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 benefits, member cost-share, predeterminations (pre-treatment estimates), EFT enrollment and payment cycle information, 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).

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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

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 or Vyne Dental 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

Stand-alone BlueDental ID card samples

Members with AZ Blue stand-alone dental plans have a separate dental ID card (prefix 99D).

BlueDental PPO Plan – Front   *BlueDental Plan – Back*

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BlueDental Prime Plan – Front

BlueDental DHMO Plan – Front