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Noteworthy News

A Note from Dr. John Gale

I'm so very pleased to join CareFirst BlueCross BlueShield (CareFirst) as the new dental director! I'm excited to be your partner for clinical policy, oversight and provider networks.

I love the atmosphere here as we bridge together Medical, Dental and Vision to provide a total care approach to those we serve. It's an exciting time and I'm proud to be a part of it.

As for me, I'm just like you. I love to help folks. I've been a practicing dentist and dental consultant for over 30 years. I've seen patients here at home and all over the western hemisphere. The environments may have changed from time to time, but compassion and humility are always universal.

My wife Tracy and I have three children that have flown the coop and are living their dreams out in the world. Tracy and I are happy here at home on our little farm enjoying a quiet life together.

I still get excited about dentistry after all these years because it's not just about filling teeth or checking gums—it's so much more. We have a seat at the healthcare table, and we're working hard to incorporate oral health as a key part of overall health.

My focus has always been on individuals seeking care. Access and efficiency are our goals, with respect and appreciation as our values. Working side-by-side to support our communities is what sets us apart. That's something to be proud of!

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Teledentistry Expansion to End June 30, 2025

In 2025, Maryland extended teledentistry options—including audio-only conversations for covered dental services—will end on June 30, 2025. The state's current policy includes expanded access to teledentistry for those with fully insured Maryland benefit plans.

This change will not affect the way your office bills for teledentistry visits today. CareFirst will continue to allow teledentistry as a benefit under CareFirst's fully insured plans.

As a reminder:

- **CareFirst's coverage will be limited to a problem-focused exam and follow up, with D9995 considered inclusive to the telehealth service.** If you and your patient determine that an office visit is necessary, the in-person evaluation at your office on the same date of service will be considered inclusive to the telemedicine evaluation completed earlier in the day.
- **One problem-focused evaluation will be covered per patient per date of service.** For problem-focused teledentistry evaluations, please submit the appropriate code (D0140 or D0170) and your usual fee. Add D9995 to identify the synchronous teledentistry encounter and include a brief description of the patient's emergent problem in the remarks section.
- **If your practice has its own teledentistry capability (audio/video), proceed with visits and bill CareFirst as normal with a place of service "02" and follow normal billing guidelines for both hard copy and electronic claim submissions.** The Office for Civil Rights (OCR) at the HHS has stated that providers may use commercially available and third-party video chat services to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules during the COVID-19 nationwide public health emergency. [Guidance](#) and [frequently asked questions](#) can be found on their website.

We encourage you to verify this code's specific frequencies and limitations on CareFirst Direct by navigating to the Benefits sidebar to the right on your patient's Eligibility Summary screen.

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CareFirst Direct Adds Electronic Attachments Functionality

CareFirst is dedicated to improving the way you do business with us. We're excited to announce that we recently added a new function to [CareFirst Direct](#) that allows you to upload electronic attachments for claims that have been rejected and require additional information.

Note: *Not all rejections will trigger this process. Also, claims for Medicare Advantage and CareFirst Administrators are currently out of scope.*

What are the benefits?

This new function shortens the time it takes for a full and complete claim review. Key benefits include:

- Faster submission—no more printing and mailing documentation
- Built-in quality standards and file requirements for attachments
- Fast, efficient electronic delivery of supporting documentation
- Reduces calls to CareFirst's service unit, eliminates need to follow up on status of mailed documentation
- Automatically generates reference number for future follow-up

How do I use the electronic attachments function?

- Log into [CareFirst Direct](#) and complete a member search.
- Select **Claim Status** from the Member Search results screen.

- If the claim was rejected for additional information, you'll be prompted to upload the attachment.

For step-by-step instructions, review [Attaching Documentation to Rejected Claims in CareFirst Direct](#).

Where can I find more information and training?

For more helpful CareFirst Direct resources, visit our [Learning & Engagement Center](#). Select **On-Demand Training**, then **CareFirst Essentials**.

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Don't Forget to Recredential with CareFirst

To comply with state regulations, CareFirst requires all providers to complete our recredentialing process every three years. We recommend using the Council for Affordable Quality (CAQH) Provider Data Portal for this purpose.

New practitioners can complete an application for access to the CAQH portal through their secure website at caqh.org/providers.

For questions, contact the Dental Provider Networks and Credentialing Team at 443-921-0676 or dentalcontracting@carefirst.com.

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Did You Know?

Guidelines for Submitting Pre-Treatment Estimates (PTE)

CareFirst PTE process is an optional service and is limited to procedures listed in our Reference Guide for Required Attachments. While it's not a guarantee of payment or considered pre-authorization, the PTE gives your patient the peace of mind they need to move forward with the treatment you've proposed.

As a reminder, consideration of payment for services completed by your office is based on the following conditions:

- PTE was approved less than **365 days** prior to the date service was completed.
- The member was eligible on the date service was completed.
- Frequency and annual maximums have not been exceeded.
- The service must have been a covered benefit at the time the service was rendered.
- Services rendered are consistent with those indicated on the PTE.

Helpful Submission Tips for PTEs

Submit electronically. CareFirst recommends submitting PTEs electronically using payor code 00580. Pre-processing edits—required by HIPAA rules between the insurance carrier and your clearinghouse—ensure the integrity of your submission and confirm that all essential e-PHI and code-specific data are included.

Use clear and precise diagnostic images. We need clear x-rays and photos from your office to understand the medical necessity of the proposed treatment for your patient. Scans of print images are insufficient for accurate determination.

Sign and Date the EEB. Providers receive an Estimate of Eligible Benefits (EEB) form showing approval or denial. Check CareFirst Direct for clinical review status. After treatment is completed as submitted on your

PTE, use the EEB to request reimbursement. Fill in the service date, sign and submit the form to the specified claims address. Resubmission of supporting documentation is not necessary.

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Important Information About Third-Party Billing

We realize many of our providers contract with third-party billing companies to support their administrative needs. These companies often reach out to our Provider Services team to request information that is easily accessible through CareFirst Direct and CareFirst on Call.

Please review the important information below and follow up with your third-party billing companies to ensure they can obtain what they need using our self-service tools.

What are the top reasons why third-party billers call?

- Member eligibility
- Benefit accumulations
- Claims information (status, number, denial reason, date processed, etc.)
- Remittance information (Check/electronic funds transfer number, payment address, amount, request a copy, etc.)

What can third-party billers do instead of calling?

All the information noted above can be obtained using our self-service tools. Our [Dental Third-Party Billers Self-Service Guide](#) is a great resource to provide your contacts. It addresses the following:

- Types of information needed
- How to obtain the information—Self-Service or Provider Services?
- Which self-service tool has the information needed—CareFirst Direct or CareFirst on Call?
- Step-by step-instructions on how to find the information needed

How can I make sure my third-party biller has what they need?

Educate

Reach out to your third-party biller contacts and share the information provided in this article.

Provide Access to CareFirst Direct

Ask that they create an account for our [Provider Portal \(CareFirst Direct\)](#). They'll need to include your tax ID, billing NPI and a valid email address to set up an account. Your portal administrator will manage their access and validate their credentials.

Once approved, they'll be able to check eligibility and benefits, as well as manage claims status and inquiries efficiently.

These resources can help your third-party billers become familiar with CareFirst Direct:

- [Accessing and Registering for CareFirst Direct](#)
- [Checking Eligibility and Benefits in CareFirst Direct](#)

- [Checking Claims Status in CareFirst Direct](#)

Your portal administrator can grant any additional access needed, such as the ability to view and print electronic remittance/Notices of Payment (NOPs). These resources can help:

- [Adding Access to a Current User in CareFirst Direct](#)
- [Managing User Access Requests in CareFirst Direct](#)

Need a portal administrator?

Having a portal administrator is crucial to ensuring your practice/facility can approve user access requests, complete required user access reviews, set up new users and terminate user access as appropriate.

If your practice/facility does not currently have an active portal administrator, contact the Help Desk at 877-526-8390 for assistance.

Remind them about CareFirst Direct Transaction IDs

CareFirst Direct provides transaction IDs that correlate with information obtained in our system. These IDs serve as verification of the receipt of that information.

Provide them with resources

Direct third-party billers to our [Provider Website](#). We suggest our [Provider Quick Reference Guides](#) for information on:

- Member IDs
- Dental Claims and Service Reference Guide
- Guidelines for Provider Self-Service
- [Learning and Engagement Center](#)

Ask that they refrain from:

- Requesting that multiple employees call Provider Services regarding questions that have already been addressed.
- Sending multiple inquiries about the same members for the same reasons. This increases hold times and causes delays.

We recognize third-party billers play an important role in your administrative processes. We thank you in advance for your help in encouraging their use of self-service tools for basic information.

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Working With CareFirst

How to Make a Demographic Change to Your Provider File

To update your provider information with CareFirst Direct, please use the Change in Dental Provider Information Form. This form can be accessed on the CareFirst Provider Portal via the home page:

CareFirst Provider Admin Log Out

CAREFIRST DIRECT PRIOR AUTH / NOTIFICATIONS TOOLS PROGRAMS/SERVICES RESOURCES MANUALS AND GUIDES

[CareFirst Direct](#) | Member Search

Eligibility / Benefits & Claims Status Remittance / NOP Fee Schedules

Member Search May 2, 2025 at 7:54 AM

Find by Member ID

Member ID *

?

Date of Birth *

Date Of Service *

* Required

Next

Quick Links

- Forms
- Manuals & Guides
- **Update Dental Provider Information**
- Looking for Support?
- Clinical Resources

The form includes sections for changes to address, phone number, tax ID, name and provider departure from the practice.

How to Submit Your Change in Provider Information Form

We are requesting that you submit this request electronically. Your office can use the digital form available on CareFirst Direct or submit the request electronically (along with any necessary documentation) to dentalcontracting@carefirst.com.

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New Passwordless Authentication Coming Soon

As part of our ongoing efforts to ensure our portal users have secure access, CareFirst will require all [CareFirst Provider Portal \(CareFirst Direct\)](#) users to update their passwords starting on Sunday, August 17, 2025.

When individuals reset their password, they will also be encouraged to enroll in passwordless authentication—secure and user-friendly alternatives to traditional passwords such as passkeys and biometric verification.

Stay tuned for more information about this process, including FAQs and training, coming soon.

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Clinical Corner

Corrected Claims, Inquiries and Appeals

Corrected Claims

A corrected claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information, etc.). A corrected claim is not an inquiry or appeal.

How do I submit a corrected claim?

Corrected claims should be submitted electronically to help expedite processing. ***Dental providers should use HIPAA transaction 837D and indicate "corrected claim" in the Remarks section.***

Inquiries

An inquiry is an informal request to review a claim and explain it was processed or paid a certain way. An inquiry could stem from questions about a variety of issues, including authorizations, frequency/accumulation calculations, rejections/automatic denial determinations, clinical records and procedure codes.

How do I submit an inquiry?

Claims should be submitted electronically through CareFirst Direct. To do so, go to the Claims Status Summary page and select **Submit a Claims Inquiry**.

- An inquiry is informal and **not** subject to state laws that govern the appeals procedures.
- You have 180 days (6 months) from the date of the Explanation of Benefits (EOB) or adverse decision to submit an inquiry.
- Please allow 30 days for a response to an inquiry.

For more detailed information on claims inquiries, please review [Claim Inquiries for Dental Providers](#) on the [Learning and Engagement Center](#).

Appeals

An appeal is a formal, written request to CareFirst for reconsideration of a medical or contractual adverse decision. When CareFirst processes a claim and rejects it, providers may appeal the rejection in writing within 180 days of the decision. Appeals must be submitted in a letter on the provider's office letterhead.

How do I submit an appeal?

Providers may appeal an adverse benefit determination based on medical necessity, appropriateness, or denial of experimental/investigational or cosmetic procedures. The appeal letter must describe the reason(s) for the appeal and the clinical justification for the request.

Please include the following information on the letter:

- Patient's first and last name
- Identification number
- Claim number
- Admission and discharge dates (if applicable) or date(s) of service
- A copy of the original claim or EOB denial information and/or denial letter/notice
- Supporting clinical notes or clinical records including lab reports, x-rays, treatment plans, progress notes, etc.

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Submitting X-Rays for Crowns

When submitting a claim or pre-treatment estimate (PTE) for multiple crowns, please include a pre-operative prior authorization x-ray taken within the last six months. Panorex images may not provide sufficient detail for an accurate assessment of periapical health.

Electronic attachments are recommended for optimal image quality. Attachments sent through the mail are scanned, which can reduce image quality below the standard required by our consultants. Visit our current e-attachment vendor capabilities at carefirst.com/dentaedi.

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Holiday Closings

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

- Thursday, June 19—Juneteenth
- Friday, July 4—Independence Day
- Monday, September 1—Labor Day

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 questions.

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BlueLink

Medical Provider Newsletter

Check out our *BlueLink* medical newsletter that publishes every two months on our [Provider website](#). From the [newsletter page](#), select *BlueLink* from the menu on the left to display links to the publications.