



Dental Providers



Agenda

- **General Information**
- Our Dental Networks
- The Credentialing Process
- Using My Insurance ManagerSM
- Using My Remit ManagerSM
- Filing Guidelines
- Helpful Resources for You



General Information

Visit www.SouthCarolinaBlues.com to get the information you need.

- News and Updates
- Resources and Tools
- Training
- Forms

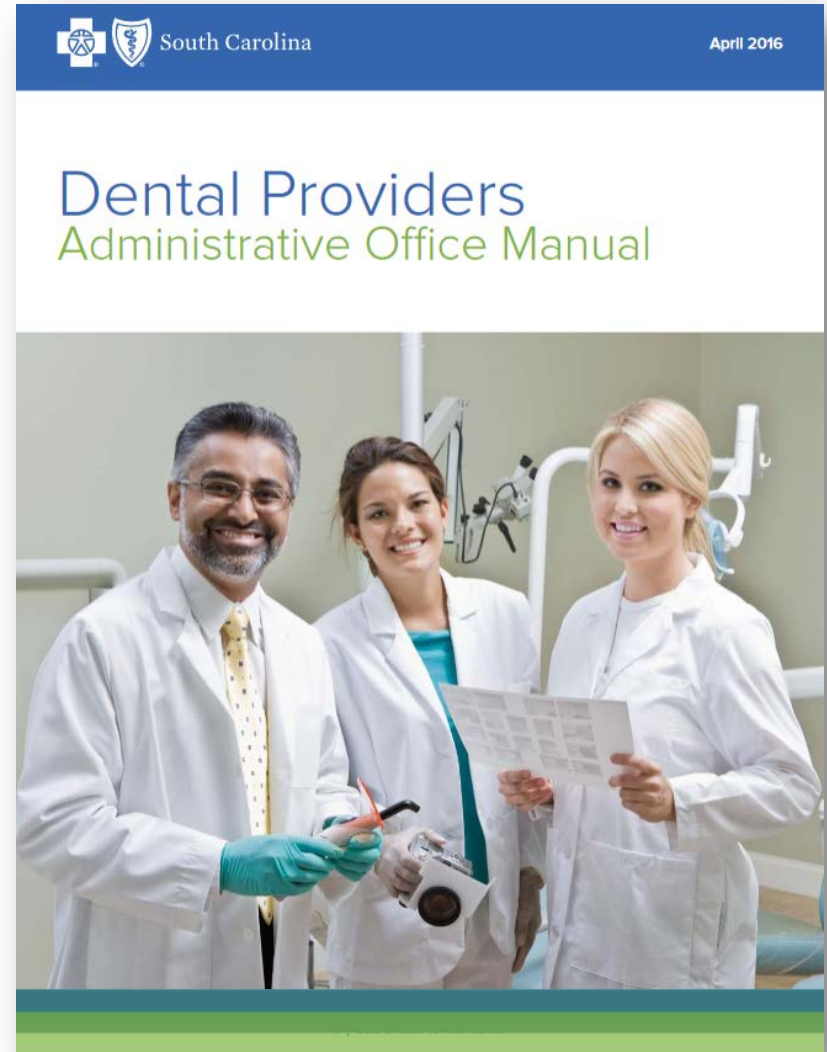




General Information

We've created a dental provider manual with you in mind.

From the Provider Resources page of our website you can download a copy of the dental provider manual.





General Information

- Our preferred method of claim submission for all providers is electronic.
- We will get coordination of benefits information when your patient completes an Other Health/Dental Coverage Questionnaire.



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The Credentialing Process

- Dental credentialing is for the participating Dental and State Dental Plus networks
- Other plans that use the participating Dental network include:
 - Companion Life
 - BlueCross Federal Employee Program (FEP) BlueDentalSM
 - FEP Basic and Standard
 - GRID members

Life insurance is offered by Companion Life. Because Companion Life is a separate company from BlueCross, Companion Life will be responsible for all services related to life insurance.

GRID is an independent company that offers a dental network on behalf of BlueCross.



The Credentialing Process

- Initial credentialing
 - Use the **South Carolina Dental Credentialing Application**
- Recredentialing occurs every three years. Use the same credentialing application for this process.

DEMOGRAPHICS (Please type or print)		STATE DENTAL LICENSE #:					
Name:				DMD DDS Other			
SSN:							
Birth Date:				<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Associate			
Individual NPI:							
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Federal DEA:	Do you currently hold a federal DEA registration in each state you prescribe controlled substances?						
	<input type="checkbox"/> Yes (Submit copy) <input type="checkbox"/> No						
	If DEA app has been submitted and is PENDING, DDS will not write prescriptions until DEA is finalized.						
Languages Spoken Fluently:				DDS' Initials:			
PRIMARY PRACTICE LOCATION If more than one location, please ATTACH a SEPARATE SHEET with this information.							
Primary Office:	Group Name and Clinic Name (if different)						
Street Address:							
City/State/ZIP:				County:			
Office Phone Number:			ER/After Hours Number:				
Fax Number:			Handicap Accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax ID Number (TIN):							
As Listed on W-9							
Corporate NPI:			Office Email:				
Office Manager/Contact:			<input type="checkbox"/> Clinic Hours <input type="checkbox"/> Provider Hours				
Normal Office Hours:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Time Office Opens:							
Time Office Closes:							
Are you accepting new patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are there any age limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are there any gender restrictions?	<input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both/no restrictions						
Please describe any other patient limitations:							
BILLING INFORMATION (If different from information given) Mailing address if different							
Billing Name:							
Billing Address:							
Office Manager/Contact:							
Billing Phone Number:							
Billing Tax ID Number (TIN):							
GENERAL DENTISTRY EDUCATION							
Institution			Grad Date	Degree			
SPECIALTY EDUCATION							
Institution	Specialty		Grad Date	Degree			
For this specialty, I am:							
<input type="checkbox"/> Educationally Qualified (attach copy of specialty certificate showing institution name, grad year and specialty)							
<input type="checkbox"/> American Board Certified * (Attach Copy of certificate from the American Board)							
* Date of Certification:		Expiration Date:					
PROFESSIONAL LIABILITY INSURANCE FOR EACH ENTITY IN WHICH YOU PRACTICE (Complete this information or attach copy.)							
PL Carrier:	Policy Limits:		Effective Date:				
PL Expiration Date:	Policy Number:						

The Credentialing Process



- BlueCross uses Dentistat Inc. to handle certain elements of our dental network provider credentialing and re-credentialing processes.
- Occasionally your office may be contacted by Dentistat Inc.



The Credentialing Process

We perform provider outreach!

- Your provider advocate or a provider credentialing representative will contact you to update your contact information.
- Please respond timely to our requests for your current physical location(s) and tax identification numbers (TINs), telephone and fax numbers, business emails and company URLs, your affiliated doctors and their national provider identifier (NPIs), and more.



The Credentialing Process

Credentialing fast facts

- Provider credentialing can take up to 120 days for processing.
- Contact provider.enrollment@bcbssc.com for information about the enrollment application and required support documentation.
- Contact provider.cert@bcbssc.com to determine the status of your credentialing application once the application is in the review period. The review period begins after we receive all required documentation.
- You can see patients while in the credentialing process. Claims are not, however, guaranteed to process as in network until the credentialing process is complete.



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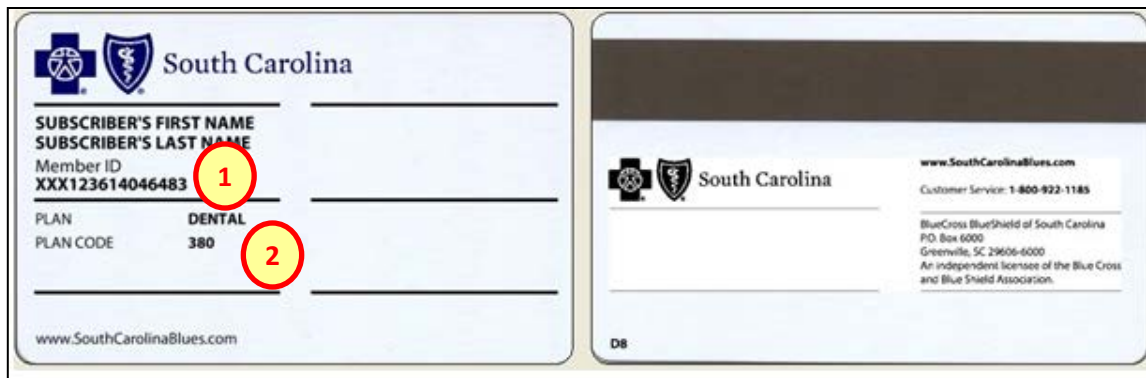


Our Dental Networks

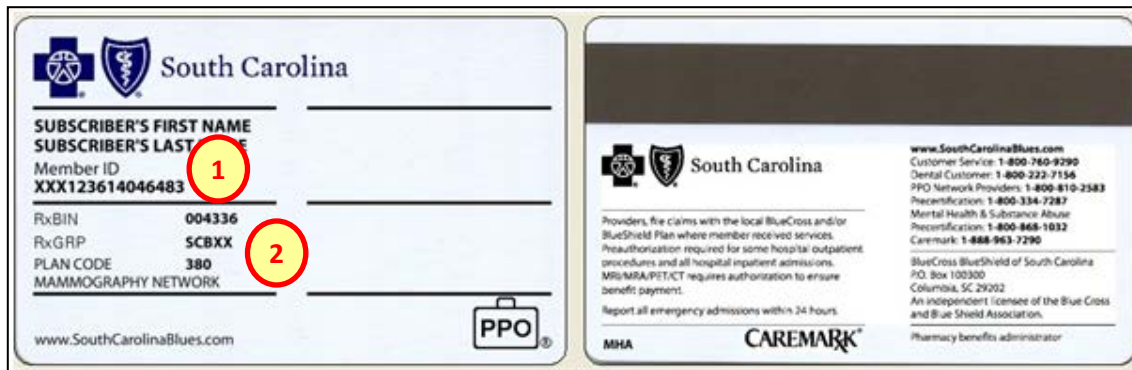
Commercial Dental Plans

- Some dental plans use a network of participating providers and other plans do not have a network.
 - We encourage members to choose in-network providers.
- Coverage levels include:
 - Preventive care
 - Restorative care
 - Major restorative care
 - Orthodontic care (some plans may not offer this benefit)

Commercial Dental Plans



Sample Commercial-Dental Only ID Card

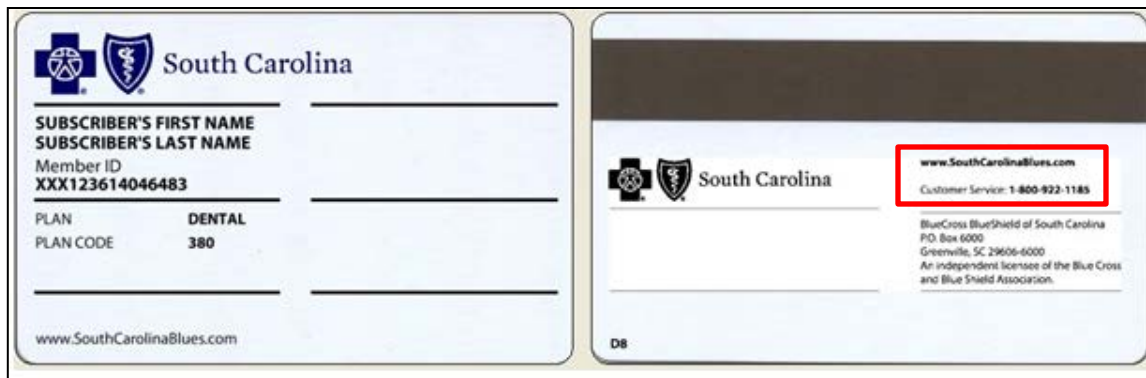


Sample Commercial-Medical and Dental ID Card

- Identify plan members by noting these important elements on their ID card:

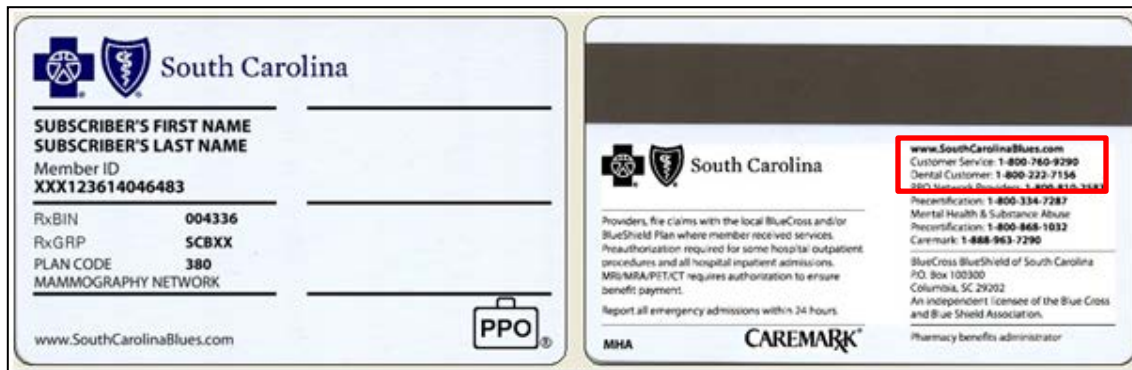
- Member ID number
- Plan code

Commercial Dental Plans



Sample Commercial-Dental Only ID Card

- On the back of the member's ID card is a helpful customer service telephone number.



Sample Commercial-Medical and Dental ID Card



Our Dental Networks

Blue Dental



- Effective Jan. 1, 2017, BlueCross and BlueChoice now offers Blue Dental for both large and small group employers.
 - All standard Blue Dental plans provide 100% coverage for preventive (Class 1) services. For larger groups, there are no deductibles, and preventive and diagnostic services do not accumulate toward the plan's annual maximum — as long as services are received in network.
 - Members can also use the national Dental Grid network.



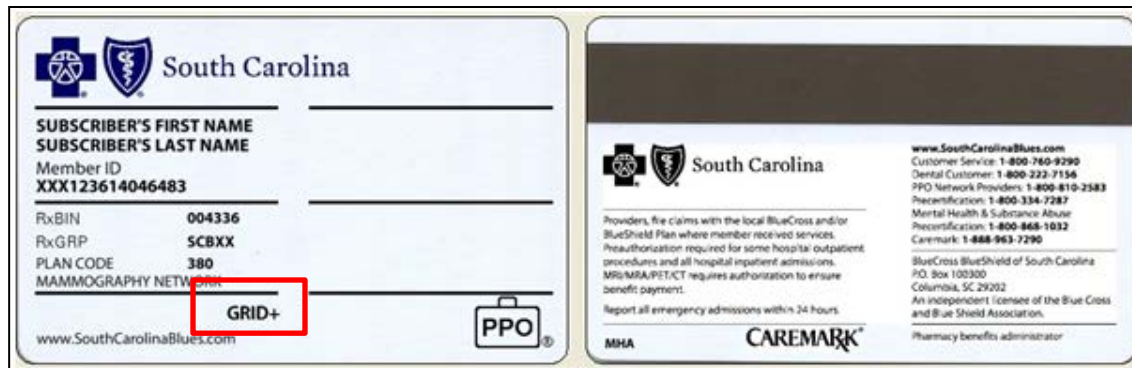
Our Dental Networks

Dental GRID

- Dental GRID* allows dentists to see members from other participating Blue Cross and BlueShield Plans at local Plan reimbursement levels.
 - Our participating providers' reimbursement levels or provider agreements will not change when treating a GRID member.
- There are 32 participating Plans, all independent licensees of the Blue Cross and Blue Shield Association.
 - Plans that are new to Dental Grid for 2017 are BlueCross BlueShield of Kansas City and BlueCross BlueShield of Rhode Island.

Dental GRID (cont'd)

- You can recognize a program member by noting the word “GRID” or “GRID+” on the member’s ID card.
- Contact Customer Service if you need to verify a member’s participation in the Dental GRID program in cases when it is not shown on the member’s ID card.



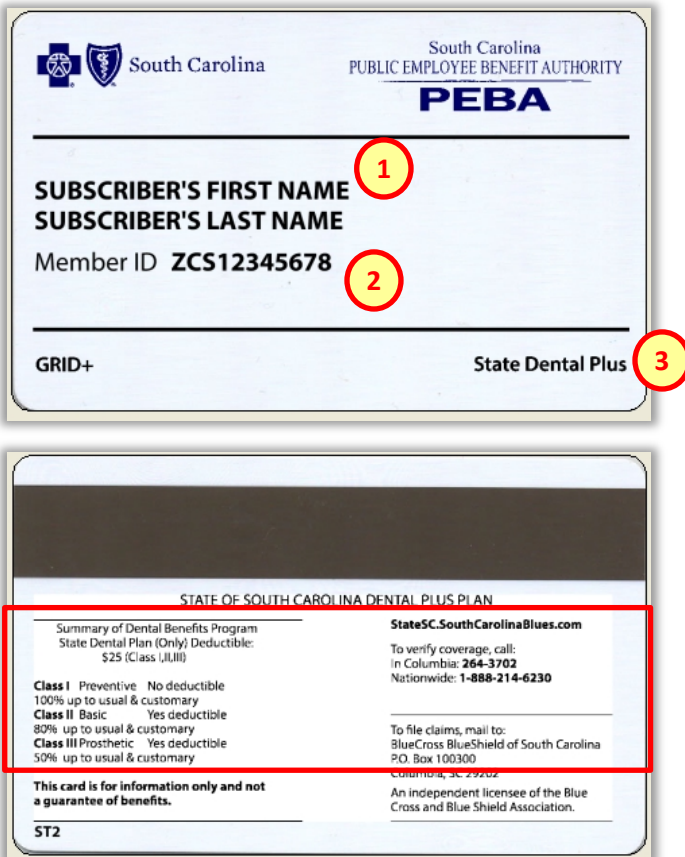


Our Dental Networks

State Dental and Dental Plus Plans

- BlueCross administers these plans.
- Dental Plus provides a higher reimbursement level for services the State Dental Plan covers.
 - Members pay the entire premium.
 - Dental Plus pays up to \$1000 for covered services in addition to \$1000 maximum payment under State Dental Plan.
- Dental Plus does not cover services that the State Dental Plan does not cover.
- State Dental Plan Fee Schedule is available in My Insurance Manager.

State Dental and Dental Plus Plans



South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY
PEBA

SUBSCRIBER'S FIRST NAME **1**
SUBSCRIBER'S LAST NAME
Member ID **ZCS12345678** **2**

GRID+ State Dental Plus **3**

STATE OF SOUTH CAROLINA DENTAL PLUS PLAN

<p>Summary of Dental Benefits Program State Dental Plan (Only) Deductible: \$25 (Class I,II,III)</p> <p>Class I Preventive No deductible 100% up to usual & customary Class II Basic Yes deductible 80% up to usual & customary Class III Prosthetic Yes deductible 50% up to usual & customary</p> <p>This card is for information only and not a guarantee of benefits.</p> <p>ST2</p>	<p>StateSC.SouthCarolinaBlues.com To verify coverage, call: In Columbia: 264-3762 Nationwide: 1-888-214-6230</p> <p>To file claims, mail to: BlueCross BlueShield of South Carolina P.O. Box 100300 Columbia, SC 29202 An independent licensee of the Blue Cross and Blue Shield Association.</p>
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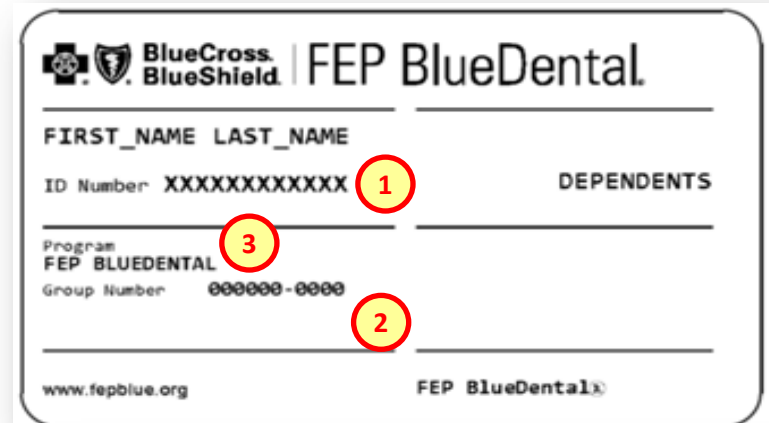
- Identify State Dental Plus plan members by noting these member ID card elements:
 - Subscriber's first and last name
 - ID number
 - Plan name
- On the back of the member's ID card is a helpful customer service telephone number
- You can also find a brief summary of benefits

Our Dental Networks

FEP BlueDental

- GRID Dental Corporation (GDC) administers this plan
- Identify FEP BlueDental Plan members by noting these elements on the member ID card:

1. Member ID number
2. Group number
3. Program name
4. Provider network
5. Customer Service telephone number and dental claims address



BlueCross. BlueShield. | FEP BlueDental.

FIRST_NAME LAST_NAME

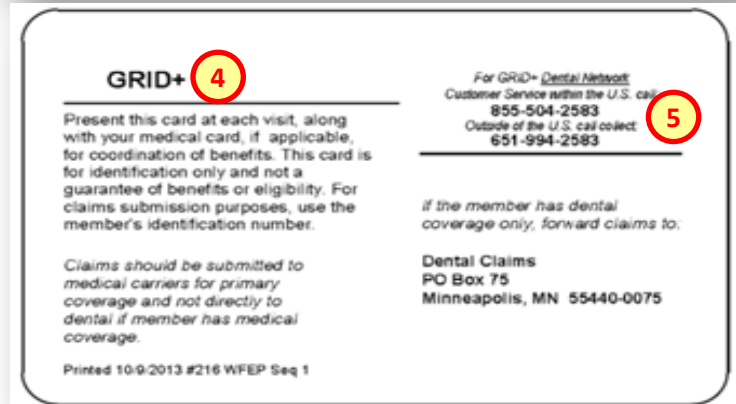
ID Number XXXXXXXXXX **1**

DEPENDENTS

Program **3**
FEP BLUEDENTAL

Group Number 000000-0000 **2**

www.fepblue.org FEP BlueDental®



GRID+ **4**

Present this card at each visit, along with your medical card, if applicable, for coordination of benefits. This card is for identification only and not a guarantee of benefits or eligibility. For claims submission purposes, use the member's identification number.

Claims should be submitted to medical carriers for primary coverage and not directly to dental if member has medical coverage.

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For GRID+ Dental Network:
Customer Service within the U.S. call **855-504-2583**
Outside of the U.S. call collect: **651-994-2583** **5**

If the member has dental coverage only, forward claims to:

Dental Claims
PO Box 75
Minneapolis, MN 55440-0075

Sample FEP BlueDental ID Card



Our Dental Networks

2017 FEP Standard Option Dental Benefits

- No deductibles, copayments or coinsurance.
- Member pays all charges in excess of the listed fee schedule amounts when using a non-preferred dentist.
- Member pays the difference between the fee schedule amount and the BlueCross Participating Dental Allowance when using a preferred dentist.



Our Dental Networks

2017 FEP Standard Option Dental Benefits

Covered Service	FEP Pays		Member Pays
	To age 13	Age 13 and over	
Clinical oral evaluations			<u>In Network</u> 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			<u>Out-of-Network</u> All charges in excess of the scheduled amounts listed to the left
Intraoral complete series	\$36	\$22	
Intraoral periapical first image	\$7	\$5	
Intraoral periapical each additional image	\$4	\$3	
Intraoral occlusal image	\$12	\$7	
Extraoral images	\$16	\$10	
Bitewing – single image	\$9	\$6	
Bitewings – two images	\$14	\$9	
Bitewings – four images	\$19	\$12	



Our Dental Networks

2017 FEP Standard Option Dental Benefits

Covered Service	FEP Pays		Member Pays
	To age 13	Age 13 and over	
Vertical bitewings	\$12	\$7	<u>In Network</u> The difference between the amounts listed to the left and the BlueCross Participating Dental Allowance.
Posterior-anterior or lateral skull and facial bone survey image	\$45	\$28	
Panoramic image	\$36	\$23	
Palliative treatment			
Palliative treatment of dental pain – minor procedure	\$24	\$15	
Protective restoration	\$24	\$15	
Preventive			
Prophylaxis – adult (up to two per person per calendar year)	---	\$16	<u>Out-of-Network</u> All charges in excess of the scheduled amounts listed to the left
Prophylaxis – child (up to two per person per calendar year)	\$22	\$14	
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	All charges



Our Dental Networks

2017 FEP Basic Option Dental Benefits

- Members pay \$30 copay for evaluations, FEP pays any balances up to the BlueCross Preferred Blue Participating Dental Allowance.
- Basic members must use preferred dentists to receive benefits.



Our Dental Networks

2017 FEP Basic Option Dental Benefits

Covered Service	FEP Pays	Member Pays
Clinical oral evaluations	<u>Preferred:</u> All charges in excess of member's \$30 copayment <u>Participating/ Non-participating:</u> Nothing	<u>Preferred:</u> \$30 copayment per evaluation <u>Participating/ Non-participating:</u> Member pays all charges
Periodic oral evaluation*		
Limited oral evaluation		
Comprehensive oral evaluation*		
*Benefits are limited to a combined total of two evaluations per person per calendar year		
Diagnostic imaging		
Intraoral – complete series including bitewings (limited to one complete series every three years)		
Bitewing – single image*		
Bitewings – two images*		
Bitewings – four images*		
*Benefits are limited to a combined total of four images per person per calendar year		
Preventive		
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



Our Dental Networks

Other FEP Dental Information

- Members that are covered by FEP Basic Option medical plan and FEP BlueDental will not be responsible for the annual (calendar year) \$30 copay.
 - You should not collect copays from these members.
 - If you collect a copay, you are required to reimburse the copay in full once the claim has processed under FEP BlueDental.

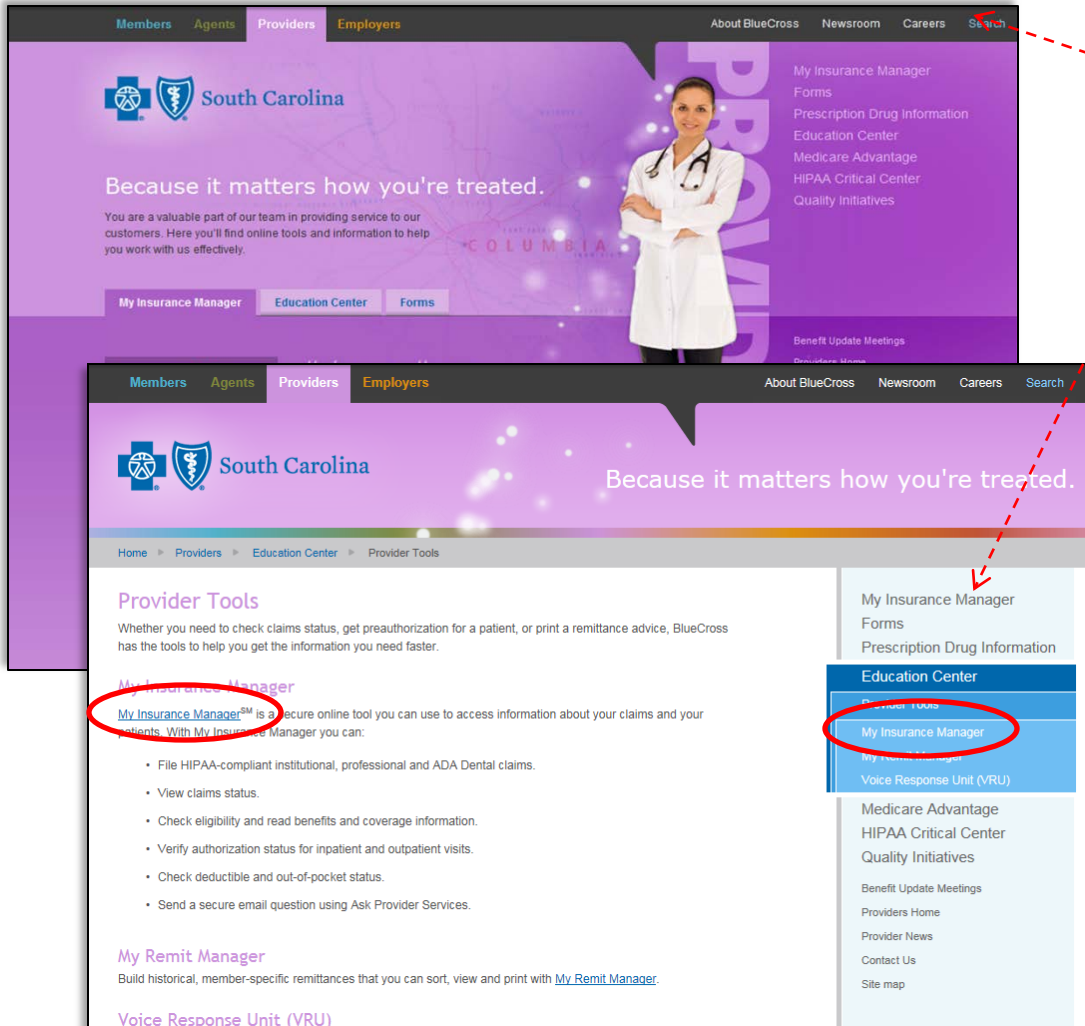


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- **Using My Insurance ManagerSM**
- Using My Remit ManagerSM
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Using My Insurance ManagerSM

You can **access this secure Web tool** from any page in the Provider section of our site.



The top screenshot shows the main navigation bar with 'Providers' selected. The bottom screenshot shows the 'Provider Tools' section with 'My Insurance Manager' circled in red. A red dashed arrow points from the 'My Insurance Manager' link in the bottom screenshot to the 'My Insurance Manager' link in the top screenshot's sidebar.

Provider Tools

Whether you need to check claims status, get preauthorization for a patient, or print a remittance advice, BlueCross has the tools to help you get the information you need faster.

My Insurance Manager

My Insurance ManagerSM is a secure online tool you can use to access information about your claims and your patients. With My Insurance Manager you can:

- File HIPAA-compliant institutional, professional and ADA Dental claims.
- View claims status.
- Check eligibility and read benefits and coverage information.
- Verify authorization status for inpatient and outpatient visits.
- Check deductible and out-of-pocket status.
- Send a secure email question using Ask Provider Services.

My Remit Manager

Build historical, member-specific remittances that you can sort, view and print with [My Remit Manager](#).

Voice Response Unit (VRU)

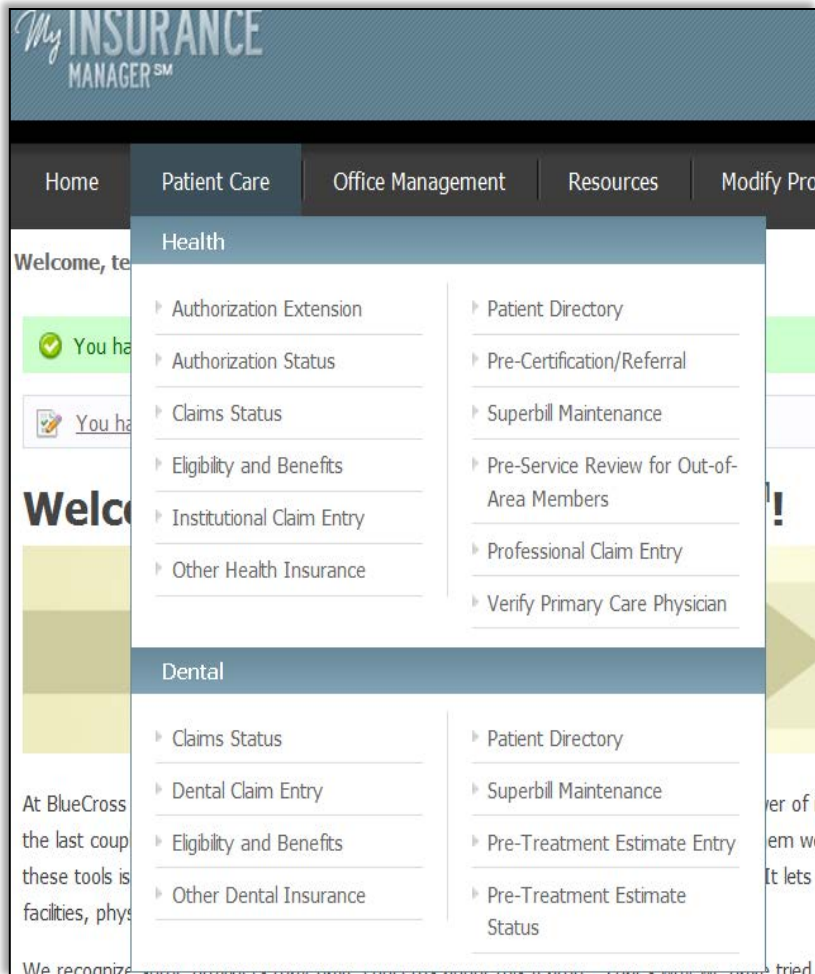
My Insurance Manager

Forms
Prescription Drug Information
Education Center
Medicare Advantage
HIPAA Critical Center
Quality Initiatives

Benefit Update Meetings
Providers Home
Provider News
Contact Us
Site map

Find **helpful guides** and more about this and other provider Web tools in the **Education Center**.

Using My Insurance ManagerSM



- Use **Patient Care** tab to access dental patient care options and the health menu.
 - **Eligibility and Benefits** can be viewed according to general benefits, service type and procedure code.
- ! This is not applicable to out-of-state or FEP BlueDental members.

Using My Insurance ManagerSM

IN AND OUT OF NETWORK

Global Benefits


✓ This patient has active coverage.

INDIVIDUAL DEDUCTIBLE: **\$50.00** PER SERVICE YEAR - **\$50.00** REMAINING

FAMILY DEDUCTIBLE: **\$150.00** PER SERVICE YEAR - **\$150.00** REMAINING

ⓘ The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

Service▲	Place of Service▲	Diagnosis Code (ICD-9)▲	Specialty▲
▼ 35- DENTAL CARE			
✓ This patient has active coverage.			
Insurance Type Code: PREFERRED PROVIDER ORGANIZATION (PPO)			
<small>ⓘ For this service type, you will see only a covered/not covered message here and not full benefits details. For more detailed benefits, submit a request for Eligibility and Benefits by Service Type or by Procedure Code.</small>			
▶ 23- DIAGNOSTIC DENTAL	11- OFFICE		
▶ 24- PERIODONTICS	11- OFFICE		
▶ 25- RESTORATIVE	11- OFFICE		
▶ 26- ENDODONTICS	11- OFFICE		
▶ 36- DENTAL CROWNS	11- OFFICE		
▶ 38- ORTHODONTICS	11- OFFICE		
▶ 39- PROSTHODONTICS	11- OFFICE		
▶ 40- ORAL SURGERY	11- OFFICE		
▶ 41- ROUTINE (PREVENTIVE) DENTAL	11- OFFICE		

- Global benefits shows if the patient has active coverage or not.
 - In- and out-of-network benefits
 - Individual and family deductibles show a value per service year and the remaining dollar amount
 - Closely review important notices marked with 




- The patient's active coverage status can vary based on the service type you select.

Using My Insurance ManagerSM


IN AND OUT OF NETWORK


Global Benefits

 **This patient has active coverage.**

INDIVIDUAL DEDUCTIBLE: **\$50.00** PER SERVICE YEAR - **\$50.00** REMAINING

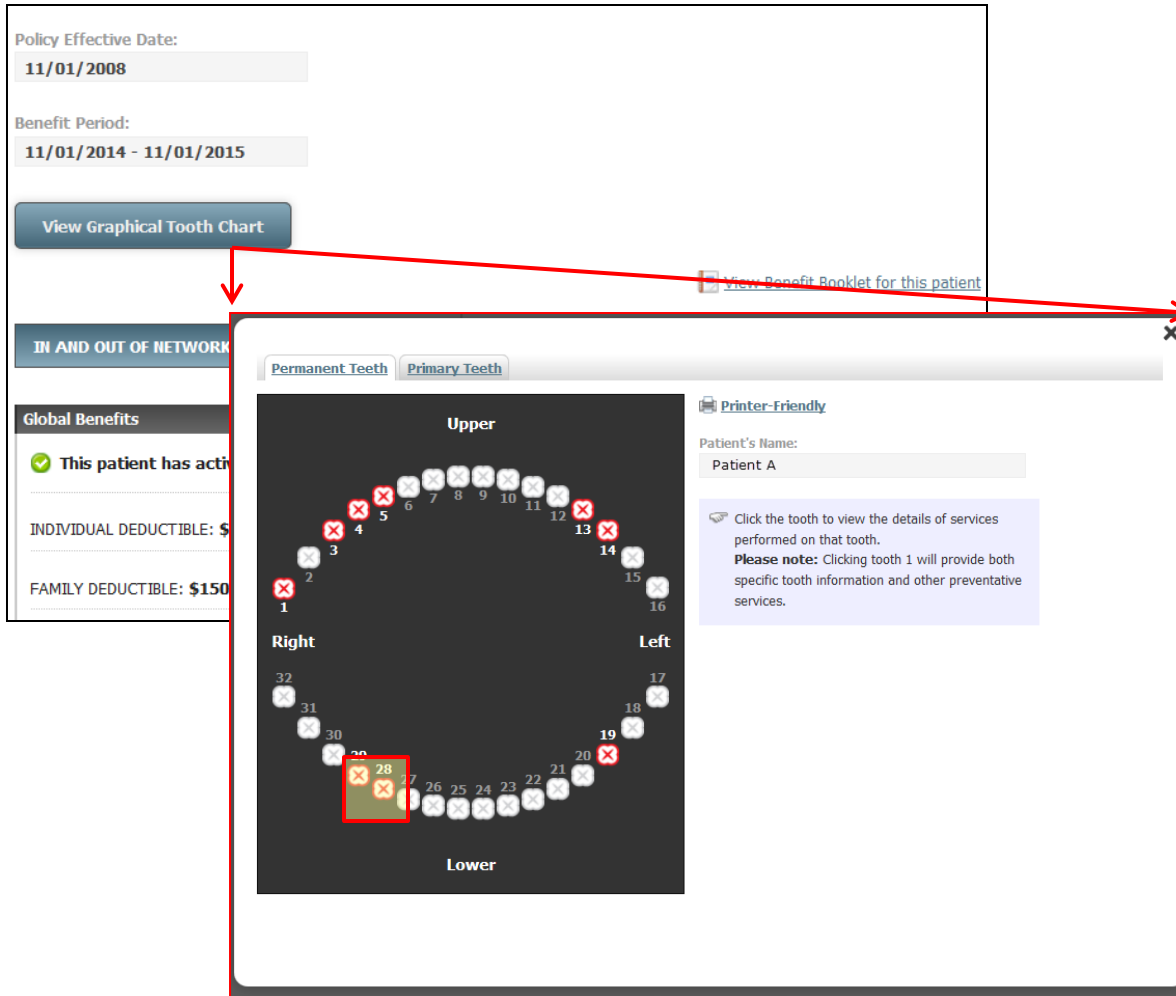
FAMILY DEDUCTIBLE: **\$150.00** PER SERVICE YEAR - **\$150.00** REMAINING

 The global deductible is a general, overall deductible. There may also be specific deductibles for specific services. It's important to check the replacement, inclusive and any other specific deductibles to determine the patient's responsibility for payment.

Service▲	Place of Service▲	Diagnosis Code (ICD-9)▲	Specialty▲
▶ <u>23- DIAGNOSTIC DENTAL</u>	11- OFFICE		
▶ <u>24- PERIODONTICS</u>	11- OFFICE		
▶ <u>25- RESTORATIVE</u>	11- OFFICE		
▶ <u>26- ENDODONTICS</u>	11- OFFICE		
▶ <u>35- DENTAL CARE</u>			
▶ <u>36- DENTAL CROWNS</u>	11- OFFICE		
▼ <u>38- ORTHODONTICS</u>	11- OFFICE		
 This patient is not covered.			
▶ <u>39- PROSTHODONTICS</u>	11- OFFICE		
▶ <u>40- ORAL SURGERY</u>	11- OFFICE		
▶ <u>41- ROUTINE (PREVENTIVE) DENTAL</u>	11- OFFICE		

Using My Insurance ManagerSM

- Select tooth 1 to get the patient's history of preventive services when viewing the **Tooth Chart**.
- Supernumerary teeth are not indicated on the patient's tooth chart.



The screenshot displays the 'My Insurance Manager' interface. At the top, it shows the 'Policy Effective Date: 11/01/2008' and 'Benefit Period: 11/01/2014 - 11/01/2015'. A button labeled 'View Graphical Tooth Chart' is visible. Below this, a red arrow points to a larger window titled 'Tooth Chart'. This window has tabs for 'Permanent Teeth' and 'Primary Teeth'. It displays a dental chart with teeth numbered 1 through 32. Teeth 1, 2, 3, 4, 5, 13, 14, 19, and 28 are highlighted with red 'X' marks. A red box highlights tooth 28. To the right of the chart, there is a 'Printer-Friendly' link and a section for 'Patient's Name: Patient A'. A note states: 'Click the tooth to view the details of services performed on that tooth. Please note: Clicking tooth 1 will provide both specific tooth information and other preventative services.'

Selecting a highlighted (red) tooth shows what service a physician performed on that tooth.

Using My Insurance ManagerSM

- Pre-Treatment Estimate

[View Pre-Treatment Estimate Letter](#)

<p>Insurance</p> <p>Plan Name: BlueCross BlueShield Plans</p> <hr/> <p>Plan ID: 12345</p> <hr/> <p>Member ID: QRS445556666777</p>	<p>Estimate Detail</p> <p>Here is the information about the pre-treatment estimate you chose.</p> <p>Please note: This is not a guarantee of benefits or payment. All services are subject to any limitations or exclusions in the contract that are in effect at the time the patient receives services.</p> <p>Claim Number: S3F2002240000</p> <p>Status: PENDING</p>										
<p>Patient</p> <p>Patient's Name: BLU CROSS</p> <hr/> <p>Date of Birth: 12/13/1974</p> <hr/> <p>Change Patient</p>	<p>Pre-Treatment Estimate Information</p> <table border="1"> <tr> <td>Provider's Name: SHIELD FAMILY DENTISTRY</td> <td>Primary ID: 1411155599</td> </tr> <tr> <td>Date Received: 04/29/2015</td> <td>Date Processed: 05/01/2015</td> </tr> <tr> <td>Total Charges: \$1,000.00</td> <td>Non-Covered Amount: \$51.00</td> </tr> <tr> <td>Allowed Amount: \$462.00</td> <td>Patient Liability: \$538.00</td> </tr> <tr> <td></td> <td>Orthodontics?: No</td> </tr> </table>	Provider's Name: SHIELD FAMILY DENTISTRY	Primary ID: 1411155599	Date Received: 04/29/2015	Date Processed: 05/01/2015	Total Charges: \$1,000.00	Non-Covered Amount: \$51.00	Allowed Amount: \$462.00	Patient Liability: \$538.00		Orthodontics?: No
Provider's Name: SHIELD FAMILY DENTISTRY	Primary ID: 1411155599										
Date Received: 04/29/2015	Date Processed: 05/01/2015										
Total Charges: \$1,000.00	Non-Covered Amount: \$51.00										
Allowed Amount: \$462.00	Patient Liability: \$538.00										
	Orthodontics?: No										

[Previous Estimate](#)
[Next Estimate](#)
[Ask Provider Services](#)

Using My Insurance ManagerSM

- **Dental Claim Entry Steps**
 - Plan Information
 - Provider Information
 - Patient Information
 - Claim Information
 - Claim Line Information
 - Review
 - Confirmation

Dental Claim Entry
Printer-Friendly

Plan Information
Provider Information
Patient Information
Claim Information
Claim Line Information
Review
Confirmation

Date of Service
06/29/2015

Insurance
Plan Name:
BlueCross BlueShield Plans
Member ID:
220707831

Patient
Patient's Name:
PATIENT SMITH
Relationship to Member:
SELF
Gender:
FEMALE
Date of Birth:
01/30/1976

Claim Confirmation

Please note: We have received and are processing your claim. Here is your claim number.

Confirmation Claim Number: T5D81001W	Member ID: 220707831	Patient's Name: PATIENT SMITH
Patient's Date of Birth: 01/30/1976	Patient's Gender: Female	

Create New Claim
Create New Pre-Treatment Estimate
View Claim Status



Using My Insurance ManagerSM

- Dental Claim Entry (continued)
 - **Plan Information** – defaults to the practice location associated with your profile
 - **Provider Information** – specialty/taxonomy code is required when adding the required rendering provider information
 - **Patient Information** – a one-time entry or add the member to your patient directory
 - **Claim Information** – complete all required fields (i.e., claim type, place of service)
 - **Claim Line Information** – complete all required fields, choose the tooth number or oral cavity from this screen
 - **Review** – submit or cancel the claim from this view
 - **Confirmation** – note the claim number

Using My Insurance ManagerSM

- **Dental Claims Status** is located under the Patient Care tab.

Claims Status [Printer-Friendly](#)

Insurance
Plan Name:
BlueCross BlueShield Plans

Plan ID:
12345

Member ID:
QRS44555666777

Patient
Patient's Name:
BLU CROSS

Date of Birth:
12/13/1974

[Change Patient](#)

If your patient had a different Dental Plan previously, please start a new search and choose the Dental Plan that was in effect for the specific date of service.

Advanced Search

☒ All Claims in System
☐ Date of Service
☐ Last 6 Months
☐ Last Year

[Update Results](#)
[Show All Claims](#)
 or [New Search](#)

Our records show these claims for the period you selected. Click on the claim number to view the claim details.

Claims Summary List (click a column title to sort) Showing 2 Results

Claim Number	Claim Status	Primary ID	Beginning Date of Service	Process Date	Total Charges
S3F2002000000	PROCESSED	1411155599	01/28/2015	02/01/2015	\$141.00
S2F2610300000	PROCESSED	1411155599	01/31/2014	02/06/2014	\$138.00

[Ask Provider Services](#)
[View Tooth Chart](#)

Using My Insurance ManagerSM

- View your remits from **Office Management** tab

Remittance Information

Search Dental Remittances

Plans included: BlueCross BlueShield of South Carolina, State Health Plan, BlueChoice HealthPlan and FEP. Remittances are stored by the dates we create them.

Remittance Dates:

Current Month





Location Selection:

☐ Specific Location
☒ All locations

Search

Please note: Long reports are divided into 50-page sections.

Results (20)

Date▲	Primary Id▲	Remittances▲	
06/25/2015	1411155599	 BlueCross BlueShield Plan Remit	Submit a Question
06/25/2015	1324681013	 State Dental Plan Remit	Submit a Question
06/24/2015	1411155599	 BlueCross BlueShield Plan Remit	Submit a Question
06/24/2015	571009082	 FEP Direct Combined Remit	Submit a Question



Using My Insurance ManagerSM

Contact Plan service centers for member benefits also

Plan	Provider Services Voice Response Unit (VRU)	Fax
Commercial Dental Plans	800-222-7156 (Columbia center) 800-922-1185 (Greenville center)	803-264-7629
State Dental and Dental Plus	888-214-6230 -OR- 803-264-3702 (Columbia area)	803-264-7739
FEP BlueDental	855-504-2583	843-763-0631

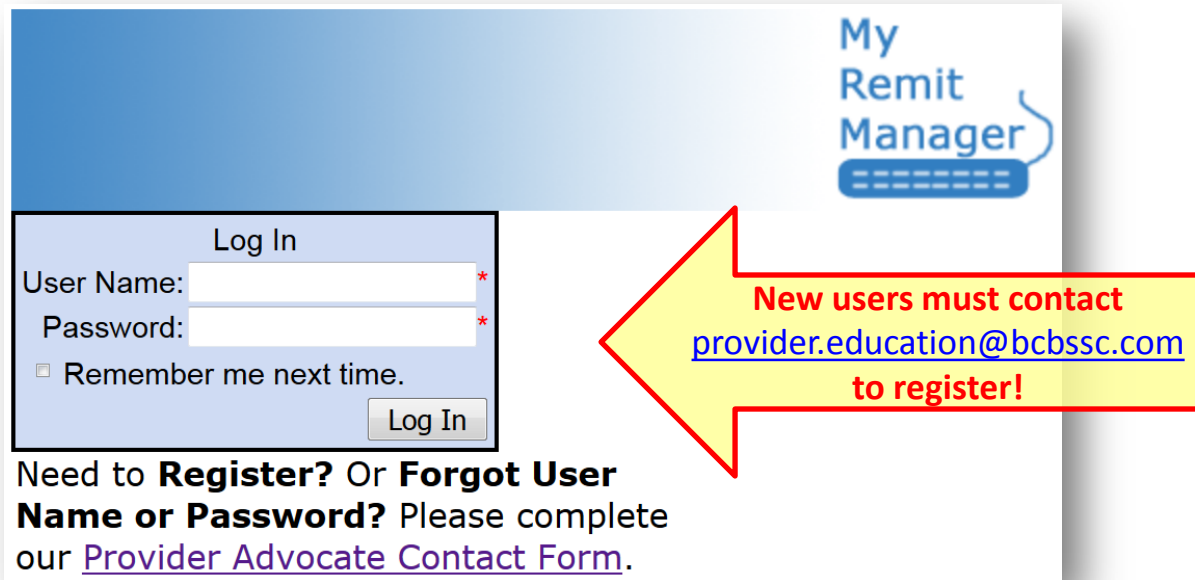


Agenda

- General Information
- The Credentialing Process
- Our Dental Networks
- Using My Insurance ManagerSM
- **Using My Remit ManagerSM**
- Filing Guidelines
- Helpful Resources for You

Using My Remit ManagerSM

- My Remit Manager is available to all providers who have EFT.
- It works independently of your practice management system or clearinghouse.



My Remit Manager

Log In

User Name: *

Password: *

☐ Remember me next time.

Log In

New users must contact
provider.education@bcbssc.com
to register!

Need to **Register?** Or **Forgot User Name or Password?** Please complete our [Provider Advocate Contact Form](#).



Using My Remit ManagerSM

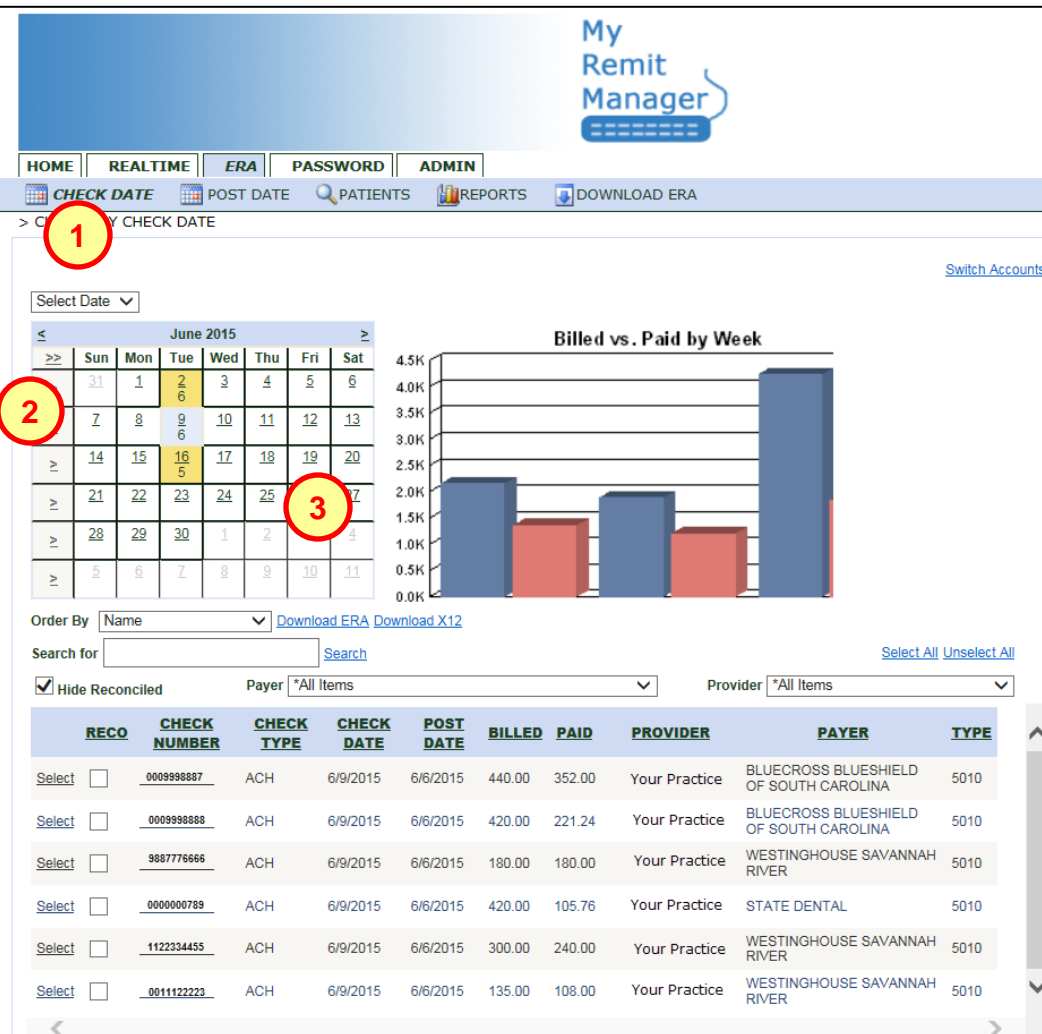
Find your way around the portal!

- **Messages** – Find news or updated information about My Remit Manager here
- **ERA** – View/print/download remittances and analyze reports
- **Password** – Use to change your password
- **Admin** – View/edit/delete users and reset user passwords
- **Realtime** – You are unable to access eligibility information using this tab

Using My Remit ManagerSM

- Viewing ERA information

1. Search by a specific month or year by selecting from the menu.
2. Select the double arrows (>>) at the top left of the calendar to view all checks for the month.
3. Select a specific date on the calendar to view checks for that date only.



My Remit Manager

HOME REALTIME **ERA** PASSWORD ADMIN

CHECK DATE POST DATE PATIENTS REPORTS DOWNLOAD ERA

> CHECK DATE

Select Date

<>> June 2015 >>>

Billed vs. Paid by Week

Order By Name Download ERA Download X12

Search for Search Select All Unselect All

☒ Hide Reconciled Payer *All Items Provider *All Items

RECO	CHECK NUMBER	CHECK TYPE	CHECK DATE	POST DATE	BILLED	PAID	PROVIDER	PAYER	TYPE
Select	0009998887	ACH	6/9/2015	6/6/2015	440.00	352.00	Your Practice	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	5010
Select	0009998888	ACH	6/9/2015	6/6/2015	420.00	221.24	Your Practice	BLUECROSS BLUESHIELD OF SOUTH CAROLINA	5010
Select	9887776666	ACH	6/9/2015	6/6/2015	180.00	180.00	Your Practice	WESTINGHOUSE SAVANNAH RIVER	5010
Select	0000000789	ACH	6/9/2015	6/6/2015	420.00	105.76	Your Practice	STATE DENTAL	5010
Select	1122334455	ACH	6/9/2015	6/6/2015	300.00	240.00	Your Practice	WESTINGHOUSE SAVANNAH RIVER	5010
Select	0011122223	ACH	6/9/2015	6/6/2015	135.00	108.00	Your Practice	WESTINGHOUSE SAVANNAH RIVER	5010



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Filing Guidelines

General guidelines

Dental Plan	Claims Filing Procedures
Commercial	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.
FEP BlueDental	Submit all claims to the member's primary medical plan first. See the member's medical ID card for submission. Timely filing is 12 months from date of service.
State Dental and Dental Plus	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. If applicable, use the ADA State Claim form found on our website to mail paper claims to BlueCross. Timely filing is 24 months from date of service. Do not file a separate claim for Dental Plus members.



Filing Guidelines

Filing dental under medical benefits

- Use a CMS-1500 claim form with the accurate diagnosis code when rendering oral surgical services under State Dental and health plans.
- For FEP BlueDental, always file claims to the medical plan first.

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) and the total months of treatment and total charge.
- For a transfer case: Submit one line with the monthly adjustment code, total months of treatment remaining and total charge for the remaining monthly adjustments.



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Helpful Resources

- Dental Providers Administrative Office Manual
- BlueCross Dental Presentation
- BlueCross Dental Frequently Asked Questions
- My Insurance Manager User Guides
- My Remit Manager User Guides
- South Carolina Dental Credentialing Application
- Other Health/Dental Insurance Questionnaire
- Dental Provider Reconsideration Form



- Network Membership & Credentialing
 - Contact Jonathan Todd for Commercial and Dental Plus membership
 - Email: Jonathan.Todd@bcbssc.com
 - Fax: 803-870-8330
- Electronic Funds Transfer (EFT)
 - Email: cred.fax@bcbssc.com
 - Credentialing Fax: 803-264-4795



Helpful Resources

Provider Relations & Education Advocates

Name	Telephone	Email
Shamia Gadsden	803-264-6966	Shamia.Gadsden@bcbssc.com
Contessa Struckman	803-264-3481	Contessa.Struckman@bcbssc.com
Ashlie Graves	803-264-4301	Ashlie.Graves@bcbssc.com
Mary Ann Shipley	803-264-3724	Mary.Ann.Shipley@bcbssc.com
Sandy Sullivan	803-264-5969	Sandy.Sullivan@bcbssc.com
Sharman Williams	803-264-8425	Sharman.Williams@bcbssc.com
Bunny Temple	803-264-1701	Bunny.Temple@bcbssc.com
Jamie Self	803-264-2802	Jamie.Self@bcbssc.com
Noelle Jacobs	803-264-6826	Noelle.Jacobs@bcbssc.com
Andy Pineda	803-264-2260	Joseph.Pineda@bcbssc.com

Provider advocates are always eager to assist you!



Helpful Resources

Name	Area	Telephone	Email
Teosha Harrison	Manager, Provider Relations & Education	803-264-4364	Teosha.Harrison@bcbssc.com
Jonathan Todd	Manager, Provider Contracting	803-264-2197	Jonathan.Todd@bcbssc.com
Sarah Turner	Director, Dental Operations	803-264-7691	Sarah.Turner@bcbssc.com
Bonnie Tucker	Director, State Dental Plan Operations	803-264-7284	Bonnie.Tucker@bcbssc.com
Sherry Lawson	Manager, FEP BlueDental	N/A	Sherry.Lawson@bcbsa.com

These individuals are essential to the service we provide to our dental providers.

Thank you!



Questions?

Email us at

provider.education@bcbssc.com

Subject: Dental provider inquiry