



Dental Providers



BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Note! Contents are subject to change and are not a guarantee of payment.

- **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

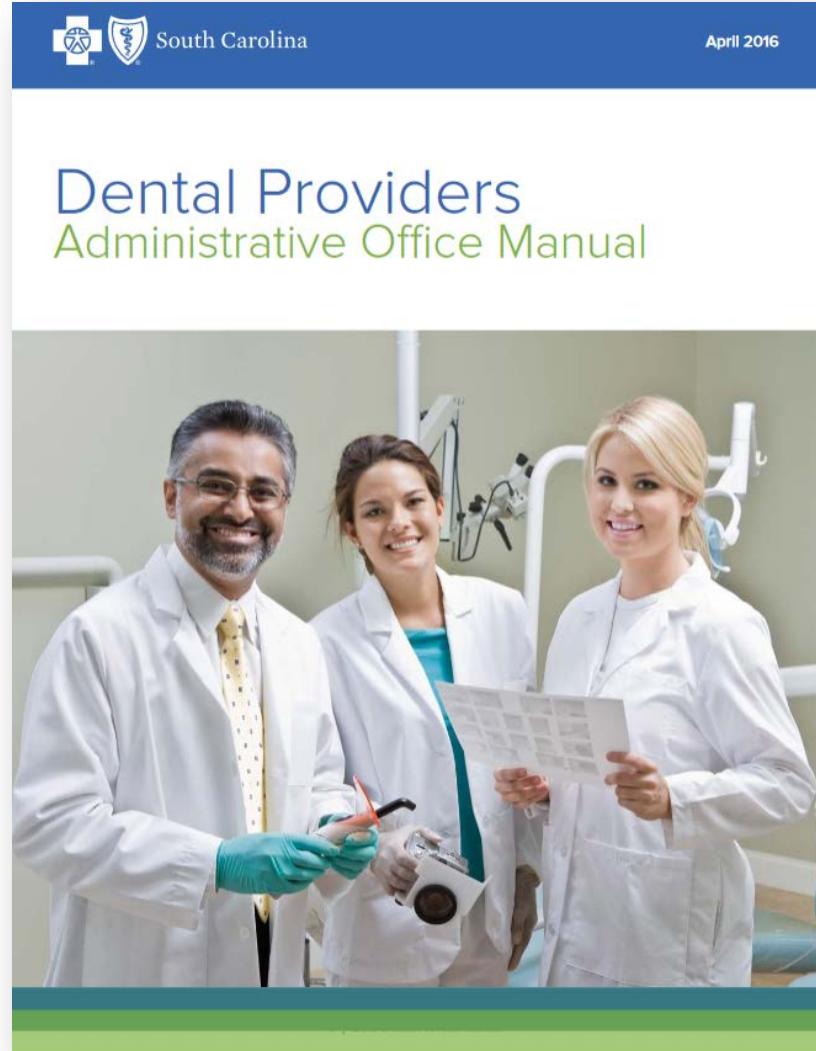
The screenshot shows the homepage of the South Carolina BlueCross BlueShield website. The top navigation bar includes links for 'Members', 'Agents', 'Providers', and 'Employers'. The main content area features a large map of South Carolina with a focus on the Rock Hill area. A doctor in a white coat stands to the right of the map. The 'Providers' section is highlighted with a large, semi-transparent purple overlay. The 'My Insurance Manager' section includes links for 'File Claims', 'Check Eligibility', and 'Ask Provider Services and More'. The footer contains links for 'Technical Support', 'Privacy & Legal', 'Feedback', 'Report Fraud', and copyright information: 'Copyright © 2015, BlueCross BlueShield of South Carolina. All rights reserved. BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.'



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.

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



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: _____	SSN: _____	DMD	DDS	Other _____
Birth Date: _____	Individual NPI: _____	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Associate		
Gender: _____	Federal DEA: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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 <small>If DEA app has been submitted and is PENDING, DDS will not write prescriptions until DEA is finalized.</small>				
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:	County: _____			
City/State/ZIP:				
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.
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 Minimum Age: _____ Maximum Age: _____				
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 certificates from the American Board)				
* Date of Certification: _____ Expiration Date: _____				
PROFESSIONAL LIABILITY INSURANCE FOR EACH ENTITY IN WHICH YOU PRACTICE <small>(Complete this information or attach copy.)</small>				
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.

- General Information
- The Credentialing Process
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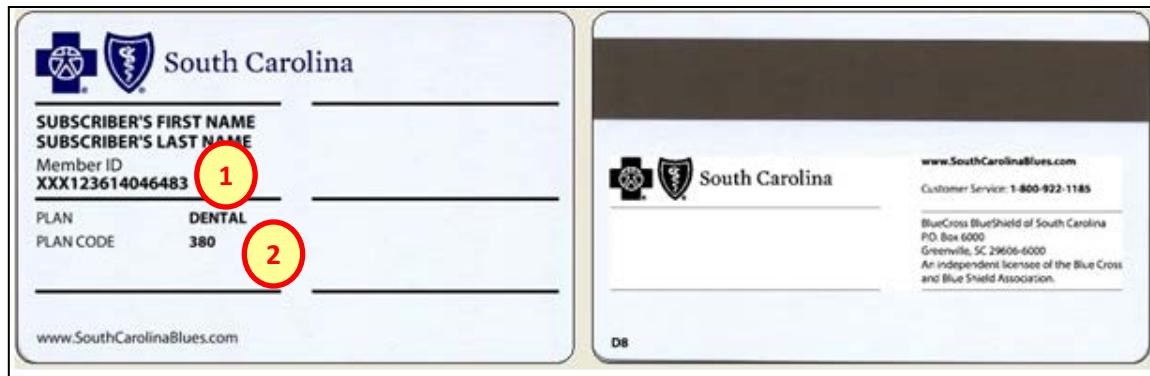
Commercial Dental Plans

- 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)



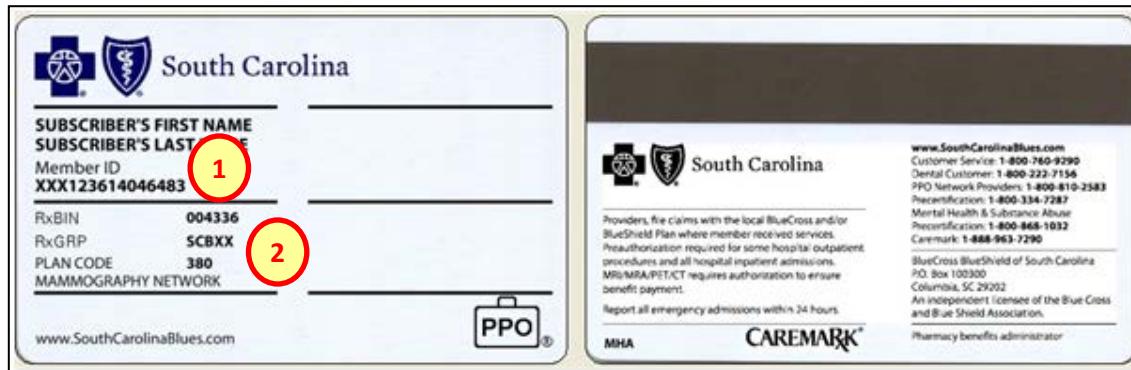
Our Dental Networks

Commercial Dental Plans



Sample Commercial-Dental Only ID Card

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



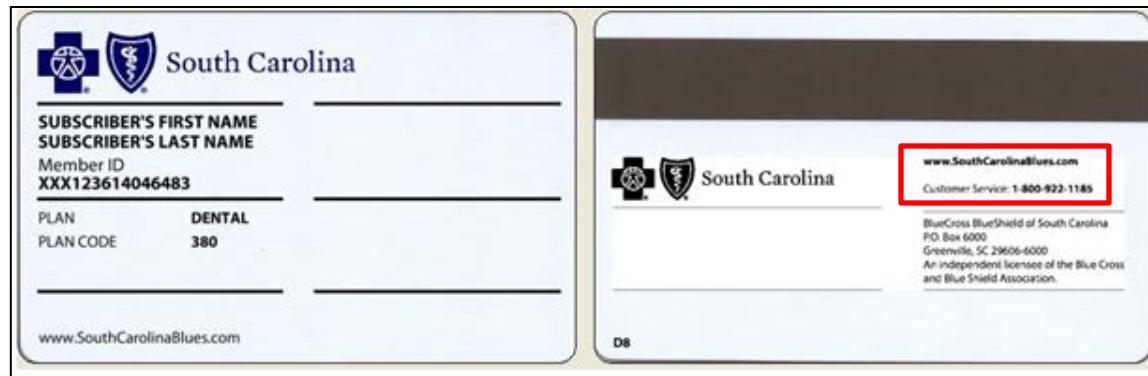
Sample Commercial-Medical and Dental ID Card

1. Member ID number
2. Plan code

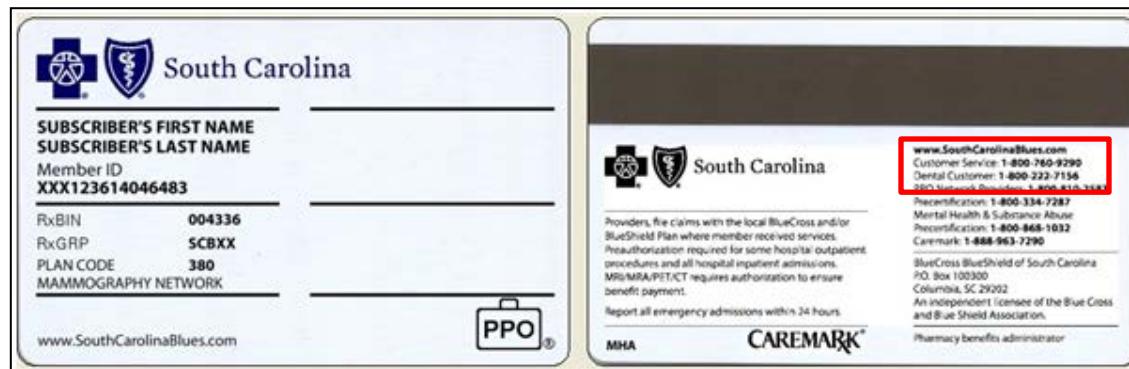


Our Dental Networks

Commercial Dental Plans



Sample Commercial-Dental Only ID Card



Sample Commercial-Medical and Dental ID Card

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



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.

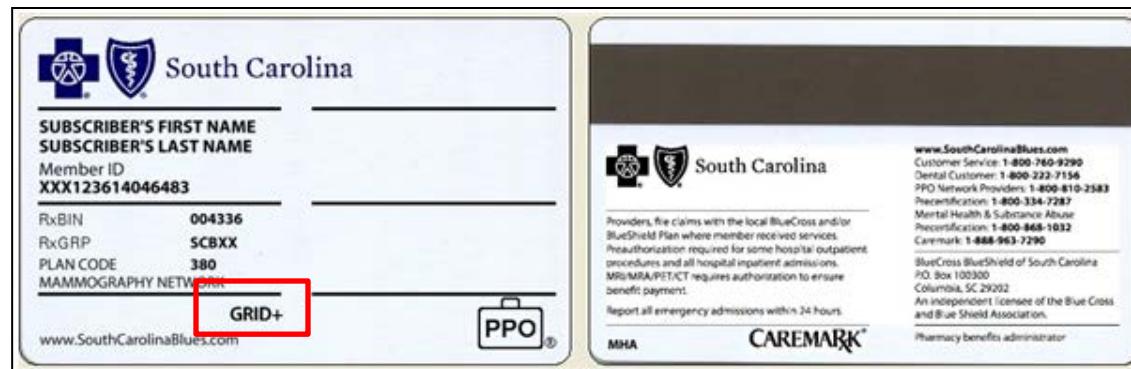
**GRID is a separate company that offers a dental network on behalf of BlueCross.*



Our Dental Networks

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

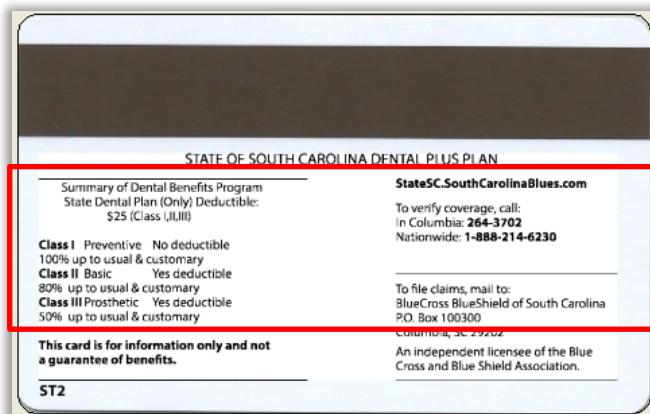
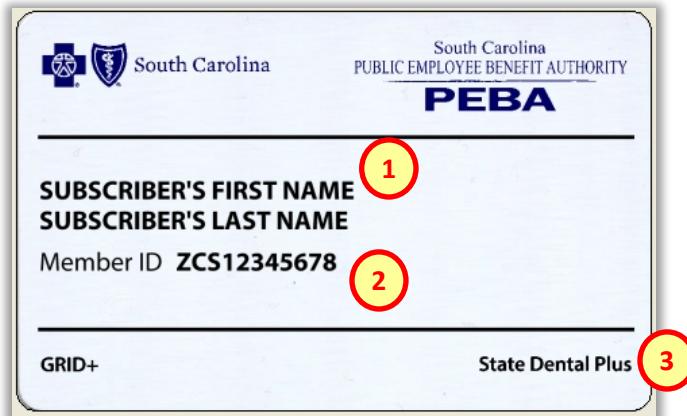
State Dental and Dental Plus Plans

- 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.



Our Dental Networks

State Dental and Dental Plus Plans



Sample State Dental Plus ID Card

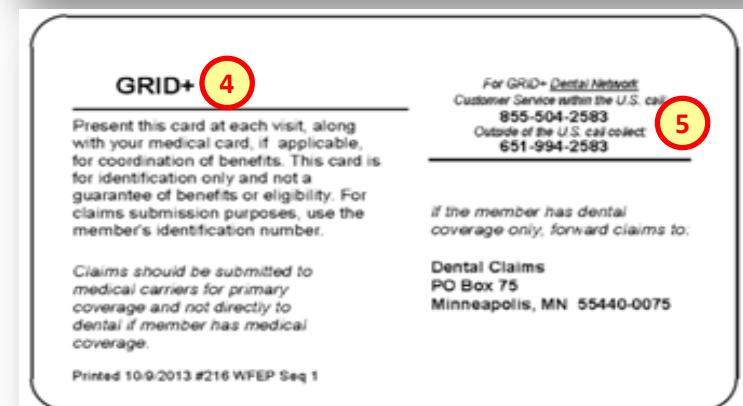
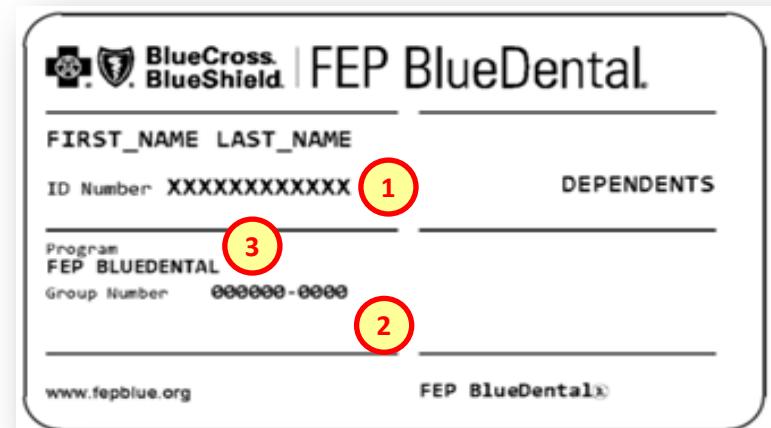
- Identify State Dental Plus plan members by noting these member ID card elements:
 1. Subscriber's first and last name
 2. ID number
 3. Plan name
- On the back of the member's ID card is a helpful customer service telephone number
- You can also find a brief summary of benefits



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



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			
Intraoral complete series	\$36	\$22	<u>Out-of-Network</u>
Intraoral periapical first image	\$7	\$5	All charges in excess of the scheduled amounts listed to the left
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	In Network 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	Out-of-Network 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	Preferred: All charges in excess of member's \$30 copayment	Preferred: \$30 copayment per evaluation
Periodic oral evaluation*		
Limited oral evaluation		
Comprehensive oral evaluation*		
*Benefits are limited to a combined total of two evaluations per person per calendar year	Participating/ Non-participating: Nothing	Participating/ Non-participating: Member pays all charges
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.

- General Information
- The Credentialing Process
- Our Dental Networks
- **Using My Insurance ManagerSM**
- Using My Remit ManagerSM
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Using My Insurance ManagerSM

The screenshot shows the BlueCross South Carolina Provider website. At the top, there are navigation links: Members, Agents, Providers (which is the active tab), and Employers. Below the navigation is a banner with the text "Because it matters how you're treated." and the BlueCross logo. On the right side of the banner, there is a sidebar with links: My Insurance Manager, Forms, Prescription Drug Information, Education Center, Medicare Advantage, HIPAA Critical Center, and Quality Initiatives. The main content area has a sub-navigation bar with links: Members, Agents, Providers (active), and Employers. Below this is another banner with the same "Because it matters how you're treated." text and BlueCross logo. The main content area contains sections for "Provider Tools", "My Insurance Manager" (with a red circle around the link), "My Remit Manager", and "Voice Response Unit (VRU)". A red dashed arrow points from the text in the adjacent box to the "My Insurance Manager" link in the sidebar.

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

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



Using My Insurance ManagerSM

My INSURANCE MANAGERSM

Home Patient Care Office Management Resources Modify Pro

Welcome, te

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Welcome

At BlueCross the last coup these tools is facilities, phys

We recognize

Health

- Authorization Extension
- Authorization Status
- Claims Status
- Eligibility and Benefits
- Institutional Claim Entry
- Other Health Insurance

Dental

- Claims Status
- Dental Claim Entry
- Eligibility and Benefits
- Other Dental Insurance

- Patient Directory
- Pre-Certification/Referral
- Superbill Maintenance
- Pre-Service Review for Out-of-Area Members
- Professional Claim Entry
- Verify Primary Care Physician

- 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)			
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.			
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



Using My Insurance ManagerSM

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

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▲
▷ 23- DIAGNOSTIC DENTAL	11- OFFICE		
▷ 24- PERIODONTICS	11- OFFICE		
▷ 25- RESTORATIVE	11- OFFICE		
▷ 26- ENDODONTICS	11- OFFICE		
▷ 35- DENTAL CARE			
▷ 36- DENTAL CROWNS	11- OFFICE		
▷ 38- ORTHODONTICS	11- OFFICE		
This patient is not covered.			
▷ 39- PROSTHODONTICS	11- OFFICE		
▷ 40- ORAL SURGERY	11- OFFICE		
▷ 41- ROUTINE (PREVENTIVE) DENTAL	11- OFFICE		



Using My Insurance ManagerSM

Policy Effective Date:
11/01/2008

Benefit Period:
11/01/2014 - 11/01/2015

[View Graphical Tooth Chart](#)

[View Benefit Booklet for this patient](#)

IN AND OUT OF NETWORK

Global Benefits

✓ This patient has active benefits

INDIVIDUAL DEDUCTIBLE: \$150

FAMILY DEDUCTIBLE: \$150

Permanent Teeth **Primary Teeth**

Printer-Friendly

Patient's Name:
Patient A

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.

Upper

Right Left

Lower

- 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.

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



Using My Insurance ManagerSM

- Pre-Treatment Estimate

Insurance

Plan Name:
BlueCross BlueShield Plans

Plan ID:
12345

Member ID:
QRS445556666777

Patient

Patient's Name:
BLU CROSS

Date of Birth:
12/13/1974

Change Patient

[View Pre-Treatment Estimate Letter](#)

Estimate Detail

Here is the information about the pre-treatment estimate you chose.

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.

Claim Number:	Status:
S3F2002240000	PENDING

Pre-Treatment Estimate Information

Provider's Name:	Primary ID:	
SHIELD FAMILY DENTISTRY	1411155599	
Date Received:	Date Processed:	
04/29/2015	05/01/2015	
Total Charges:	Non-Covered Amount:	
\$1,000.00	\$51.00	
Allowed Amount:	Patient Liability:	Orthodontics?:
\$462.00	\$538.00	No

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



Using My Insurance ManagerSM

Dental Claim Entry

Printer-Friendly

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

Date of Service 06/29/2015

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

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

- **Dental Claim Entry Steps**

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



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:
QRS445556666777

Patient
Patient's Name:
BLU CROSS

Date of Birth:
12/13/1974

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:

Location Selection:

Specific Location
 All locations

Search

Info 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

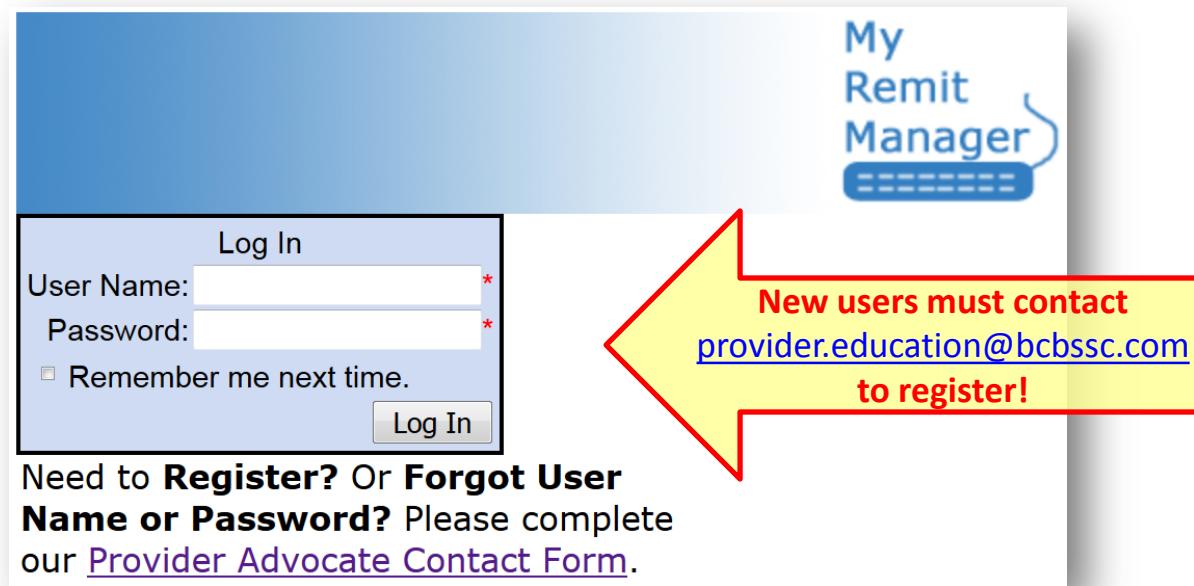
Plan	Provider Services Voice Response Unit (VRU)	Fax
Commercial Dental Plans	800-222-7156 (Columbia center) 800-922-1185 (Greenville center)	803-264-7629
State Dental and Dental Plus	888-214-6230 -OR- 803-264-3702 (Columbia area)	803-264-7739
FEP BlueDental	855-504-2583	843-763-0631

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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.





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

My
Remit
Manager

[HOME](#) | [REALTIME](#) | [ERA](#) | [PASSWORD](#) | [ADMIN](#)

[CHECK DATE](#) | [POST DATE](#) | [PATIENTS](#) | [REPORTS](#) | [DOWNLOAD ERA](#)

[Switch Accounts](#)

> Click to view CHECK DATE

Select Date

Select Date

#1

#2

#3

Billed vs. Paid by Week

Order By [Name](#) [Download ERA](#) [Download X12](#)

Search for [Search](#)

Hide Reconciled Payer [*All Items](#) [Select All](#) [Unselect All](#)

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

- 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.

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



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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- 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





Helpful Resources

- 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">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@bcbsc.com
Jonathan Todd	Manager, Provider Contracting	803-264-2197	Jonathan.Todd@bcbsc.com
Sarah Turner	Director, Dental Operations	803-264-7691	Sarah.Turner@bcbsc.com
Bonnie Tucker	Director, State Dental Plan Operations	803-264-7284	Bonnie.Tucker@bcbsc.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