

DENTAL NETWORK



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*

AGENDA

- Dental Plans
- Dental GRID
- Eligibility, Benefits and Claims
- Credentialing
- 2023 Coding Updates



DENTAL PLANS



DENTAL PLANS

BlueCross BlueShield of South Carolina Dental Umbrella

BlueDentalSM

- Small Group
- Major Group
- Student Health Plan

BlueChoice[®] HealthPlan

- Business Advantage
- CarolinaADVANTAGE

**BlueCross TotalSM Medicare Advantage
Blue Secure Dental – New for 2023**

Federal Employee Program (FEP)

- Medical
 - Basic
 - Standard
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
 - BCBS FEP Dental

SC Public Employee Benefit Authority (PEBA)


- State Dental
- State Dental Plus

BCBS Dental GRID


Companion Life Dental

DENTAL PLANS



Commercial plans


 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME	_____
Member ID XXX123614046483	_____
PLAN PLAN CODE	DENTAL 380

www.SouthCarolinaBlues.com	

 South Carolina	www.SouthCarolinaBlues.com Customer Service: 1-800-922-1185
	BlueCross BlueShield of South Carolina P.O. Box 6600 Greenville, SC 29606-6000 An independent licensee of the Blue Cross and Blue Shield Association.
D8	

Sample Commercial - Dental Only ID Card

 South Carolina	
SUBSCRIBER'S FIRST NAME SUBSCRIBER'S LAST NAME	_____
Member ID XXX123456789012	_____
RxBIN RxGRP	021684 BXMN
MAMMOGRAPHY NETWORK	GRID+
www.SouthCarolinaBlues.com	

 South Carolina	www.SouthCarolinaBlues.com
Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital outpatient procedures and all hospital inpatient admissions. MRI/MRA/PET/CT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration.	Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate: 855-638-5839 Percertification: 800-334-7287 Mental Health and Substance Abuse Percertification: 800-868-1032 EyeMed: 866-939-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Percertification: 877-440-0089
Report all emergency admissions within 24 hours.	
Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202	
MXX	An independent licensee of the Blue Cross and Blue Shield Association.

Sample Commercial - Medical and Dental ID Card

DENTAL PLANS

Commercial plans

- There are some dental plans that use a network of participating providers, while other plans do not.
 - Members are always encouraged to select in-network providers.
 - Members that use out-of-network providers will be responsible for all charges exceeding the schedule of dental allowances
- Coverage levels include:
 - Preventive care
 - Restorative care
 - Major restorative care
 - Implant services (coverage varies per plan)
 - Orthodontic care (coverage varies per plan)

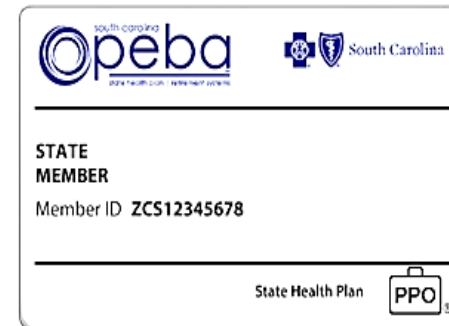
DENTAL PLANS

State plans: Basic Dental

- SC Public Employee Benefit Association (PEBA) uses BlueCross BlueShield of South Carolina as an administrator for their dental plans.
- Benefits are divided into four classes:
 1. Diagnostic and preventive services
 2. Basic dental services
 3. Prosthodontics
 4. Orthodontics

Note: A \$1,000 benefit period maximum applies to classes 1-3.

- Covered services are paid based on its schedule of dental procedures and allowable charges.



DENTAL PLANS

State plans: Dental Plus

- Members with the Dental Plus plan will have **State Dental Plus** on their ID card.
- Dental Plus is a supplement to the Basic Dental plan and provides an additional \$1,000 benefit period maximum for classes 1-3.
- Dental Plus provides a higher level of reimbursement for services that the Basic Dental plan covers.
 - Reimbursement is based on the commercial negotiated rate with BlueCross BlueShield of South Carolina.
- Dental Plus members utilize the BlueCross BlueShield of South Carolina Network for in-network benefits.



South Carolina



STATE MEMBER

Member ID **ZCS12345678**

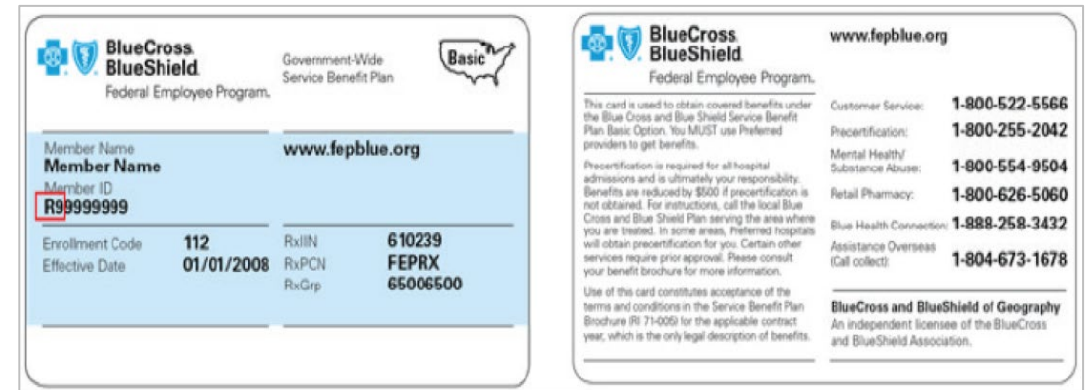
GRID+

State Dental Plus

DENTAL PLANS

Federal Employee Program (FEP): Basic Option

- Members have a \$30 copay for evaluations. If members have Medicare Part B or a FEDVIP plan, the copay is waived and the FEDVIP plan covers it.
- FEP pays any balance up to the BlueCross Preferred Blue Participating Dental allowance.
- Basic members must use preferred dentists to receive benefits.
- If a service is not covered by FEP Basic, in-network providers can charge their usual and customary charge.



The image shows a BlueCross BlueShield Federal Employee Program (FEP) Basic Option ID card. The card is divided into two main sections. The left section contains member information: Member Name (www.fepblue.org), Member ID (R99999999), Enrollment Code (112), Effective Date (01/01/2008), Rx/IN (610239), Rx/PCN (FEPRX), and Rx/Grp (65006500). The right section contains contact information: Customer Service (1-800-522-5566), Precertification (1-800-255-2042), Mental Health/Substance Abuse (1-800-554-9504), Retail Pharmacy (1-800-626-5060), Blue Health Connection (1-888-258-3432), and Assistance Overseas (1-804-673-1678). It also includes a disclaimer about pre-certification and a note about the card's legal status.

BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan		Basic	
Member Name	www.fepblue.org				
Member ID	R99999999				
Enrollment Code	112	Rx/IN	610239		
Effective Date	01/01/2008	Rx/PCN	FEPRX		
		Rx/Grp	65006500		

BlueCross BlueShield
Federal Employee Program.

www.fepblue.org

This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits.

Precertification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if precertification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain precertification for you. Certain other services require prior approval. Please consult your benefit brochure for more information.

Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R 71-005) for the applicable contract year, which is the only legal description of benefits.

Customer Service: **1-800-522-5566**
Precertification: **1-800-255-2042**
Mental Health/
Substance Abuse: **1-800-554-9504**
Retail Pharmacy: **1-800-626-5060**
Blue Health Connection: **1-888-258-3432**
Assistance Overseas
(Call collect): **1-804-673-1678**

BlueCross and BlueShield of Geography
An independent licensee of the BlueCross and BlueShield Association.

DENTAL PLANS

Federal Employee Program (FEP)

Basic Option

Covered Service	FEP Pays	Member Pays
Clinical Oral Evaluations		
Periodic oral evaluation*		
Limited oral evaluation		
Comprehensive oral evaluation*		
*Benefits are limited to a combined total of two evaluations per person per calendar year	Preferred: All charges in excess of member's \$30 copayment	Preferred: \$30 copayment per evaluation
Diagnostic Imaging		
Intraoral – complete series including bitewings (limited to one complete series every three years)		
Preventive	Participating/Non-participating: Nothing	Participating/Non-participating: Member pays all charges
Prophylaxis – adult (up to two per calendar year)		
Prophylaxis – child (up to two per calendar year)		
Topical application of fluoride or fluoride varnish – for children only (up to two per calendar year)		
Sealant – per tooth, first and second molars only (once per tooth for children up to age 16 only)		
Not covered: Any service not specifically listed above	Nothing	All charges

DENTAL PLANS

Federal Employee Program (FEP): Standard Option

- Members have no deductibles, copays or coinsurance.
- Members pay the difference between the fee schedule amount and the BlueCross Participating Dental allowance while using preferred dentists.
 - When using non-preferred dentists, members pay all charges in excess of the listed fee schedule.
- If a service is not covered by FEP Standard, both in and out-of-network providers can charge their usual and customary charge.

 BlueCross BlueShield Federal Employee Program.	GovernmentWide Service Benefit Plan		www.fepblue.org
Member Name Member Name	www.fepblue.org		
Member ID R99999999			
Enrollment Code 104	RxIIN 610239	RxPCN FEPRX	
Effective Date 01/01/2008	RxGp 65006500		
<small>This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits. Preauthorization is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if preauthorization is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain preauthorization for you. Certain other services require prior approval. Please consult your benefits brochure for more information. Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R 71-005) for the applicable contract year, which is the only legal description of benefits.</small>			
		Customer Service:	1-800-522-5566
		Preauthorization:	1-800-255-2042
		Mental Health/ Substance Abuse:	1-800-554-9504
		Retail Pharmacy:	1-800-626-5060
		Blue Health Connection:	1-888-258-3432
		Assistance Overseas (Call collect):	1-804-673-1678
		BlueCross and BlueShield of Geography An independent licensee of the BlueCross and BlueShield Association.	

DENTAL PLANS

Federal Employee Program (FEP) Standard Option

Covered Service	FEP Pays		Member Pays
	To Age 13	Age 13 and Over	
Clinical Oral Evaluations			In Network The difference between the amounts listed to the left and the BlueCross Participating Dental Allowance
Periodic oral evaluation (up to two per person per calendar year)	\$12	\$8	
Limited oral evaluation	\$14	\$9	
Comprehensive oral evaluation	\$14	\$9	
Detailed and extensive oral evaluation	\$14	\$9	
Diagnostic Imaging			Out of Network All charges in excess of the scheduled amounts listed to the left.
Intraoral complete series	\$36	\$22	
Palliative Treatment			
Palliative treatment of dental pain – minor procedure	\$24	\$15	Out of Network All charges in excess of the scheduled amounts listed to the left.
Protective restoration	\$24	\$15	
Preventive			
Prophylaxis – adult (up to 2 per person per calendar year)	---	\$16	
Prophylaxis – child (up to 2 per person per calendar year)	\$22	\$14	Out of Network All charges in excess of the scheduled amounts listed to the left.
Topical application of fluoride or fluoride varnish (up to two per person per calendar year)	\$13	\$8	
Not covered: Any service not specifically listed above	Nothing	Nothing	

DENTAL PLANS

Federal Employee Program (FEP): Blue Focus

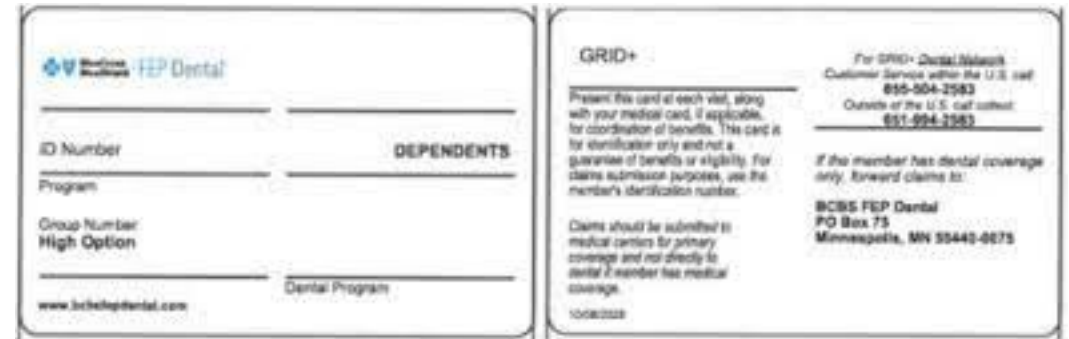
- Members with a Blue Focus plan do not have dental benefits directly with their plan.
- Members would need BCBS FEP Dental or another Federal Employees Dental and Vision Insurance Program (FEDVIP) for dental benefits.
- Claims would need to be filed directly to the FEDVIP plan.



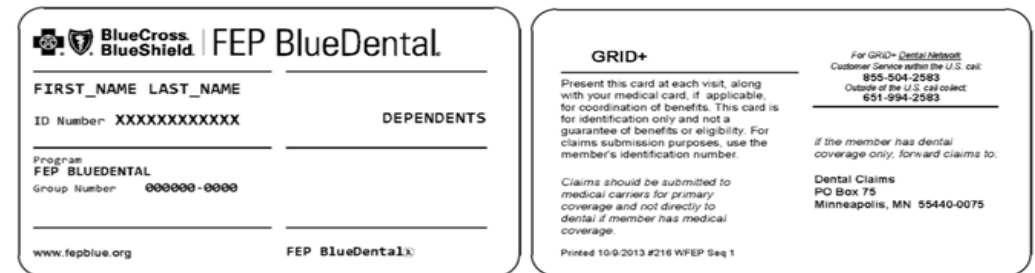
DENTAL PLANS

Federal Employee Program (FEP): BCBS FEP Dental

- On Jan. 1, 2021, FEP BlueDental became Blue Cross Blue Shield (BCBS) FEP Dental.
- Members covered by FEP Basic Option medical plan and BCBS FEP Dental will not be responsible for the annual deductible when using an in-network provider.
- In accordance with Federal law, always file medical first if the member has dental benefits under their medical plan.



Sample of new BCBS FEP Dental ID Card



Sample of old FEP BlueDental ID Card

Note: Existing members may have an ID card with the previous name, FEP BlueDental listed (as seen in the samples). New ID cards are not being issued to all existing members.

DENTAL PLANS

Federal Employee Program (FEP)

BCBS FEP Dental

	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)	\$0	10% COINS	\$0	40% COINS
Class B (Intermediate) services (e.g., oral surgery, fillings, gum scaling)	30% COINS	40% COINS	45% COINS	60% COINS
Class C (Major) services (e.g., crowns, bridges, root canals, dentures)	50% COINS	60% COINS	65% COINS	80% COINS
Class D (Orthodontics) services (Adults and children)	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$2,500 lifetime maximum per person	50% COINS up to \$2,500 lifetime maximum per person
Annual Deductible Class A, B and C services (Does not include Class D services)	\$0	\$50 per person	\$0	\$75 per person
Annual Maximum Class A, B and C services (Does not include Class D services)	No benefit limit	\$3,000 per person	\$1,500 per person	\$750 per person

DENTAL PLANS

Medicare Advantage

- BlueCross TotalSM
- Total ValueSM
- Blue BasicSM

		BlueCross PPO Dental Benefit Highlights			
		Service	In-Network	Visits (per year)	Out-of-Network
Preventive Dental	Oral exams Cleanings		\$0	2	50% COINS
	Dental x-rays		\$0	1	50% COINS
Comprehensive Dental* (Non-Medicare covered services)	Restorative Endodontics Extractions fillings, Prosthodontics bridges)	Anesthesia Other oral/maxillofacial surgery Other services (e.g., deep cleanings, crowns, root canal, dentures,			50% COINS (INN and OON)
Annual Maximum (Per member, per year)	BlueCross Total: \$3,000 (Comprehensive and preventive combined) Total Value: \$2,000 (Comprehensive and preventive combined) Blue Basic: \$1,000 (Comprehensive and preventive combined)				

*SC Blue Dental Network

DENTAL PLANS

Blue Secure

The Blue Secure dental plan begins Jan. 1, 2023.

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	19 or older			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 Individual and \$150 Family		\$50 Individual and \$150 Family	
Annual Maximum (Coverage limit)	\$1,500		\$1,000	
Class I – Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II – Basic and Restorative*	30% COINS (after six months)	50% COINS (after six months)	50% COINS (after six months)	70% COINS (after six months)
Class III – Major Procedures**	50% COINS (after 12 months)	70% COINS (after 12 months)	70% COINS (after 12 months)	Not covered
Class IV – Orthodontia Services	Not covered			
Maximum Out-of-Pocket	N/A			

* 6 month waiting period | ** 12 month waiting period

DENTAL PLANS


Blue Secure (cont'd)


	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	Under 19 years old			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 per child	\$100 per child	\$50 per child	\$100 per child
Annual Maximum (Coverage limit)	No limit			
Class I – Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II – Basic and Restorative	30% COINS	50% COINS	40% COINS	60% COINS
Class III – Major Procedures	50% COINS	60% COINS	50% COINS	60% COINS
Class IV – Orthodontia Services (Prior authorization required)	50% COINS		50% COINS	
Maximum Out-of-Pocket per child	\$375	\$750	\$375	\$750
Maximum Out-of-Pocket total (All children)	\$750	\$1,500	\$750	\$1,500

DENTAL PLANS

Blue Secure (cont'd)

Sample ID card.

	South Carolina
Member Name	DENTAL ONLY
DTEST HTEST	
Member ID	
100010514534	
<hr/>	
www.SouthCarolinaBlues.com	

	South Carolina	www.SouthCarolinaBlues.com
Dental – Please submit claims to: P.O. Box 100300, Columbia SC 29202		Claims: 800-222-7156 Enrollment and Billing: 855-404-6752
<hr/>		<hr/>
		BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross Blue Shield Association.
<hr/>		<hr/>
X21		

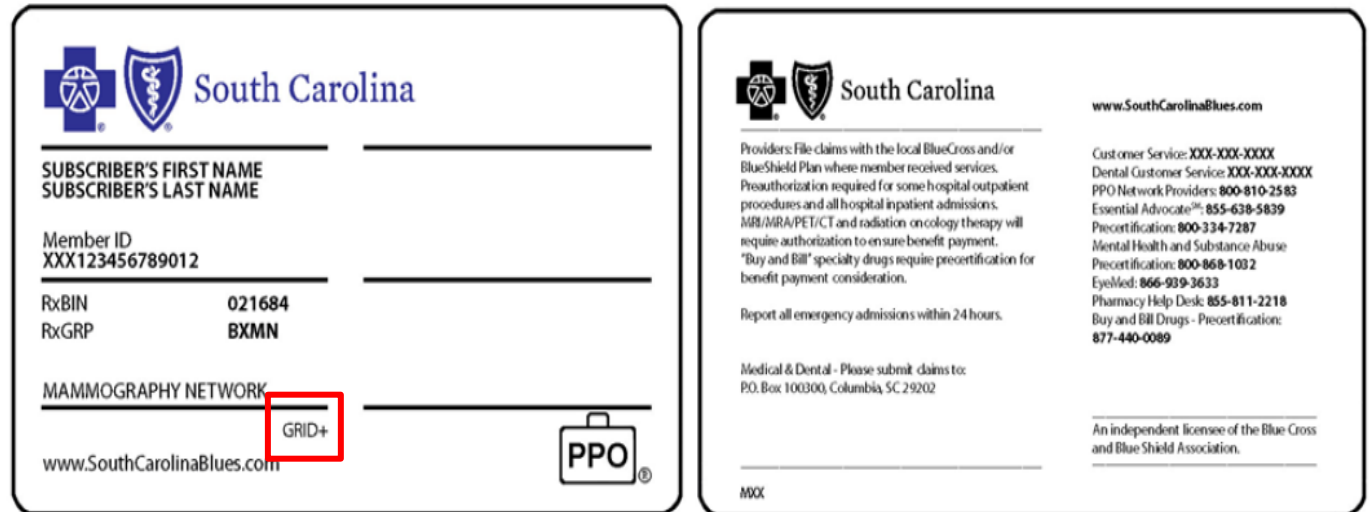


DENTAL GRID



DENTAL GRID

- Dental GRID allows dentists to see members from other participating BlueCross BlueShield plans at the local plan's reimbursement levels.
- Our participating providers' reimbursement levels or provider agreements will not change when treating GRID members.
- Members in this program can be recognized by the work **GRID** or **GRID+** on their ID card.



The image shows two sample ID cards for South Carolina BlueCross BlueShield. The left card is a Medical ID Card with fields for subscriber name, member ID (XXX123456789012), RxBIN (021684), RxGRP (BXMN), and MAMMOGRAPHY NETWORK (GRID+). The right card is a Dental ID Card with contact information for providers, customer service, and dental services. Both cards include the South Carolina logo and the PPO logo.

Field	Value
Member ID	XXX123456789012
RxBIN	021684
RxGRP	BXMN
MAMMOGRAPHY NETWORK	GRID+

www.SouthCarolinaBlues.com

Medical & Dental - Please submit claims to:
P.O. Box 100300, Columbia, SC 29202

Customer Service: XXX-XXX-XXXX
Dental Customer Service: XXX-XXX-XXXX
PPO Network Providers: 800-810-2583
Essential Advocate™: 855-638-5839
Precertification: 800-334-7287
Mental Health and Substance Abuse
Precertification: 800-868-1032
EyeMed: 866-939-3633
Pharmacy Help Desk: 855-811-2218
Buy and Bill Drugs - Pre-certification:
877-440-0089

An independent licensee of the Blue Cross and Blue Shield Association.

Sample Commercial - Medical and Dental ID Card

DENTAL GRID

Participating plans

Anthem Insurance Companies, Inc.		
Anthem Blue Cross of California	Anthem Blue Cross and Blue Shield of Colorado	Anthem Blue Cross and Blue Shield of Connecticut
Blue Cross and Blue Shield of Georgia	Anthem Blue Cross and Blue Shield of Indiana	Anthem Blue Cross and Blue Shield of Kentucky
Anthem Blue Cross and Blue Shield of Maine	Anthem Blue Cross and Blue Shield of Missouri	Anthem Blue Cross and Blue Shield of Nevada
Anthem Blue Cross and Blue Shield of New Hampshire	Empire Blue Cross and Blue Shield of New York	Anthem Blue Cross and Blue Shield of Ohio
Anthem Blue Cross and Blue Shield of Virginia	Anthem Blue Cross and Blue Shield of Wisconsin	
Health Care Service Corporation (HCSC)		
Blue Cross and Blue Shield Illinois	Blue Cross and Blue Shield Montana	Blue Cross and Blue Shield New Mexico
Blue Cross and Blue Shield Oklahoma	Blue Cross and Blue Shield Texas	
Other		
Blue Cross and Blue Shield of Arizona	Blue Cross and Blue Shield of Kansas	Blue Cross and Blue Shield of Kansas City
Blue Cross and Blue Shield of Massachusetts	Blue Cross and Blue Shield of Nebraska	Blue Cross and Blue Shield of Vermont (CBA Blue)
BlueCross BlueShield of North Carolina	BlueCross BlueShield of Tennessee	BlueCross of Idaho
BlueCross & BlueShield of Western/ BlueShield of Northeastern New York	Capital Blue Cross (Central PA)	CareFirst Blue Cross and Blue Shield (Maryland/District of Columbia)
Excellus BlueCross BlueShield (Rochester NY)	Horizon Blue Cross and Blue Shield of New Jersey	Wellmark Blue Cross and Blue Shield of Iowa



ELIGIBILITY, BENEFITS AND CLAIMS



ELIGIBILITY, BENEFITS AND CLAIMS

Verifying eligibility and benefits

Use My Insurance ManagerSM (MIM) to verify eligibility and benefits or contact customer service.

Plan	Provider Services Voice Response Unit	Fax
Commercial Dental Plans	800-222-7156 (Columbia center) 800-922-1185 (Greenville center)	803-264-7629
State Basic Dental and Dental Plus	888-214-6230 803-264-3702 (Columbia area)	803-264-7739
BCBS FEP Dental	855-504-2583	803-264-6763
FEP Dental (Medical)	800-444-4325	
BlueCross Total SM , Total Value SM and Blue Basic SM	800-222-7156	803-264-7629

ELIGIBILITY, BENEFITS AND CLAIMS

Filing dental claims under medical benefits

- Use an 837P format with the accurate diagnosis code when rendering oral surgical services under State Dental and health plans.
- The following codes should always be filed to State Medical first:
 - Impacted teeth
 - D7220-D7251
 - Other surgical procedures
 - D7260, D7261, D7285, D7286
 - Excision or lesions
 - D7410-D7415
 - Remove of tumors, cysts, and neoplasms
 - D7440-D7465
 - Excision of bone tissue
 - D7471-D7490
- For BCBS FEP Dental, always file claims to the medical plan first if the member has dental benefits under their medical plan.

ELIGIBILITY, BENEFITS AND CLAIMS

Filing orthodontic claims electronically

- Submit one line with banding fee code (D8080-D8090) and the charge.
- Submit one line with the monthly adjustment code (D8670), the total months of treatment, and the total charge.
 - Do not file the claim each month
 - Payments are automatically sent until one or more of the following apply:
 - The patient exhausts his or her lifetime benefit maximum
 - The patient's dental coverage is terminated
 - The patient reaches the maximum age allowed for services under his or her policy
 - **For a transfer care**, submit one line with the monthly adjustment code, total months of the remaining treatment, and the total remaining charge.

ELIGIBILITY, BENEFITS AND CLAIMS

General guidelines for filing dental claims

Dental Plan	Claims Filing Procedures
Commercial and Medicare Advantage	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. If applicable, mail paper claims to the mailing address on the back of the member's ID card. Timely filing varies. Verify when checking eligibility and benefits.
Dental GRID	Send claims to the mailing address on the member's ID card.
BCBS FEP Dental	Submit all claims to the member's primary medical plan first. See the member's medical ID card for submission. Timely filing is December 31 of the year following the year of service.
State Basic Dental and State Dental Plus	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. Timely filing is 24 months from date of service. Do not file a separate claim for Dental Plus members.

ELIGIBILITY, BENEFITS AND CLAIMS

National Electronic Attachment (NEA)



Get Paid Faster! Use *FastAttach*TM Electronic Claim Attachments.

What is FastAttach?

FastAttach from NEA Powered by Vyne® is a compliant, HITRUST CSF Certified solution for submitting electronic claim attachments and supporting documentation required for claim adjudication. *FastAttach* eliminates manual, paper-based processes related to requests for supporting claim documentation and enhances denial tracking for dental providers. Say "goodbye" to claim processing delays and get reimbursements flowing with *FastAttach*.

Improve claim adjudication times by electronically transmitting:

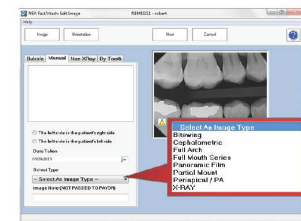
- X-rays
- Perio charts
- EOBs
- Narratives
- Pre-treatment estimates
- Secondary insurance information
- Any other documentation required to adjudicate a dental claim.

It automatically populates claim data eliminating the need for time consuming manual data entry. *FastAttach* is an encrypted, internet based software and meets industry security requirements. Additionally, *FastAttach* interfaces with most major dental practice management systems and clearinghouses to further streamline your practice's workflow.

How does FastAttach work?

FastAttach is easy to setup and use. Once a request is received for additional documentation, the user simply needs to import, upload, scan or capture the image and attach it to the electronic request. *FastAttach* supports the widest variety of image acquisition

methods in the industry including: screen capture, file import, scanner and secure mobile device capture through our patented *FasKapture* app for iOS® and Android®.



Easily attach X-rays or other required supporting documentation.

Once the image is captured in *FastAttach*, the user simply transmits the image to the NEA repository. NEA immediately sends a report back to the practice with an NEA Attachment Tracking Number for each file. The user places the NEA Tracking Number in the remarks or NTE section of the claim and sends the claim electronically through their claims clearinghouse.

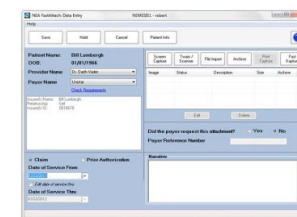
Easy to Use & Access

- Simple, easy to read screens
- Minimal training required
- 24/7 secure, online access to your images
- Enables image sharing with other providers
- Works well for solo offices, multiple locations, multi-specialty clinics and more



Take advantage of the BCBS South Carolina Promo. Mention code: **BCBSSCRZ2M** & get **TWO** months **FREE**, plus \$0 Registration - a \$278 savings. Expires 1/31/2020

Call today to get started, 800 782 5150, option 2, nea-fast.com



The Data Entry screen provides a simple interface for completing all of the attachment requirements.

Unparalleled Customer Service

- UNLIMITED FREE customer service and support
- Online chat support tool
- Experienced, knowledgeable support staff
- Refresher training for staff at no additional cost

Get Started Fast

- Minimal up-front costs - low monthly fee
- Rapid implementation (most take <1 hour)
- Compatible with most dental practice management systems and clearinghouses

Easily view payer requirements

The *FastAttach* subscription also includes *FastLook*, an integrated solution that provides individual payer attachment requirements for claims adjudication. With *FastLook*, providers can search by payer name and procedure code to determine if an attachment needs to be sent and if so, the exact parameters of what needs to be sent. Knowing this up-front eliminates the hassle of sending unnecessary attachments and saves time.

Communicate with Confidence Using Vyne Connect Encrypted Email

Did you know that sending emails that contain Protected Health Information (PHI) without using an encrypted email service to do so, could put you at risk for HIPAA violations and could even make your business a prime target for a cybersecurity breach?

NEA is attuned to your compliance needs. That's why every *FastAttach* subscription also includes access to our exclusive **Vyne Connect** encrypted email service. Improve the security of communications you send patients, payers and other providers by using Vyne Connect encrypted email exchange. It's simple to use and works with your existing email service, so no need to setup new email accounts. **Contact NEA to learn more - 800-782-5150, NEA option 2.**

Start sending **unlimited claim attachments electronically** to over 750 dental plans and payers with *FastAttach* and get the exclusive **Vyne Connect encrypted email service** - all for only **\$39 per month per office location***!

Call or register online now and **save \$278** with promo code **BCBSSCRZ2M** at: (800) 782-5150, opt. 2 or www.nea-fast.com.

*Each dental practice/office location submitting claim attachments is required to have its own FastAttach subscription and NEA Facility ID. Separate registration is required for each office location. Offices wishing to register more than one location, please contact NEA Sales for registration assistance. Vyne Connect email service includes up to 5 email accounts/business per NEA Facility ID. Monthly fees begin after any promotional period expires. Monthly service may be cancelled at any time.

100 Ashford Center North, Suite 300, Dunwoody, GA 30338 | 800 782 5150 | nea-fast.com

NEA VYNE SA OVERVIEW #R6AW05-02919

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Note: All dental insurance plans utilizes NEA, except for Federal Employee Program (FEP).



CREDENTIALING



CREDENTIALING

Participating dental network

- Plans that use the Participating Dental Network include:
 - Commercial plans
 - Medicare Advantage plans
 - State Dental Plus
 - Companion Life Dental
 - FEP Basic, Standard, and BCBS FEP Dental
 - GRID members
- Visit www.SouthCarolinaBlues.com

Providers>Provider Enrollment>My Provider Enrollment Portal



Individual Provider Enrollment

For Providers wanting to enroll with BlueCross BlueShield of South Carolina and BlueChoice HealthPlan.

Note: This application applies to medical, dental, and mid-level providers.

ENROLL



2023 CODING UPDATES



2023 CODING UPDATES

Deleted CDT Codes

Code	Description
D0351	3D photographic image
D0704	3-D photographic image – image capture only

2023 CODING UPDATES

New CDT Codes

Code	Description
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images
D0373	Intraoral tomosynthesis – bitewing radiographic image
D0374	Intraoral tomosynthesis – periapical radiographic image
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – image capture only
D0388	Intraoral tomosynthesis – bitewing radiographic image – image capture only
D0389	Intraoral tomosynthesis – periapical radiographic image – image capture only
D0801	3D dental surface scan – direct
D0802	3D dental surface scan – indirect
D0803	3D facial surface scan – direct
D0804	3D facial surface scan – indirect
D1781	Vaccine administration – human papillomavirus – Dose 1

Note: The new ADA CDT codes may or may not be covered as plan coverage varies by product or group benefits. To determine benefit coverage, please submit a preauthorization or call the number on the back of the member's ID card.

2023 CODING UPDATES

New CDT Codes

Code	Description
D1782	Vaccine administration – human papillomavirus – Dose 2
D1783	Vaccine administration – human papillomavirus – Dose 3
D4286	Removal of non-resorbable barrier
D6105	Removal of implant body not requiring bone removal or flap elevation
D6106	Guided tissue regeneration – resorbable barrier, per implant
D6107	Guided tissue regeneration – non-resorbable barrier, per implant
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
D7509	Marsupialization of odontogenic cyst
D7956	Guided tissue regeneration, edentulous area – resorbable barrier, per site
D7957	Guided tissue regeneration, edentulous area – non-resorbable barrier, per site
D9953	Reline custom sleep apnea appliance (indirect)

Note: The new ADA CDT codes may or may not be covered as plan coverage varies by product or group benefits. To determine benefit coverage, please submit a preauthorization or call the number on the back of the member's ID card.