Section 26

Dental Networks, Products, and Benefits

Contents

Dental Networks – Overview

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers members a wide range of options for dental coverage. Below is a brief overview of the networks and which product lines they service.

AZ Blue BlueDental℠ networks

- **BlueDental PPO Network**
  Participation in this network requires an AZ Blue provider participation agreement with a dental services reimbursement exhibit. Reimbursement is based on the AZ Blue dental PPO fee schedule. BlueDental PPO providers are considered in-network for:
  - AZ Blue stand-alone BlueDental PPO plans with member ID prefixes 99D and MUM (includes preventive and enhanced PPO plans)
  - Benefit plans using the BCBS National Dental GRID networks: All AZ Blue BlueDental PPO providers are part of the BCBS GRID/GRID+ networks (administered by DeCare). These networks are used for the following types of members (GRID or GRID+ will be indicated on the back of the ID card):
    - Members with BlueCard® (out-of-area) dental plans
    - Members with BCBS FEP Dental® stand-alone plans (member ID prefix is F) offered through the Federal Employees Dental and Vision Insurance Program (FEDVIP)
- **BlueDental Prime Network**
  BlueDental PPO providers may also participate in the AZ Blue BlueDental Prime exclusive (narrow) network.
  - This network is used for stand-alone BlueDental Prime plans.
  - A subset of BlueDental Prime network providers are considered in-network for dental benefits covered under Medicare Advantage plans.
- **BlueDental DHMO Network**
  The BlueDental DMHO Network is used for BlueDental DHMO stand-alone plans. Participation requires a separate provider participation agreement.

AZ Blue medical networks

Dental providers must be contracted for the medical network associated with the member's benefit plan to be eligible to provide dental services covered under that plan. This includes oral surgery services and services covered by ACA individual/family and small group medical plans that include dental benefits for members up to age 19. Reimbursement is based on your dental contract, using the applicable AZ Blue fee schedule.

Federal Employee Program® (FEP®) dental networks

- **FEP Dental Network** (administered by AZ Blue)
  Providers in the FEP Dental Network are considered "preferred" or in-network for FEP benefit plans (dental benefits are included in Standard and Basic Options only). Participation is optional for dental providers in the BlueDental PPO Network.
- **Blue Cross Blue Shield (BCBS) FEP Dental® Network** (also known as the GRID+ Dental Network, administered by DeCare)
  For BCBS FEP Dental stand-alone plans, all AZ Blue BlueDental PPO network providers are considered in-network. The member ID card back displays GRID+.

Dental Networks – Overview

National Access

Some benefit plans offer national coverage, using various dental networks.

- BCBS Plans may offer access to the national GRID+ Dental network (all BlueDental PPO providers are considered in-network) or another national network for coverage outside of the Plan's service area. Check the back of the ID card for information.
- AZ BlueDental PPO plans include access to the Connection Dental PPO Network and DenteMax networks for coverage outside of Arizona.
- AZ Blue medical plans that cover pediatric dental benefits include access to the DenteMax national network for coverage outside of the Arizona.

AZ Blue Dental Products and Networks – Quick Reference Guide (QRG)

TYPE OF PLAN	BENEFIT PLAN INFO	MEMBER ID PREFIX	NETWORK AND CONTRACTING	PLAN ADMINISTRATOR
AZ Blue Stand-Alone Commercial Dental Plans (separate dental ID card)	• **BlueDental PPO**	**99D, MUM**	**BlueDental PPO** 1-888-271-7806	**BlueDental Plan Administrator** azblue.com/bluedentalprovider 1-888-271-7806 Submit claims to AZ Blue: **EDI 53589** Claim and predetermination submissions that require **attachments** are *only* accepted electronically via DentalXchange, Vyne Dental, or Change Healthcare. If you can't use these services, mail a paper claim *with documentation to:* **AZ Blue BlueDental Claims** P.O. Box 211424 Eagan, MN 55121 Fax (claims only): 1-833-517-1939
	• **BlueDental Prime**	**99D**	**BlueDental Prime** exclusive network 1-888-271-7806	
	• **BlueDental DHMO**	**99D**	**BlueDental DHMO** 1-888-271-7806	
AZ Blue Medical Plans with dental benefits	• **Medical benefit plans** that cover oral surgery • **ACA medical plans** with embedded dental benefits for members up to age 19; Medical ID card displays **Pediatric Dental Benefits: YES**	**Various AZ Blue prefixes for medical plans**	**AZ Blue medical networks** (providers must be contracted for the network associated with the member's benefit plan) 1-888-271-7806	**AZ Blue** azblue.com/providers 602-864-4231 Submit claims to AZ Blue: **EDI 53589** *Paper claims:* **AZ Blue Claims** P.O. Box 2924 Phoenix, AZ 85062-2924
Federal Employee Program® (FEP®) Medical Plans (limited dental benefits)	Two FEP medical plans include limited dental benefits: • **Standard Option** • **Basic Option**	**R**	**FEP Dental Network** 1-888-271-7806	**AZ Blue** azblue.com/providers 1-800-345-7562 Submit claims to AZ Blue: **EDI 53589** *Paper claims :* **AZ Blue Claims** P.O. Box 2924 Phoenix, AZ 85062-2924
FEP Stand-Alone Dental Plans	BCBS FEDVIP coverage with separate dental ID card: • **High Option** • **Standard Option**	**F**	**BCBS FEP Dental® Network** (also known as GRID+ Dental Network; all AZ Blue BlueDental PPO providers are included) 1-888-271-7806	**BCBS FEP Dental** bcbsFEPdental.com 1-855-504-2583 **EDI Payer ID: BCAFD** *Paper claims:* **Dental Claims** P.O. Box 75 Minneapolis, MN 55440-0075
BlueCard® (Out-of-Area) Plans (for members from other BCBS Plans)	**Dental benefits** covered by medical plans and **stand-alone dental products**	**Varies**	**Varies** (BCBS GRID or other national network) 1-888-271-7806	**See back of member ID card** for specific information
AZ Blue Medicare Advantage (MA) Plans with dental benefits (separate ID card for dental)	• **Blue Best Life Plus** • **Blue Best Life Classic** • **BlueJourney**	**99D**	**BlueDental Prime** exclusive network 1-888-271-7806	**Send claims to AZ Blue: EDI 53589** *Paper claims:* **AZ Blue MA Dental Claims** P.O. Box 211424 Eagan, MN 55121 Fax (claims only): 1-833-517-1939

AZ Blue BlueDental Stand-Alone Benefit Plans

BlueDental administrator for AZ Blue dental stand-alone plans

All BlueDental PPO, Prime, and DHMO stand-alone benefit plans are administered by the AZ Blue BlueDental dental plan administrator. Member ID prefixes for these plans are 99D and MUM.

Provider resources, including eligibility and benefits, coverage guidelines, claim status inquiries, and remits, are available on the BlueDental provider portal at azblue.com/bluedentalprovider. The number for BlueDental Provider Assistance is 1-888-271-7806.

For details about servicing these plans, including EFT enrollment and payment cycle information, predeterminations (pre-treatment estimates), claim submission, and billing guidelines, please see the BlueDental Provider Manual. To access the manual, log in to azblue.com/bluedentalprovider and go to "Resources > BlueDental Provider Manual."

Claim submission requirements

Claims should be submitted directly to AZ Blue at EDI payer ID 53589. You can avoid most claim processing delays by including these key data elements:

- ☐ Accurate and complete information identifying the patient and policyholder (if different from patient), including full names, identification numbers, and dates of birth
- ☐ Date and place of service
- ☐ Identification of the service(s) provided by appropriate diagnosis code(s), procedure code(s), and applicable modifiers
- ☐ Evidence that any required prior authorization was obtained
- ☐ Identification of the treating and billing provider, including NPI numbers as indicated in the following table:

LOOP	ELEMENT	ADA Field	DESCRIPTION	AZ BLUE REQUIREMENTS
2010AA	**NM103 NM301-403**	**48**	Billing provider info	Required. Enter the name and complete address of the billing dentist or dental entity that furnished the services to the patient. Use the full nine-digit ZIP code.
2010AA	**NM109**	**49**	Billing provider NPI	Required. Enter the appropriate NPI number for the billing dentist or dental entity (use the practice's *organizational* NPI for an entity). All dental claims must have the billing provider/entity NPI.
2010AA	**REF*EI**	**51**	Billing provider SSN or Federal tax ID	Required. Enter the federal tax ID number of the billing dentist or dental entity.
2310B	**NM109**	**54**	Treating provider NPI	Required. Enter the individual (not organizational) NPI number corresponding with the treating dentist's name. All dental claims must have the treating dentist's NPI.
2310C	**N301-N403**	**56**	Treating provider address, city, state, ZIP code	Required when different from billing address. Enter the physical location where the treatment was rendered. Must be a street address, not a P.O. box.
2310B	**PRV03**	**56a**	Treating provider specialty code (taxonomy)	Required. Enter the treating professional's taxonomy code (provider specialty code).

AZ Blue BlueDental Stand-Alone Benefit Plans

Our claim processing system includes edits to filter out and reject claims that have one or more of the following tax ID number (TIN) errors:

- Billing TIN not valid for date of service
- NPI/TIN combination not in our database for treating provider (treating provider NPI must be an individual NPI, not an organizational NPI)
- NPI/TIN combination not in our database for billing provider

The TIN and NPIs submitted on claims must match those on file for you in our claim system; otherwise, your claims will be returned. To avoid delays, use the Provider Information Change Form—Dental (located on our Forms Page) to notify us of updates to your practice information.

If you need to update our systems with your current NPI/TIN information, use the Dental Provider Information Change Form. You can access the form at azblue.com/BlueDentalProvider or at azblue.com/provider/resources/forms > Provider Information Change > Dental Providers-Information Change Form.

Important: Solo practitioners (sole proprietors) must use the Billing Provider Entity Type Qualifier 1 (= person with name and individual NPI). Dental claims billed under a solo practitioner *should not* include the rendering provider loop 2310B.

Claim attachments

We can receive dental records electronically only if your practice uses one of the following options for electronic claim attachments (such as x-rays and notes):

DentalXchange Vyne Dental Change Healthcare

Be sure to enter the attachment reference number in the “Remarks” section (field 35) of your claim. This allows us to access the electronic attachments upon receipt of the claim.

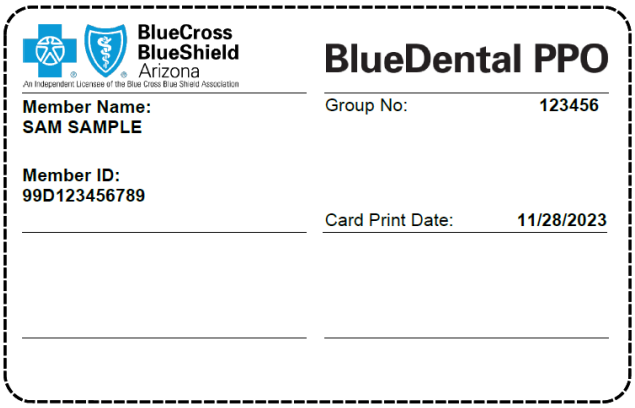
If you don’t use DentalXchange, Vyne Dental, or Change Healthcare for electronic attachments and are billing for services that require documentation (e.g., radiographs, images, provider notes), submit the claim using the ADA paper form, along with all required documentation, to:

AZ Blue BlueDental Claims
P.O. Box 211424
Eagan, MN 55121

Member ID cards

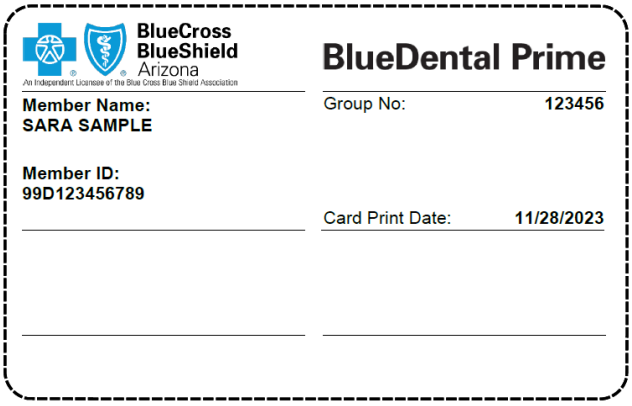
Members with AZ Blue stand-alone dental plans will have a separate dental ID card. Here are some samples.

- **Sample BlueDental PPO** member ID card (front)



AZ Blue BlueDental Stand-Alone Benefit Plans

- **Sample BlueDental Prime** member ID card (front)


BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

BlueDental Prime

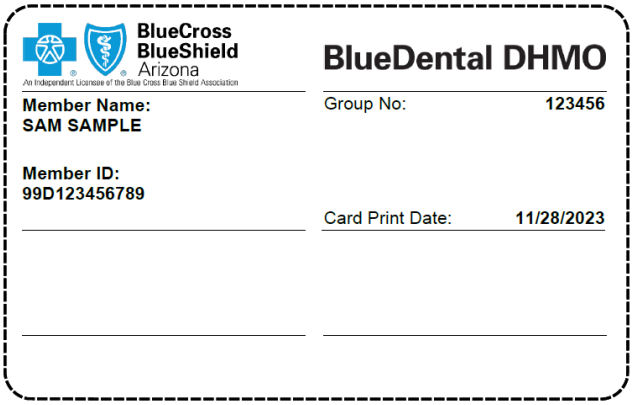
Member Name:
SARA SAMPLE

Member ID:
99D123456789

Group No: **123456**

Card Print Date: **11/28/2023**

- **Sample BlueDental DHMO** member ID card (front)


BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

BlueDental DHMO

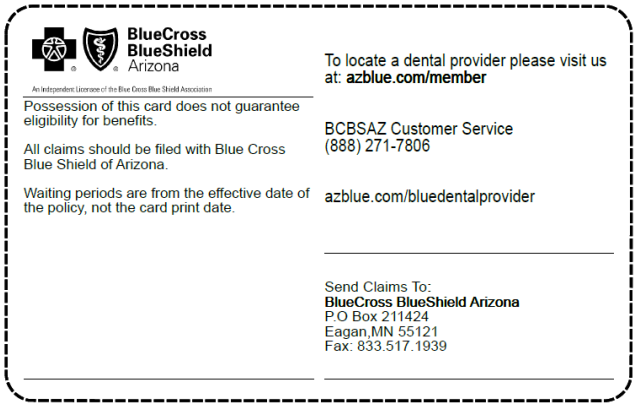
Member Name:
SAM SAMPLE

Member ID:
99D123456789

Group No: **123456**

Card Print Date: **11/28/2023**

- **Sample BlueDental** member ID card (back)


BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

Possession of this card does not guarantee eligibility for benefits.

All claims should be filed with Blue Cross Blue Shield of Arizona.

Waiting periods are from the effective date of the policy, not the card print date.

To locate a dental provider please visit us at: **azblue.com/member**

BCBSAZ Customer Service
(888) 271-7806

azblue.com/bluedentalprovider

Send Claims To:
BlueCross BlueShield Arizona
P.O Box 211424
Eagan,MN 55121
Fax: 833.517.1939

Dental Benefits Covered Under Medical Plans for Members Up to Age 19

Affordable Care Act (ACA) plans include a mandatory pediatric dental benefit that applies to children until the end of the plan/policy year they turn age 19. AZ Blue benefit plans that include these benefits have ID cards with an indicator on the front that says: "Pediatric Member-Dental YES." Our ACA plans have the following plan names:

- ACA StandardHealth with Health Choice (PCP-HMO plan for individuals/families)
- AdvanceHealth (HMO plans)
- BlueSignature Prosano (PPO plan for small groups)
- Cultivate (PPO and HMO plans)
- EverydayHealth (PPO and HMO plans)
- Portfolio (PPO and HMO plans)
- PremierHealth (PPO plans)
- StandardHealth (HMO plans)

To be considered in-network, providers must be contracted for the network associated with the member's specific benefit plan. Medical networks associated with these plans include the Neighborhood, MaricopaFocus, PimaFocus, Alliance, and PimaConnect exclusive networks, the broad HMO and PPO networks, and the ACA Health Choice network.

About the pediatric dental benefits

- The dental benefits are embedded in the medical plan, and members do not have a separate dental ID card for this benefit. The front of the medical ID card indicates the dental benefits for members up to age 19. Dental services are covered ***only*** for children until the end of the plan/policy year they turn age 19.
- Dental services count toward the medical plan deductibles and out of-pocket maximums. However, as with traditional dental plans, the deductibles will be waived for covered diagnostic and preventive services in most plans.
- Claims for the embedded dental benefit go through the normal AZ Blue claim process.
- The pediatric orthodontic coverage included in certain medical plans is available if

  1. The orthodontic treatment is medically necessary.

  And:

  2. The member is considered eligible for pediatric orthodontic benefits (eligibility extends to the end of the plan/policy year in which the member turns age 19).

Eligibility and benefits inquiries

In 2024, we will begin using the Availity Essentials portal ("Essentials") for eligibility and benefits inquiries (log in or visit Availity's Register and Get Started page). Your organization must be registered with Availity to check dental benefits covered under medical plans for members up to age 19. For the "Service Type," select "Dental Services/Routine (Preventive) Dental."

If you have questions, call Provider Assistance at 602-864-4320 or 1-800-232-2345, ext. 4320, or contact your Provider Relations Contact.

BlueCard (Out-of-Area) Plans

BlueCard (out-of-area) members with benefit plans from another BCBS Plan might be covered for dental services while visiting or living in Arizona. Always check the member's eligibility and benefits.

On the back of the ID card, you might see "GRID" or "GRID+" indicating that the member has access to the BCBS National Dental GRID program. If so, all providers in the AZ Blue BlueDental PPO network are considered in-network for those members and the current AZ Blue dental PPO fee schedule will apply. However, BCBS Plans may use other national dental network options for out-of-area care. Be sure to check the back of the member ID card for specific information.

Federal Employee Program (FEP) Plans

Some FEP medical plans include dental benefits

Federal government employees may have limited dental benefits included in their medical plans. Coverage is determined by which medical plan the employee has selected. Members do not receive a separate ID card for these benefits.

For additional benefits, Federal employees may enroll in dental coverage through a Blue Cross Blue Shield (BCBS) FEP Dental® stand-alone plan — see information on page 26-11.

1. **Standard Option dental benefits**
   Dental benefits are available under the Standard Option plan. An FEP member is responsible for the difference between the FEP scheduled amount and the maximum allowable charge (MAC). MAC is an FEP term and can be used interchangeably with "AZ Blue allowed amount." It is equivalent to the AZ Blue fee schedule, plus or minus any contractual adjustment.

   - **Fee schedule**
     Amounts set forth in the FEP fee schedule are payable for certain diagnostic and preventive services. The schedule is higher for children up to age 13.
   - **MAC reimbursement**
     Preferred (in-network) dentists agree to accept a negotiated discounted amount (MAC) as payment in full for covered services. The MAC may be updated periodically and is subject to change.

   Providers may review the listing of covered dental services and FEP fee schedule amounts in the Service Benefit Plan (Standard and Basic Option) brochure at fepblue.org/plan-brochures. The MAC can be obtained by using the fee schedule tool in the AZ Blue provider portal > Provider Resources > Guidelines > Claim Pricing > Fee Schedule." Enter the code(s) for the covered service to see the fee.

2. **Basic Option dental benefits**
   Benefits are available for a limited number of diagnostic and preventive services, and only when provided by a Preferred provider. Copays for covered services apply. For a complete listing of current Basic Option dental benefits, access the Service Benefit Plan (Standard and Basic Option) brochure at fepblue.org/plan-brochures.

3. **FEP Blue Focus benefit plan – no dental benefits**
   The FEP Blue Focus benefit plan does *not* include benefits for dental care.

FEP Dental Network

Providers in the FEP Dental Network are considered "preferred" providers. AZ Blue BlueDental PPO providers may opt to participate in the FEP Dental Network.

Oral and maxillofacial surgery

Oral surgical procedures for certain types of excisions, surgical treatments, and correction of accidental injuries could be available under the enrollee's medical surgical benefit. If you have questions regarding benefits call 602-864-4102 or 1-800-345-7562.

Claim submission

Preferred dental providers file claims on behalf of the member. Submit claims electronically to AZ Blue at EDI payer ID 53589. Only if you are unable to submit claims electronically, send an ADA (version 2012) paper claim form to AZ Blue at:

P.O. Box 2924
Phoenix, AZ 85062-2924

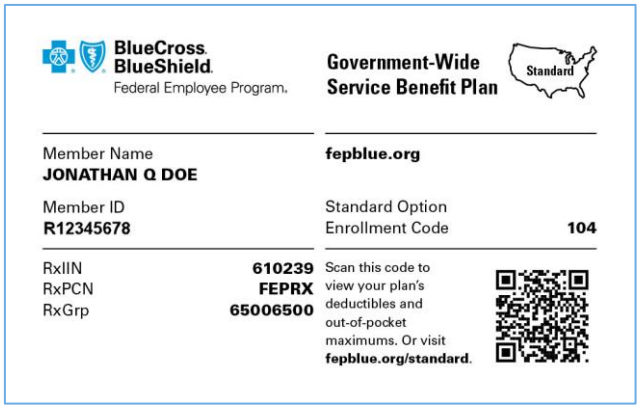
Federal Employee Program (FEP) Plans

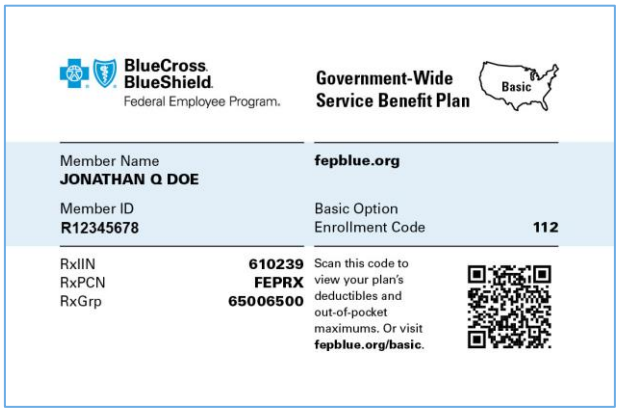
Provider service

To validate eligibility or check benefits, call 602-864-4102 or 1-800-345-7562.

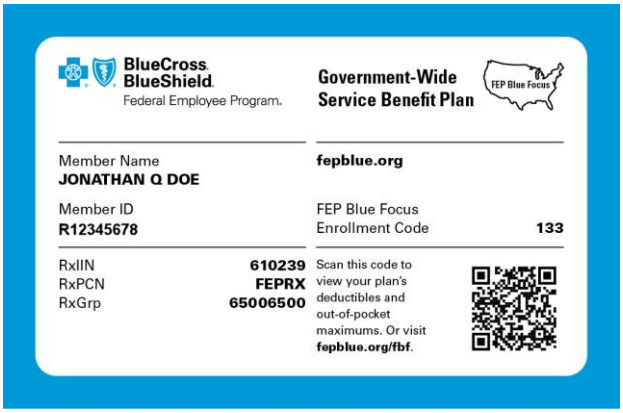
FEP medical card samples

- Standard and Basic Options (these medical plans include dental benefits)





- FEP Blue Focus (this medical plan does ***not*** include dental benefits)



Federal Employee Program (FEP) Plans

BCBS FEP Dental stand-alone plans

Federal employees can choose to enroll in stand-alone BCBS FEP Dental plans through the Federal Employees Dental and Vision Insurance Program (FEDVIP). Members receive a separate dental ID card displaying "F" as the member ID prefix. Two plans are available for FEP members:

- Standard Option ($1,500 annual maximum benefit for in-network services)
- High Option (unlimited annual maximum benefit for in-network services)

BCBS FEP Dental Network

The national Dental GRID+ Network (administered by DeCare) serves members with BCBS FEP Dental stand-alone plans. All AZ Blue BlueDental PPO network providers are included in the GRID+ network. For more information, log in to the BCBS FEP Dental provider portal.

BCBS FEP Dental claim submission

Submit claims electronically to EDI payer ID **BCAFD**. Only if you are unable to submit claims electronically, send paper claims to:

Dental Claims
P.O. Box 75
Minneapolis, MN 55440-0075

Benefits are coordinated with any coverage in the member's chosen medical plan. The medical plan's limited coverage is always the primary payer.

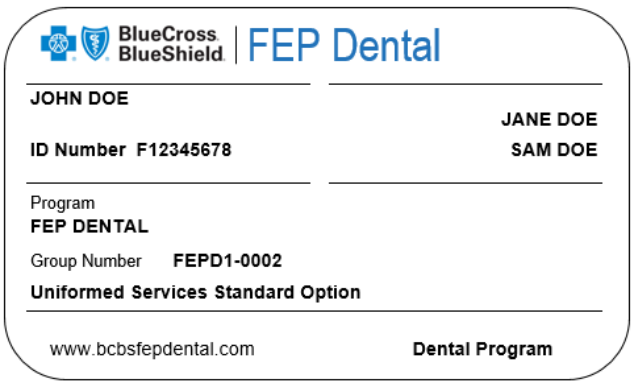
Provider service

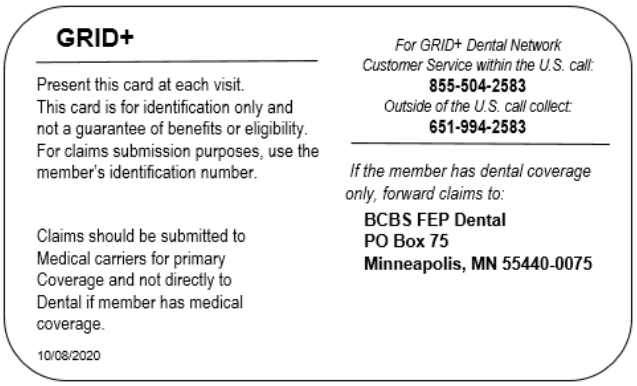
To validate eligibility or check benefits, call 1-855-504-2583.
For major or extensive dental care, you can submit pre-treatment estimate requests (include a comprehensive treatment plan and all necessary supporting documentation such as chart notes, radiographic images, and photos) to:

BCBS FEP Dental
P.O. Box 75
Minneapolis, MN 55440-0075

BCBS FEP Dental ID card sample

BCBS FEP Dental ID card front and back (for stand-alone dental plan):





Medicare Advantage Dental Benefits

Many AZ Blue Medicare Advantage plans include dental benefits

Several of our MAPD plans include preventive and restorative dental benefits that are administered by AZ Blue. To qualify as an in-network provider for these benefits, you must be contracted with us for the BlueDental Prime dental network. For more information about this participation arrangement, contact the BlueDental team at 1-888-271-7806.

All dental office visits require a $10 co-pay. Other than the office visit copay, preventive services are covered with no additional cost share. Type II and III services vary in coverage and cost share. Here is an overview (for details, visit the BlueDental provider portal at azblue.com/BlueDentalProvider):

BENEFIT PLAN NAME and ID #	PREFIX (DENTAL)	SERVICE AREA	BENEFIT MAXIMUMS
Blue Best Life Plus (HMO) H0302-001 (prefix M2K for medical plan)	**99D**	Maricopa and Pinal counties	$3,000 per calendar year
Blue Best Life Classic (HMO) H0302-006 (prefix M2K for medical plan)	**99D**	Maricopa and Pinal counties	$2,000 per calendar year
BlueJourney (PPO) H5140-001 and H5140-002 (prefix M3P for medical plan)	**99D**	Maricopa and Pima counties	$3,000 per calendar year

Claim submission

We accept and encourage electronic claim submission (837D) for dental services rendered to Medicare Advantage members. Submit claims to AZ Blue at EDI payer ID 53589.

MA dental ID cards

Medicare Advantage members have a separate ID card for dental benefits.