

DENTAL ELECTRONIC CLAIMS SUBMISSION

Adopting an electronic claims administrative process can help you track your claims submissions, save on administrative costs and take advantage of the fastest, most efficient way to reconcile your patients' accounts.

How to get started

1. Register your National Provider Identifier (NPI)

Visit [here](#) to learn how to obtain an NPI and submit it to CareFirst BlueCross BlueShield (CareFirst). Without your NPI, your claims will be delayed or rejected.

2. Enroll in Electronic Claims Submission

Contact one of our preferred clearinghouses:

- [DentalXChange](#) at 800-576-6412, ext. 455 for enrollment services
- [Vyne Dental](#) at 463-444-7547

3. Enroll in Electronic Attachment Capabilities with your Clearinghouse

CareFirst has worked with the following vendors to provide easy access to electronic attachment capabilities:

- [DentalXChange](#) at 800-576-6412, ext. 452 for support and ext. 455 for enrollment services
- [NEA FastAttach™](#) through [Vyne Dental](#) at 463-444-7547

4. Enroll in Electronic Remittance Advice (ERA)

If you are submitting claims electronically, you can receive payment details through an Electronic Remittance Advice (ERA-835). Once enrolled, your ERA-835 will be delivered by your clearinghouse. You can also access PDF copies of your voucher on [CareFirst Direct](#). To set up ERA for your office, contact any of our preferred clearinghouses to initiate enrollment.

- [DentalXChange](#) at 800-576-6412, ext. 452 for support and ext. 455 for enrollment services
- [Vyne Dental](#) at 463-444-7547

5. Elect to receive direct deposits from CareFirst via Electronic Funds Transfer (EFT)

If you are submitting claims electronically and receiving an ERA, you can also take advantage of Electronic Funds Transfer (EFT). With EFT enrollment, CareFirst will discontinue the delivery of your paper remittance notice.

- [Availity](#) at 800-AVAILITY (800-282-4548)
Availity is only available when providers use it as a claim submission clearinghouse.



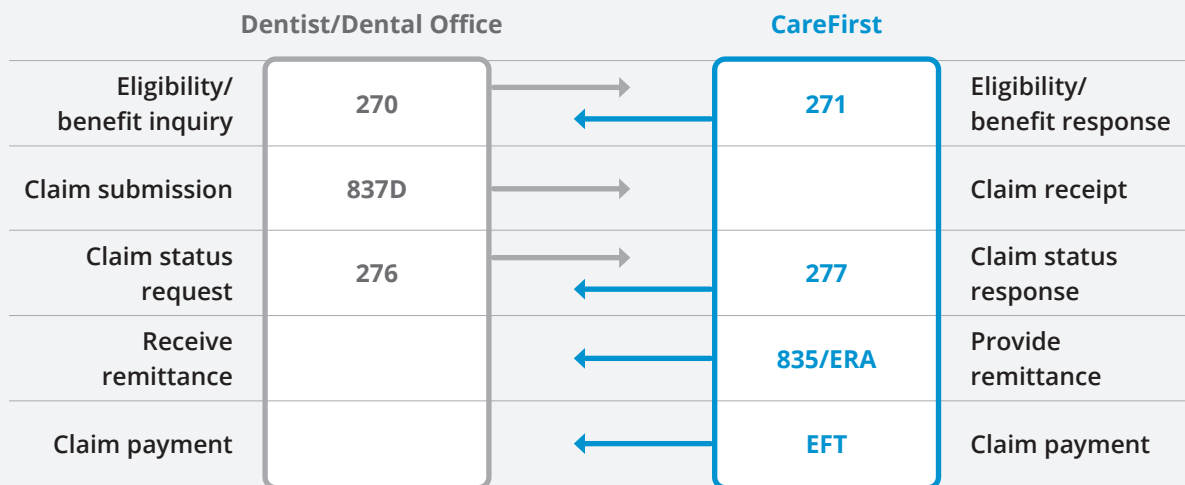
Helpful Tips for Submitting Electronic Claims

- Fill in all required fields. Any claim missing HIPAA required information will get returned to the provider via an Error Report provided by your clearinghouse.
- The three-letter prefix preceding the member identification number should be included on all electronic claim submissions. Example: XWG9016543789.
- The CareFirst Dental Payer Code is 00580.



To enroll, contact your clearinghouse and inform them you would like to begin using HIPAA transactions to coordinate your patients' care with your practice management systems.

More Good News—You can find the same data from these transactions on [CareFirst Direct](#). Benefits, eligibility, claim status, and even remittance (copies of your NOPs) are available and accessible on your provider portal.



- **Patient Eligibility Benefits Information (270/271)**—This transaction set is used to verify patients' dental coverage, benefits and patient responsibilities, such as deductibles, coinsurance, copays, etc.
- **Dental Claim (837D)**—This transaction is used to submit claims without the administrative cost and effort of stamps or paperwork. If a claim is missing HIPAA required data, the 837D gets returned to your practice management system in an error report provided by your clearinghouse that details the missing or incorrect information.
- **Health Care Claim Status Request and Response (276/277)**—Dental offices can learn the status of accepted claims instantly using a secure electronic look-up tool.
- **Electronic Remittance Advice (835)**—The 835 transaction, or Electronic Remittance Advice (ERA) includes the payment details, Health Insurance Portability and Accountability Act (HIPAA) adjustment reason codes and HIPAA remark codes necessary for you to reconcile your patient accounts. The ERA is created and sent by CareFirst to providers once claims have been adjudicated, and it replaces the Notice of Payment (NOP) you would normally receive in the mail.
- **Electronic Funds Transfer (EFT)**—Enrollment in electronic claims payments enables your practice to receive claims reimbursement via direct deposit instead of waiting on paper checks to arrive in the mail. This transaction is only available to providers who have also enrolled in the 835/ERA transaction.

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