online, available for your convenience at www.carefirst.com/dentalwellness.

- [A Healthy Mouth Keeps Your Heart Happy](#)
- [Better Oral Health for a Healthier Pregnancy](#)
- [Caring for Baby's First Teeth](#)
- [Diabetes? Good Oral Health Can Lower Your Medical Bills](#)
- [Got a Cavity? You Have Options](#)
- [Gum Disease – Are You at Risk?](#)
- [Oral Health in Numbers](#)
- [Reasons to Kick Your Tobacco Habit](#)
- [Tooth Fairy Certificate](#)

Send Attachments Electronically through DentalXChange

Sending electronic attachments to CareFirst for claims that require Dental Director Review has never been easier.

Nothing is changing for offices who currently use National Electronic Attachment, Inc. (NEA) or Tesia Clearinghouse, LLC. to send attachments to CareFirst, but we are adding connectivity with DentalXChange, resulting in reduced claims processing turnaround times and eliminating the need for mailing paper costs.

Value-Added Capabilities

- Submitting PTEs and primary carrier Explanation of Benefits electronically directly through your clearinghouse's practice management system
- Immediate notification from your practice management system when supporting documentation is missing from your claim submission

CareFirst is actively pursuing similar arrangements with our other preferred clearinghouses in the next year, so be on the lookout for added electronic submission enhancements for your office.

Questions?

Contact your Provider Relations Specialist – find your dedicated specialist at www.carefirst.com/providerrep.

New Decade – Time to Consider Making Your Office Paperless

2020 is just around the corner, and there's no better time than now to consider making your office green. CareFirst has been making strides to use less paper and we want your office to join in the effort with us. There are several ways you can use less paper in your office daily.

Use CareFirst Direct

CareFirst Direct allows you to download and save complete benefit breakdowns, membership ID cards, remittances and fee schedules. You can keep electronic records for each of your CareFirst patients on your office computer, which will save physical space in your office and save money in the long run. Visit www.carefirst.com/carefirstdirect for more information.

Submit Claims Electronically

If you don't yet submit claims electronically through your practice management system, we recommend you contact one of our three preferred clearinghouses – for more information, visit www.carefirst.com/dentaledi. Submitting claims electronically can save your office time, money, and resources.

Enroll in Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT) Capabilities

Instead of receiving a paper Notice of Payment (NOP) and a physical paper check, your office can opt to go electronic when it comes to getting payments from CareFirst. [Contact](#) your clearinghouse administrator for more information on enrolling for either (or both) of these capabilities.

Why Go Paperless?

Going paperless means taking control of your time. It means less clutter, faster turnaround times, a reduction in office waste, and easy accessibility to patient records whenever you need them. Going paperless makes cents.

Holiday Closings


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

- Monday, January 20 – Martin Luther King Day
- Monday, February 17 – Presidents Day

Bridging the Dental Medical Gap

Learn More About the FEP BlueDental Changes for 2020

Effective Jan. 1, 2020, FEP BlueDental is implementing changes to their supplemental High and Standard policy options. Changes are detailed below:

Benefits	High Option		Standard Option	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants	100%	90%	100%	60%
	 THREE CLEANINGS A YEAR COVERED		THREE CLEANINGS A YEAR COVERED	
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	70%	60%	55%	40%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	50%	40%	35%	20%
Class D (Orthodontic) Services Adults & Children	50% up to \$3,500 lifetime maximum per person	50% up to allowed amount	50% up to \$2,000 lifetime maximum per person	50% up to \$1,000 lifetime maximum per person
	NO WAITING PERIOD		12-MONTH WAITING PERIOD	
Annual Deductible for Class A, B and C Services Does not apply to Class D (Orthodontics)	No deductible	\$50 per person	No deductible	\$75 per person
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (Orthodontics)	UNLIMITED MAXIMUM PER PERSON	\$3,000 per person	\$1,500 per person	\$750 per person

If you have further questions, call FEP BlueDental Customer Service at 1-855-504-2583.

Learn How to Navigate the FEHBP and FEP BlueDental Coordination of Benefits

The Blue Cross and Blue Shield Service Benefit Plan, also known as the Federal Employee Health Benefits Program (FEHBP), offers medical coverage to federal employees, retirees, and their families. Some of these plans have embedded dental benefits, and some do not. For this reason, the federal employee plan (FEP®) offers supplemental (usually secondary)

dental policy options to expand dental coverage for federal employees, retirees and their families; annuitants and TRICARE beneficiaries (also called FEDVIP).

To make this coordination easier for your office, we've compiled some benefit structure highlights for reference.

- When a member provides your office with their FEP BlueDental ID Card, it is important to 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 and should be billed first if there is dental coverage through their medical plan.
- If there is no medical plan with embedded dental benefits in place, FEP BlueDental will act as primary dental insurance. For example, TRICARE retirees and FEP BlueChoice and BlueFocus enrollees would use FEP BlueDental as their primary dental insurance because TRICARE retirees don't hold FEHBP coverage, and BlueFocus/BlueChoice enrollees don't have embedded dental benefits.
- When a member is covered by the FEHBP Basic medical plan and opts into the FEP BlueDental supplemental secondary dental plan, those two policies will coordinate to pay benefits on dental claims. CareFirst recommends that the dentist not charge the patient for any copay or coinsurance associated with the medical plan benefits at the time of their office visit because, in most cases, these amounts will be addressed by the dental plan.
- Reimbursement for FEP BlueDental claims is calculated using your office's contracted Participating allowed amounts with CareFirst or Traditional, allowed amounts with CareFirst. If your office's local Blues plan is not CareFirst, the reimbursement for FEP BlueDental claims will be calculated using your contracted allowed amounts with that Blues plan in your area. Find out more at [FEP's Benefits Portal](#) and [FEP BlueDental's 2020 Plan Brochure](#).

In Case You Missed It

Have You Received Your Baltimore City Amalgam Certification Program Notice?

If your practice is in Baltimore City, Baltimore City Public Works may have contacted you on or around Dec. 1 regarding action required on your behalf as part of the Dental Amalgam Certification Program. This is a compliance initiative that aims to minimize the release of amalgam byproducts into Maryland's streams, rivers and the Chesapeake Bay.

Every dental facility** meeting certain criteria must submit a one-time report certifying

compliance with the Dental Amalgam Rule. Dental facilities must complete the [Dental Amalgam Certification Assessment Form](#) and indicate if any regulatory exclusions apply.

Any questions can be directed to the Pollution Control Section at 410-396-9695.

***Facility in this context refers to and includes dental schools and clinics, permanent or temporary offices, home offices, and dental facilities owned and operated by the military and federal, state, or local governments.*

Consultant Corner

Helpful Hints from our CareFirst Dental Consultants

Here are some tips for providers, directly from the qualified and licensed dental consultants who perform prospective and retrospective review on the claims you submit to CareFirst:

1. Be sure your images are diagnostic; we recommend using our EDI partners to submit images electronically at www.carefirst.com/dentaledi. Dental consultant reviewers rely on your clear images to make benefit determinations.
2. For implant placement requests be sure send in a current (within a few years) FMX or panoramic X-ray so that we can see how the rest of the dentition presents. Add in a periapical X-ray for the specific area(s) where the implant(s) is (are) being placed.
3. IMPORTANT: If the implant placement is denied, any alternate benefits will be offered and paid to the restorative dentist. Ask the patient if their implants were approved and/or speak to the specialist who is placing the implants to see if they were approved.
4. For implant restoration, provide the same information as in #2 above, but include a periapical X-ray of the integrated implant. For Pre-Treatment Estimates (PTEs), the implants will not be approved without review of the status of the integrated implant.
5. If bone and/or soft tissue grafting is requested for the extraction site in preparation for an implant or other restoration, grafts will be approved if there is a demonstrated bony defect in the area. Otherwise, the grafting is considered elective and the patient, if s/he elects to get the grafting, will be responsible for the cost of the grafting. Images and a detailed narrative should be submitted along with the claim or PTE.
6. If loss of teeth is a result of an accident or trauma, the case may be covered under the patient's medical benefits. Submit these claims to the patient's medical policy first and use CDT AND CPT codes for the treatment you are proposing or rendering.