

BlueImpressions

CareFirst 
Family of health care plans

Dental News & Updates

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What's Happening?

CareFirst Extends PPE Coverage

As your dental offices open in accordance with CDC and ADA guidance, CareFirst understands that you are faced with increased costs and shortages of PPE equipment. Beginning June 1, 2020, CareFirst has been reimbursing providers \$7 per claim per date of service for personal protective equipment (PPE), limited to once per patient, per provider, per day.

To assist with the safe operations of your dental practices, **CareFirst is extending PPE coverage through October 31, 2020**, as we recognize the economic demands and financial pressures your office is facing because of COVID-19. For more information, visit our Coronavirus Resource Center at carefirst.com/coronavirus. This reimbursement is limited to once per patient, per provider, per day. During this time period, claims should be submitted with code D1999 and must include the primary service(s) performed. As a reminder, your office must accept the allowed benefit as payment in full for covered services and cannot balance bill your patients.

Save the Date for CareFirst's 2021 CE Seminar

Mark your calendars for September 24, 2021. CareFirst is planning to host our continuing education (CE) seminar with keynote speaker, Assistant Surgeon General Dr. Tim Hicks. More information to come, so make sure you [stay connected](#) with us for updates.

CareFirst Updated Opioid Duration Limits, Effective August 1

In 2017, CareFirst implemented select utilization management strategies, including a duration limit, quantity limit, and step therapy on opioid prescriptions to help ensure safe and appropriate use based on the Centers for Disease Control and Prevention's Guidelines for Prescribing Opioids for Chronic Pain.

Effective August 1, 2020, the duration limit for immediate-release opioid prescriptions for opioid naïve members was updated to a maximum 7-day supply per fill up to 14 days of therapy in a 90-day period. Prior authorization is required to fill additional quantities.

As a reminder, initial opioid prescriptions are limited up to a 7-day supply for members 20 years of age and older, and up to a 3-day supply for members 19 years of age and younger.

Please see our [opioid utilization management chart](#) for a summary of strategies. For more information on this opioid utilization management update, please contact Sarah Lipphardt at sarah.lipphardt@carefirst.com.

CareFirst is Recruiting for New Dental Provider Network

CareFirst plans to enter the Medicare Advantage market on January 1, 2021 through our affiliate entity, CareFirst Advantage, Inc. We began recruiting for our Medicare Advantage dental network this spring. If you are interested in learning more about joining this new provider network, please contact your [Provider Relations Specialist](#).

Use the *Get Benefits* Tool on CareFirst Direct

CareFirst Direct is designed to help you keep your office running smoothly with fresh, innovative self-service tools. One of those tools is our *Get Benefits* toolbar and the *Search Type Procedure Code* function, which allows you to search for benefits, frequencies, and limitations on all valid Current Dental Terminology (CDT) codes.

There are some rules to using *Get Benefits*:

- A maximum of 100 codes can be searched at any time
- Users must be consistent and precise in how they format their search. A valid CDT code begins with a "D" and is followed by four numbers
- Individual codes must be separated by a comma
- If you decide to search for codes using a range, they must be separated by a hyphen.

See our [sample image](#). The red box highlights how multiple codes should be added.

We encourage your office staff to use *Get Benefits*, and we welcome your feedback. Please let us know how we can best help your staff find the information they need on CareFirst Direct by emailing us at dentalproviderrelations@carefirst.com.

Join our Advisory Committees

Are you interested in working with CareFirst in an advisory capacity? We are currently seeking dentists interested in serving on one of our committees. We have openings for participating dentists of any specialty on the CareFirst Dental Advisory Committee (DAC), oral surgeons on the Oral and Maxillofacial Surgery Advisory Committee (OMSFAC) and dentists of all specialties on our Dental Credentialing Committee.

As an active member of these committees, your voice will be included in the discussions on how CareFirst connects with providers and members. The amount of time you will be asked to devote is relatively small, and we do compensate committee members for their time and expertise. Your commitment is for a three-year term with opportunities for two terms in a row.

Our dental director chairs each committee. The DAC includes 10 practicing network dentists of various specialties. The OMSFAC is comprised of six network oral surgeons. Finally, our Dental Credentialing Committee is made up of five participating dentists who represent our large region across Maryland, Washington, D.C. and Northern Virginia. We hold the meetings virtually and ideally have one meeting per year in person, when possible. Let us know if you are interested in becoming an active participant in our discussions.

For more information on any of these opportunities, please reach out to your [Provider Relations Specialist](#) and have your resume up to date and accessible.

CareFirst Office Closings

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

- Thursday, November 26 – Thanksgiving Day
- Friday, November 27 – Day after Thanksgiving

You should expect to see higher than normal wait times the day after a holiday. We encourage you to use our self-service tools, CareFirst Direct and CareFirst on Call, for claim status, eligibility and benefits.

Coding Corner

Your Guide to CDT Updates for 2021 – Additions and Deletions

The following charts list the American Dental Association's (ADA) CDT 2021 code changes that reflect additions and deletions, effective January 1, 2021.

Additions for 2021 include the following covered services:

| Codes | Descriptor | Dental Policy |
|-------|---|---|
| D1355 | Caries preventive medicament application – per tooth | Benefit available once per lifetime per tooth, on permanent and primary teeth |
| D2928 | Prefabricated porcelain/ceramic crown – permanent tooth | Benefit available once per five years per tooth |
| D3471 | Surgical repair of root resorption - anterior | Benefit available once per lifetime per tooth |

| Codes | Descriptor | Dental Policy |
|-------|---|---|
| D3472 | Surgical repair of root resorption – premolar | Benefit available once per lifetime per tooth |
| D3473 | Surgical repair of root resorption – molar | Benefit available once per lifetime per tooth |
| D3501 | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior | Replaces D3427, adds tooth specificity |
| D3502 | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar | Replaces D3427, adds tooth specificity |
| D3503 | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar | Replaces D3427, adds tooth specificity |
| D5995 | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary | Replaces D5994, adds arch specificity |
| D5996 | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular | Replaces D5994, adds arch specificity |
| D6191 | Semi-precision abutment – placement | Replaces D6052, adds procedure specificity |
| D6192 | Semi-precision attachment – placement | Replaces D6052, adds procedure specificity |
| D7961 | Buccal / labial frenectomy (frenulectomy) | Replaces D7960, adds arch specificity |
| D7962 | Lingual frenectomy (frenulectomy) | Replaces D7960, adds arch specificity |

Additions for 2021 include the following non-covered services:

| Codes | Descriptor |
|-------|--|
| D0604 | Antigen testing for a public health-related pathogen, including coronavirus |
| D0605 | Antibody testing for a public health-related pathogen, including coronavirus |
| D0701 | Panoramic radiographic image – image capture only |
| D0702 | 2-D cephalometric radiographic image – image capture only |
| D0703 | 2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only |
| D0704 | 3-D photographic image – image capture only |
| D0705 | Extra-oral posterior dental radiographic image – image capture only |
| D0706 | Intraoral – occlusal radiographic image – image capture only |
| D0707 | Intraoral – periapical radiographic image – image capture only |
| D0708 | Intraoral – bitewing radiographic image – image capture only |
| D0709 | Intraoral – complete series of radiographic images – image capture only |
| D1321 | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use |
| D7994 | Surgical placement: zygomatic implant |

The following codes are being deleted in 2021:

| Codes | Descriptor |
|-------|---|
| D3427 | Periradicular surgery without apicoectomy |

| | |
|-------|---|
| D5994 | Periodontal medicament carrier with peripheral seal – laboratory processed |
| D6052 | Semi-precision attachment abutment |
| D7960 | Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure |

Restoration of Endodontically Treated Teeth

A message from the CareFirst Dental Consultants

Teeth that have had root canal therapy are known to be more brittle overall. However, those that are missing only a minor amount of natural tooth structure can be restored successfully by filling the access opening, whether through an existing crown or on the lingual, palatal or occlusal surface with direct restorative material. It's not necessary to place a post and core as well as a crown on all teeth that have been treated endodontically. And gutta percha fills that are significantly short of the radiographic apex may have good reason to be.

Of course, you're the practitioner and know what's best for your patients. Our dental consultants, however, are only able to make benefit decisions based on the information you provide. If the X-rays and your remarks are not aligned with the procedures submitted, we encourage you to share more descriptive details about the tooth and the patient. Please tell us why the fill is short, or send us your treatment notes or the notes from the endodontist who completed the case to help us better understand the situation. If you have let a tooth settle in after endodontic treatment, but there's still some residual periapical pathology, please send a couple of X-rays that you've taken over time as you watch the lesion resolve. Or, if the case is not a textbook example of how a perfect endodontically-treated tooth and restoration should look, please share the long-term prognosis with us.

While we know dentistry at CareFirst, we can only make a determination based on what you tell us. If our dental consultants see a case with a short fill, an unresolved PAP or the appearance of a missed canal, there's likely a very good reason the tooth is ready for a permanent restoration. Please let us know in your claim's Remarks section or in a narrative with your pre-operative radiograph so we can better serve you.

Claims and Billing

Dental Claims You Should Send to Medical for Processing

Most of the time CareFirst processes dental-related services under a patient's dental plan. There are, however, a few cases where the patient's benefit is housed on their medical plan. There are two major service types specifically that fall under this category:

- Complex Oral Surgery (Orthognathic Surgery, for example)
- Accidental Injury to the mouth, jaws, cheeks, lips, tongue, roof and floor of mouth

In these two cases, claims must be:

- Reported using the CMS-1500 claim form, version 02/12, and the applicable American Medical Association (AMA) Current Procedural Terminology (CPT) procedure code and ICD-10 diagnosis code.
- Submitted to the appropriate medical claims processing area for Prior Authorization when required.
- Processed under the patient's medical coverage instead of their dental coverage.

In order to expedite your claim submission(s), it will be helpful to submit a narrative with your medical claim that itemizes the dental procedures you've performed using CDT codes. For more information or for help with a specific medical claim for dental services, please use the appropriate provider services number on the back of your patient's medical identification card and our medical service associates can assist you.

Pre-Treatment Estimates and How They Play a Crucial Role in Your Patients' Care

A Pre-Treatment Estimate (PTE) is a written estimate of the benefits that are available to your patients through their dental plan.

Our PTE process is an optional service and is limited to procedures listed in our newly updated [Reference Guide for Required Attachments](#). While it is not a guarantee of payment or considered a pre-authorization, the PTE is crucial to giving your patients the peace of mind and clarification they need to move forward with the treatment plan you've proposed.

The PTE outlines for your patient:

- Your fees
- Our contracted amounts for your office
- Their benefit
- The impacts the treatment plan will have on their annual maximums and deductibles

Most importantly, it gives your patient the exact amount they will owe you at the time of service based on the services you have submitted for their treatment plan. We encourage you to submit your PTEs to CareFirst electronically through one of our preferred clearinghouses and their electronic attachment services. Visit our [Dental Electronic Capabilities page](#) for more information.

As a reminder, payment for PTEs will be considered based on the following conditions:

- Your office submitted the approved PTE which includes your patient's actual date of service within the appropriate timeframe after your PTE approval was determined
- Member was eligible on the date service was completed
- Frequency and annual maximums have not been exceeded
- Service must be a covered benefit at the time the service was rendered
- Services rendered are consistent with those indicated on the PTE

Pre-Treatment Estimate Approval Extension for COVID-19

CareFirst has implemented the following PTE extension policy to reduce administrative burdens on your office and your patients. We understand that due to office closures and delays during the initial COVID-19 response, some previously approved PTE treatment may need to be performed outside of the original allowed timeframe of 270 days.

For PTEs submitted between July 1, 2019 and June 30, 2020, CareFirst will honor those initial submissions that have been approved and maintain them in an approved status for up to 12 months, pending the conditions listed in the previous article. Approvals for PTE submissions sent to CareFirst after July 1, 2020 will be valid for 270 days, per CareFirst's normal operating guidelines.

Remittance Guidelines Updated to Reflect Financial Responsibility for Treatment Selected

CareFirst may offer benefits for a less costly acceptable treatment option in lieu of the treatment you submit. Remember that you and your patient make the determination of the actual treatment to be rendered.

Effective May 18, 2020, CareFirst began processing remittance for your office that reflects the actual services rendered by your office, as well as the full financial liability for your patients. The vouchers that CareFirst sends to you and your patient will now reflect your patient's full liability for the actual services rendered. This includes both PTEs and claims for services rendered.

What this Means for You

- The decision on your patient's dental treatment plan rests on you (the dentist) and your patient.
- Patients who decide to receive the more expensive procedure will have a higher out-of-pocket liability.
 - The patient will still be responsible for any applicable coinsurance, copayments, and deductibles – plus the difference in allowance between the two procedures.
 - Participating dentists will collect the full allowed amount for the procedure actually rendered.
 - The insurance benefit will cover the lower cost alternative procedure and the patient can be balanced billed up to the allowed amount of the actual procedure performed.