

BlueImpressions

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For more information, visit carefirst.com/blueimpressions

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Breaking News

Use CareFirst Direct for Eligibility, Benefits, Claim Status, Fee Schedules and More

CareFirst Direct is your office's most useful tool for managing your patients' insurance information. It's accessible 24/7 and offers you eligibility, benefit, claim, fee schedule, and code-specific information at your convenience. Our provider service team is ready to work with you, support your use of the provider portal, and maintain an open line of communication for calls that cannot be resolved using [CareFirst Direct](#).

In September, we sent an [email](#) to your office giving you detailed information and a chart outlining what you can find on CareFirst Direct. We encourage your office to use the portal for simple inquiries.

A quick reminder that if you have not yet registered for CareFirst Direct, you can use these [step-by-step instructions](#) to create an account.

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Changes to the Interactive Voice Response (IVR) System

Earlier this year, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively, "CareFirst") announced changes made to protect your patient's right to privacy, specifically when calling into Provider Service. We continue to ensure that all member data is confidential and protected.

That's why CareFirst on Call will be updated this month.

You still have the basic functions you currently have with CareFirst on Call. However, you will only be able to enter information using the touchtone keypad for both numbers and letters. You will no longer be able to speak into the phone to enter your information.

CareFirst has created a CareFirst on Call Quick Reference Guide for dental providers which includes steps on how to enter alpha characters using the telephone keypad. In July, we notified you about changes to ensure all member data is confidential and protected when you call Provider Service.

Updated versions of the [quick reference guides](#) are posted at carefirst.com/providerguides.

Note: You may continue to use your CareFirst provider number, Billing NPI and Tax ID when calling into CareFirst on Call.

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CareFirst BlueCross BlueShield Group Medicare Advantage (MA) Dental Plan

In January 2022, CareFirst BlueCross BlueShield Medicare Advantage began offering a new CareFirst BlueCross BlueShield Group Advantage preferred provider option (PPO) plan across its geographic service area. (CareFirst members can reside anywhere in the United States and its territories.) Beginning January 1, 2023, some of your current patients may be enrolled in their employer group's new retiree plan, which may include dental coverage. They may reach out to you to learn if they can continue as a patient under their new plan.

Here is some information to help you and your staff respond to patient inquiries:

- CareFirst BlueCross BlueShield Group Advantage will provide coverage for these members under a group (or an employer-sponsored) MA PPO plan.

- The plan includes in- and out-of-network dental benefits much the same way our commercial dental plans do.
- Dental coverage for group MA members will be indicated in the bottom left corner of their membership ID cards, displaying "**Dental Preferred (PPO) with National Network.**"

Not currently part of the CareFirst BlueCross BlueShield Group Advantage Network?

- If you are not part of the CareFirst BlueCross BlueShield Group Advantage network, you can treat patients who are enrolled in a CareFirst BlueCross BlueShield Group Advantage plan by billing claims electronically to CareFirst in the same manner as you bill CareFirst commercial dental plans. In these cases, members will receive payment according to their benefit plan structure.

Providers who have not yet joined the new CareFirst BlueCross BlueShield Group Advantage network should reach out to Dental Provider Contracting at 443-921-0676 or by email at medicareadvantagedentalcontractingteam@carefirst.com.

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Learning and Engagement

New Resources from the Learning and Engagement Center

We are excited to offer some exciting resources for you and your staff that make doing business with CareFirst easy and efficient.

We have developed new learning resources tailored to your dental office's interactions with CareFirst:

- [Medicare Advantage PPO for Dental Providers](#)
- [Pre-Treatment Estimates](#)

We encourage you to use these resources when needed. Your feedback is welcomed within the course surveys.

To ensure that our Learning and Engagement Center meets your needs, we want to hear from you. Send an email to learning@carefirst.com with suggestions of what you would like to see on the site.

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Updates to the Dental Provider Manual

CareFirst is committed to giving providers the tools needed to easily do business with us, so they can focus on giving their patients the best care. To keep providers informed of changes and improvements, CareFirst has updated our [Dental Provider Manual](#) to include:

- Added information about additional components to HIPAA provider service validation (Chapter 3).
- Updated information about CareFirst on Call to include the telephone keypad as the only form of data entry (Chapter 4). (Note: CareFirst on Call is an Interactive Voice Response (IVR) system that

allows providers to retrieve CareFirst member eligibility, benefits, deductibles, maximums, claim status and authorization status. Callers may use the telephone keypad input to interact with CareFirst on Call. The system has the capability to provide this information via fax for those who prefer printed documentation.)

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Access Our Redesigned On-Demand Dental Suite

CareFirst has redesigned our [On-Demand Courses page](#) to make it easier for providers to find offerings that benefit them. Providers can participate in specialized training, curated learning, engagement opportunities and more.

We've also added a special suite for dental providers as well. We encourage you and your office to take advantage of the courses we have curated for you as a specialized dental provider:

The screenshot shows the CareFirst Learning and Engagement Center website. At the top, there is a navigation bar with 'HOME', 'ON-DEMAND TRAINING', 'WEBINARS', 'CONTINUING EDUCATION', and 'HEALTH EQUITY'. The 'ON-DEMAND TRAINING' section is active. Below the navigation bar, there is a sidebar with 'On-Demand Training' and 'On-Demand Training FAQs'. The main content area is titled 'On-Demand Training' and includes a welcome message and a list of course categories. The categories are: 'All Providers' (with sub-categories: CareFirst Essentials, Insurance Basics, Practice & Payment Transformation, Quality Improvement), 'Specialties' (with sub-categories: Institutional, Professional, Ancillary, Dental). The 'Dental' category is highlighted with an orange border.

Specialty topics and courses dedicated to our Dental healthcare delivery partners.

**Featured Course**

Looking for need-to-know information about CareFirst Dental? We recommend our ["Dental Insurance Plan Basics"](#) course. Learn all about the different dental plans you may encounter, as well as answers to frequently asked questions!

Select a category to expand:

[Expand All](#) | [Collapse All](#)

CareFirst Direct

Products

Dental Basics

Claims

[Expand All](#) | [Collapse All](#)

We will continue to add courses, as the needs of our dental provider communities are constantly evolving. We hope that these new features increase your efficiency and give you more time to support the patients in your care.

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Coding Corner

Behavior Management (D9920): Submission Requirements

We are all aware that some patients can present behavior episodes in the dental chair. Dental office personnel are typically very comfortable handling most challenges in daily practice, and know that a little extra time, effort or TLC can make all the difference in establishing a great patient for life.

However, there are other times when a patient may have developmental issues that prevent accommodating behavior and the completion of needed dental care. CareFirst considers submission of this code to be applicable in situations where the practitioner may require more than the usual amount of time to gain a behaviorally challenged patient's trust and confidence before initiating a procedure. It is not anticipated that this code would be reported with high incidence from any practitioner.

To receive benefits for a D9920 submission, please submit statements of medical necessity detailing the additional time and management skills necessary to provide optimal care. Copies of the progress notes that stipulate the methods used as well as the excess time and staff deployed to control the patient will provide the additional support required for benefit consideration.

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Submit Your Clearest and Most Comprehensive Supporting Documentation

CareFirst's team of licensed dental consultants reviews claims with a clinical perspective and applies our benefit rules to the cases you submit. We follow the established [Dental Clinical Criteria](#) to determine whether benefits are allowed based on clinical necessity and alignment with our criteria. The Clinical Team may reach out to ask some clarifying questions to ensure the reviews are based on those established rules. The decision to treat any situation belongs to the dentist and patient; insurance benefits cover procedures based on contract rules and clinical guidance for those rules.

Our team has expertise in CDT coding as well as years of clinical experience. However, we are limited by the quality and scope of the information you send us. Please be sure to provide us with enough information so we can fairly and objectively base our benefit determinations on the documentation you provide. **Send quality images (radiographs and photographs), clear and appropriately detailed notes and charting entries, and any other additional supporting information to fill in the details of what you see with your patient in the chair.**

Keep our [Dental Clinical Criteria](#) handy to help you justify clinical necessity and align with our policies for benefit adjudication.

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Coding Guidance: Soft Tissue Grafts - D4273, D4283, D4275, D4285

CareFirst will cover soft tissue grafts when there are medically necessary reasons (other than cosmetics). Situations include mucogingival defects, root sensitivity that was unsuccessfully treated using desensitizing techniques or placement of restorations or need to increase the band of keratinized/attached gingiva, and/or to thicken the gingival housing at a prospective implant site. [Charting of the remaining attached gingiva and intraoral photographs are critical indicators of the clinical need](#), along with diagnostic periapical radiographs and general periodontal charting.

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Frequency Limitations for Major Dental Services

Replacement of major dental services (i.e., fixed and removable prosthodontics, crowns, implants) is a benefit that is allowed once in a five-year period as a standard limitation. This benefit, along with all other benefit provisions, is predicated upon medical or dental necessity. A replacement benefit is not determined by age of the prosthesis alone. The [prosthesis must be at least 5 years old and be non-repairable, warranting replacement](#). When requesting a benefit for replacement of a crown, bridge or denture, please provide the date of prior placement and reason for replacement in addition to the required radiographs and other clinical information that demonstrate the need to replace the prosthesis. If a restoration is less than five years old but is in need of replacement due to prior placement error, you or your patient can appeal the frequency denial and CareFirst will investigate the situation on an individual basis as a Quality-of-Care case. CareFirst will consider paying benefits for the replacement if the reason for failure prior to the five-year limit is found to be related to initial provider error.

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Tips and Tools for Your Practice

Steps Your Office Can Take to Prevent Fraud, Waste and Abuse (FWA)

Providers play an important role in helping identify and combat fraud, waste and abuse.

As a reminder, **Fraud** is the act of knowingly and willfully defrauding or attempting to defraud any healthcare program under false pretenses. It also includes attempting to obtain money or property owned or controlled by a healthcare program under false pretenses. **Waste** is the expenditure, consumption, mismanagement or misuse of resources, processes, systems or controls. It's generally not considered to be deliberate. **Abuse** encompasses actions that may, directly or indirectly, result in unnecessary costs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary, without knowingly and/or intentionally misrepresenting facts to obtain payment.

Anyone can commit FWA. CareFirst and your practice can work diligently and cooperatively to ensure that we properly use the resources our members and patients share with us.

Steps You Can Take

- Review your Notices of Payment (or ERA-835s, if you have elected to receive electronic remittance) to ensure accurate dates of service, services rendered, treating dentists, and charges were reported.
- Protect the privacy of your patients' member identification cards and ask for most recent copies upon each visit; request photo IDs for new patients to ensure their names match the member ID card.
- Conduct effective training and education for your staff.
- Establish auditing and monitoring procedures, and develop effective lines of communication within your practice and with CareFirst.
- Report suspected fraud, waste or abuse as soon as possible and wherever applicable.
- Create detailed progress notes with your initials and date at each visit. Keep track of any phone calls, emails or text messages with the patient.

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Remember to Ask Your Patients for their New Member ID Cards

2022 is coming to an end. That could mean new insurance cards for your patients. Your patients' member ID card identifies them as a CareFirst member and gives you important information about their covered benefits.

Make sure to always ask your patients for the newest version of their ID cards when providing services. If a patient does not have their physical card, they can obtain a copy either by logging into My Account on CareFirst.com or using the CareFirst My Account app. Your office can also access your patients' newest member ID cards through a downloadable PDF in [CareFirst Direct](#).

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Administrative Updates

Holiday Closings

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

- Monday, December 26—Christmas Day (observed)
- Monday, January 2—New Year's Day (observed)
- Monday, January 16—Martin Luther King, Jr. Day
- Monday, February 20—President's Day

You should expect to experience 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 claims status, eligibility and benefits.

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