

Blue Dental

Provider Training

for dentists and dental
team members

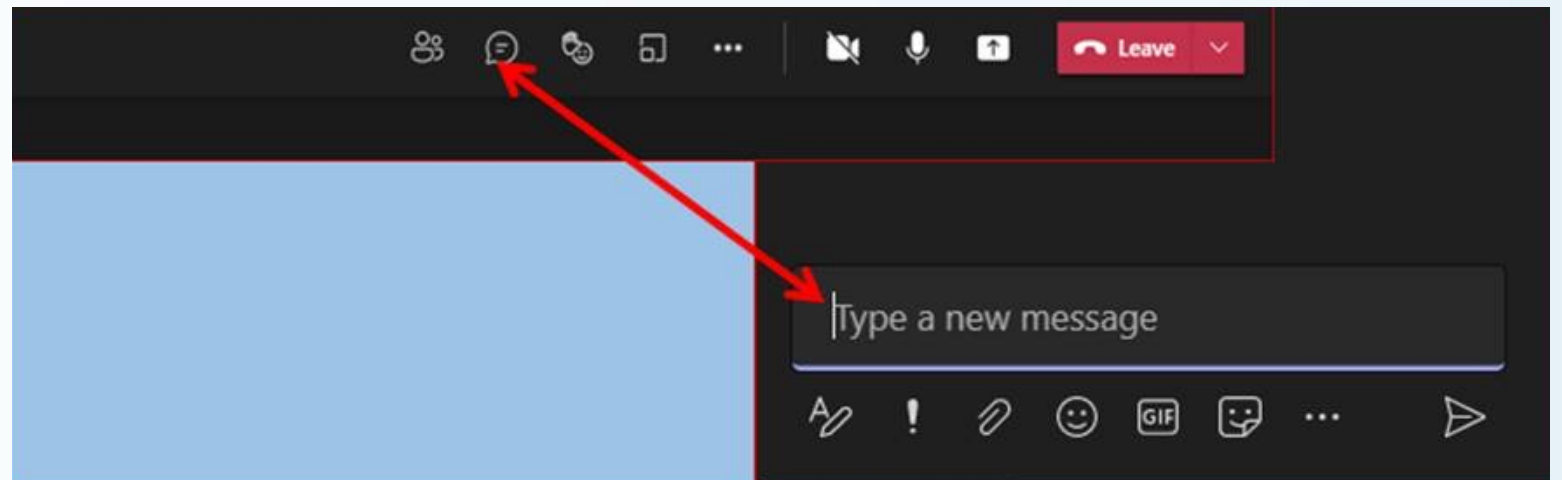
HOW TO SUBMIT QUESTIONS

To avoid background noise, all attendees have been muted on entry.

Questions & Feedback:

1. Opportunity for quick questions or clarifications at the end of each section
2. Q&A session will be hosted at the end of the session

You can enter your questions or feedback using the [chat icon](#), as follows:



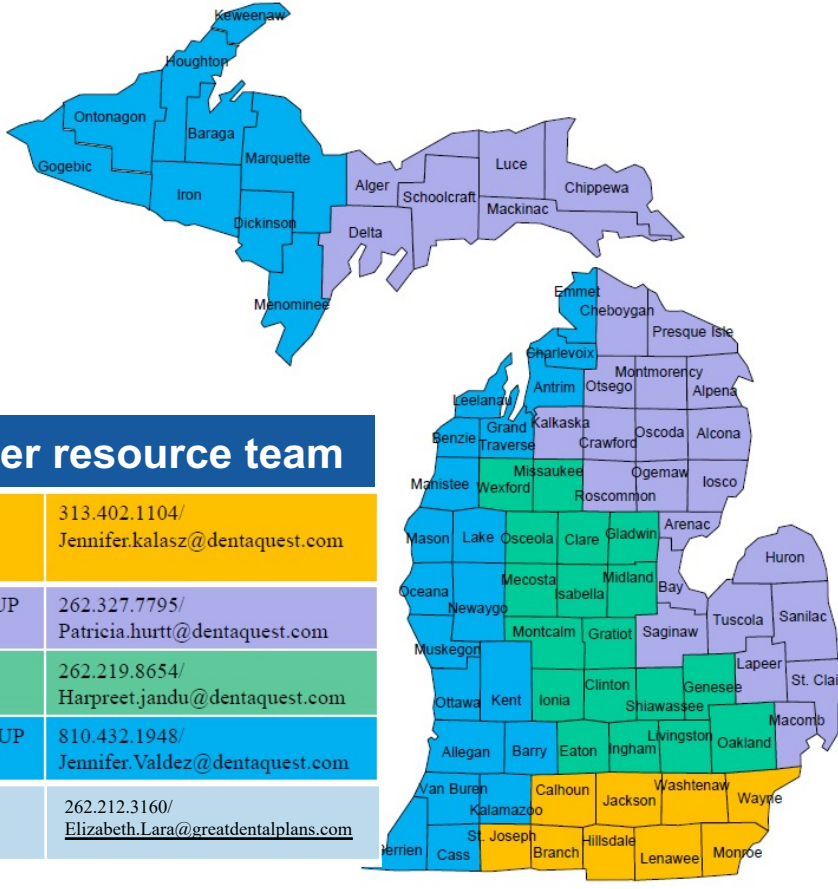


AGENDA

- 1 Introductions and partnerships
- 2 Resources for you
- 3 How to work with Blue Dental
- 4 Provider portal overview
- 5 Q&A session

INTRODUCTIONS

YOUR PROVIDER RESOURCE TEAM



Dr. Lisa Knowles
Dental Consultant,
Blue Cross Blue Shield of Michigan
LKnowles@bcbsm.com

OUR PARTNERSHIPS

PARTNERSHIPS



OUR PARTNERSHIPS

BLUE DENTAL ADMINISTRATION



DentaQuest®

Maintain Provider
Portal

Member Eligibility
Verification

Pre-Estimate, Claims
Processing and Claim
Payments

Provider and Member
Inquiries, Grievances, and
Appeals

General Provider
Outreach and Education

Escalated issue support

OUR PARTNERSHIPS

HOW YOU PARTICIPATE WITH US

In Network	Out of Network	
Tier 1 – PPO Providers	Tier 2 – Participate on a per claim basis	Nonparticipating Providers
Contracted with one of BCBSM's network partners	Not contracted, chose to participate on a claim	Not contracted, chose not to participate on a claim
Payment is sent to the provider's office	Payment is sent to the provider's office	Payment is sent to the member
Both boxes 36 and 37 are signed on the claim forms.	Both boxes 36 and 37 are signed on the claim forms.	The box 37 is left blank.
Accept the payments as full reimbursement and cannot balance bill the member.	Accept the payments as full reimbursement and cannot balance bill the member.	Can balance bill the member for charges that exceed maximum allowed amount.
Reimbursed based on the contracted network fee schedule	Reimbursed based on BCBSM Blue Par Select fee schedule	Reimbursed based on BCBSM Blue Par Select fee schedule

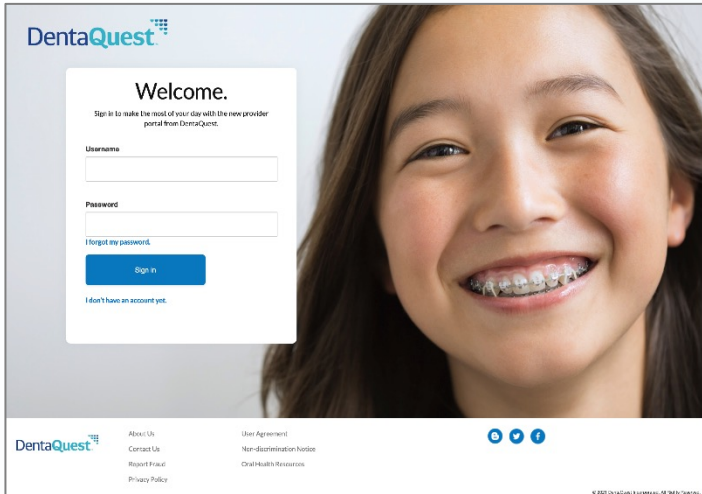
RESOURCES FOR YOU



RESOURCES FOR YOU

ONLINE AND PHONE SUPPORT OPTIONS

Provider Portal:



- Member and provider information
- Verify eligibility
- Access benefits
- Bill and track claim
- Access payments
- Submit outreach requests
- Access to helpful documents:
 - Provider manual
 - Claims filing instructions
 - General contact information

If you haven't registered for the Provider Portal, please visit the BCBSM Dentist Page at <https://dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/> for instructions.

Phone Service & Support:

Customer service: (888) 826-8152

For inquiries unresolved by the portal and customer service:

- Please contact your regional provider resource representative

RESOURCES FOR YOU

PROVIDER SUMMARY GUIDE AND MANUAL

BlueDental™

Provider guide

As of November 1, 2019, both Blue Cross Blue Shield of Michigan and Blue Care Network's commercial dental programs have transitioned to a new dental network for Blue Cross and Blue Shield of Michigan. There are no changes to network affiliations or member benefits as a result of this transition.

	Commercial	Medicare Advantage and Medicaid (Blue Care Network)	Federal Employee
Provider portal: • Provider portal • Provider portal • Provider portal	providerportal.dentaquest.com For a full list of providers, please visit the provider portal.	providerportal.dentaquest.com For a full list of providers, please visit the provider portal.	providerportal.dentaquest.com For a full list of providers, please visit the provider portal.
How to submit claims:	Electronic claims: providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically. Paper claims: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150	Electronic claims: providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically. Paper claims: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150	Electronic claims: providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically. Paper claims: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150
Affiliated networks:	United Community Chiropractors, Inc. United Community Chiropractors, Inc. United Community Chiropractors, Inc. United Community Chiropractors, Inc.	Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan	Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan Blue Cross Blue Shield of Michigan
To submit an invoice: DentaQuest	providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically.	providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically.	providerportal.dentaquest.com DentaQuest's e-claims system allows you to submit claims electronically.
To submit a claim appeal:	Electronic claim appeals: providerportal.dentaquest.com Paper claim appeals: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150	Electronic claim appeals: providerportal.dentaquest.com Paper claim appeals: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150	Electronic claim appeals: providerportal.dentaquest.com Paper claim appeals: Blue Cross Blue Shield of Michigan P.O. Box 400 Livonia, MI 48150
For fax claims:	1-800-855-5589	1-800-855-5589	1-800-855-5589

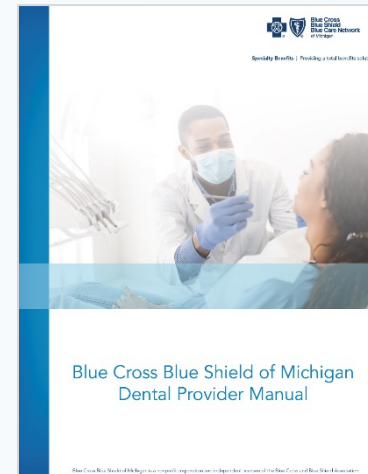
Newsletters and communications:
Please visit dentaquest.com/newsletters for a full list of newsletters and communications. If you are unable to find the newsletter you are looking for, please contact DentaQuest at 1-800-855-5589.

Member Employee Program:
For information regarding the Member Employee Program, please visit www.dentaquest.com/mep or call 1-800-855-5589.

Blue Dental Provider Summary Guide:

- Phone and fax numbers
- Mailing addresses
- Online links

It is available on our website at <http://www.dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/> under “**Provider Resources**”.



Blue Dental Provider Manual:

- The provider manual can be found on the provider portal under documents and can be found at this website link:
 - <https://dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/>

Note: DentaQuest doesn't administer the Federal Employee Program. Please contact FEP Provider Customer Service at (800) 840-4505 for assistance.

HOW TO WORK WITH BLUE DENTAL

- Verifying benefits & eligibility
- Submitting a Blue Dental claim
- Understanding claims payments



VERIFYING BENEFITS & ELIGIBILITY

ONLINE AND PHONE OPTIONS TO VERIFY

Use these resources to verify **active coverage** and **eligibility** for their patients **on each** visit to ensure claim payments.



Provider Portal

<https://provideraccess.dentaquest.com/>



Customer Service

(888) 826-8152

Note: You must only use the 9-digit alpha or numerical portion of the subscriber ID for eligibility verification. Please do not use the first 3 letters.

SUBMITTING A BLUE DENTAL CLAIM

AVAILABLE METHODS

All claims must be submitted in accordance with the current ADA guidelines and policy requirements by utilizing one of the methods below:

- **Provider Portal:** <https://provideraccess.dentaquest.com/>
- **Clearinghouse:** use BBMDQ as the Payor ID.
- **Mail:** BCBSM, PO Box 49, Detroit, MI 48231.
- **Fax:** (262)834-3589 at Attn: BCBSM Claims.

Note: You must only use the 9-digit alpha or numeric part on the claims. All accident-related claims must be billed to medical insurance.

CLAIMS PROCESSING TIMING

- You must file within **two years** from the date of service.
- Once in the queue, BCBSM has a standard **30-day** turn-around time on claims.
- The claims adjudication cycle runs **every Friday** after normal business hours.



Please visit the **Provider Portal** to view claim statuses.

CLAIM PAYMENTS

TWO METHODS

1. Direct Deposit/ EFT: Once the claim has been correctly submitted and processed, the funds will be deposited in the account of your choosing within 3 business days. You will no longer receive EOBs in the mail; they will be available on the Provider Portal.

2. Paper Checks: via Mail

<input type="checkbox"/> CHECK HERE IF MOBILE DEPOSIT
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
FOR PROVIDERS ONLY: (does not apply to member payments) I agree that receipt of payment constitutes my agreement to accept BCBSM's payment as full payment for these services and to bill the subscriber only for applicable copayments and deductibles. I also agree to comply with all BCBSM's policies and agree to permit BCBSM access to all records pertaining to this patient for audit purposes. I understand that if I fail to comply with these policies, BCBSM reserves the right to send payment directly to the member for any and all future claims.

How to register for EFT:

Provider Portal	http://provideraccess.dentaquest.com
Email	standardupdates@dentaquest.com
Fax	(262)241-4077
Mail	Attn: PEC Department PO Box 491, Milwaukee, WI 53201-0491
Each form must be submitted along with a copy of a voided check and list of program(s) you participate in.	

The EFT Form is available at <http://www.dentaquest.com/state-plans/regions/michigan/dentist-page/bcbsm/>.

Please contact your contracted network for a copy of the fee schedule. **BCBSM is not able to provide it to you.**

APPEALS

If unsatisfied with the decision, you can submit an appeal for a claim as follows:



- **Provider Portal:** It is the fastest and easiest way to submit and track your appeal.

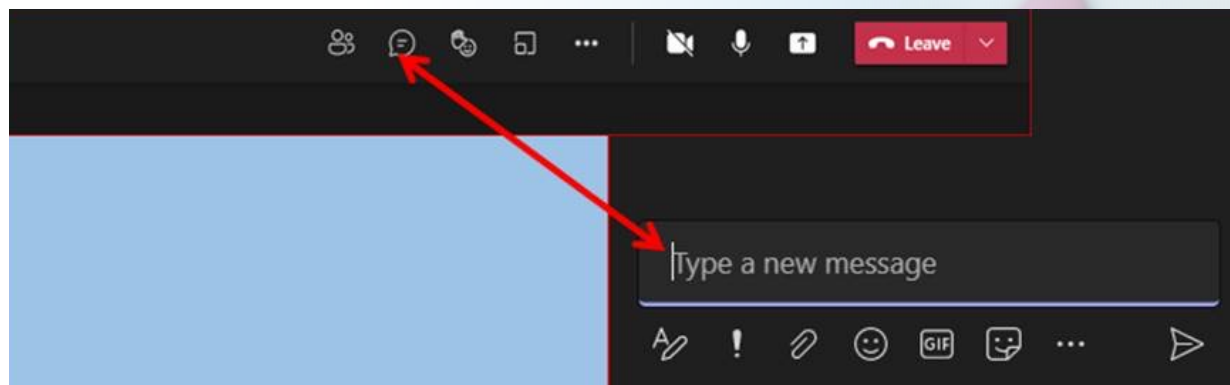


- **Mail to:**
Blue Cross Blue Shield of Michigan
Attn: Provider Appeals
PO Box 49
Detroit, MI 48231

Note: You must attach the EOB along with your appeal for consideration.

Questions?

You can enter your questions or feedback using the [chat icon](#), as follows:



PROVIDER PORTAL OVERVIEW

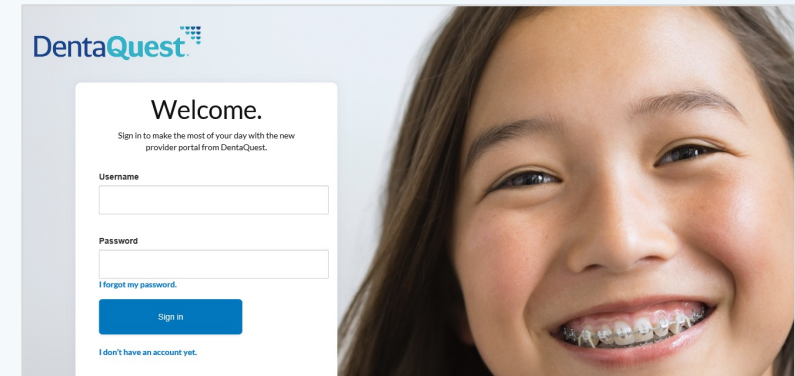
- Registering
- Verify benefits and eligibility
- Submitting a claim
- View claim status
- Setup EFT
- Submitting an appeal
- Additional support



PROVIDER PORTAL

HOW TO REGISTER

1. Visit <http://provideraccess.dentaquest.com> and select **“I don’t have an account yet.”**
2. Enter the Business and Provider Information, as requested.
3. Please contact provider customer service at (888)826-8152 to get your **“Business Key”**.
4. Finish the registration process by accepting Terms and Conditions.



To create your account, please start by providing information about your practice.

* Fields marked with an asterisk are required.

Tax ID Number * State *

Business Key *

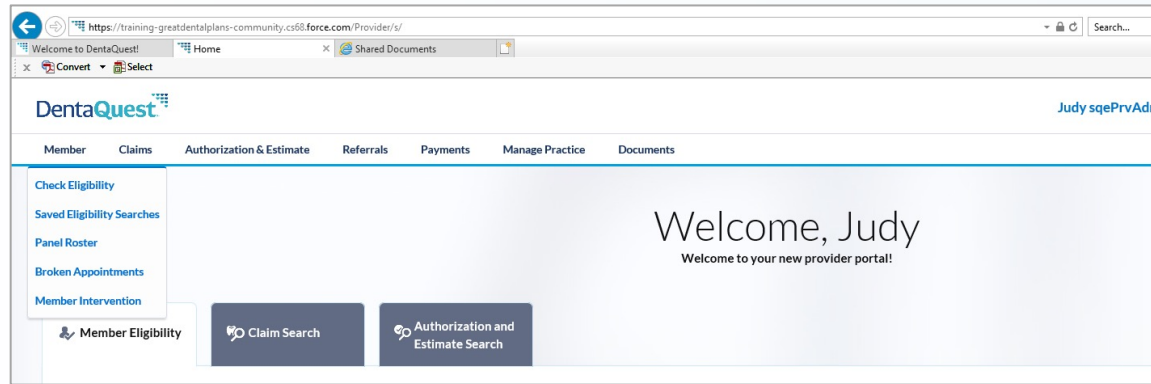
Enter the following details for any of the dentists at your practice.

Provider First Name * Provider Last Name *

License Number * Provider NPI Number *

PROVIDER PORTAL

MEMBER TAB: CHECK ELIGIBILITY



To access an Eligibility Search you can:

1. Click **Check Eligibility** from the Member Tab –or–
2. Complete the search from the **Member Eligibility Task Starter** on the home page.

The screenshot shows the 'Eligibility Search' page in the DentaQuest Provider Portal. The page has a header with the DentaQuest logo and user information. The main content area is titled 'Eligibility Search' and includes a section for 'Enter Member Information'. Below this is a table with columns for Service Date, Birth Date, Member Number, First Name, Last Name, and Quick Links. The table contains three rows of data, each with input fields for the member information.

	Service Date *	Birth Date *	Member Number	First Name	Last Name	Quick Links
1	05/28/2019		Member Number	First Name	Last Name	
2	05/28/2019		Member Number	First Name	Last Name	
3	05/28/2019		Member Number	First Name	Last Name	

PROVIDER PORTAL

MEMBER TAB: CHECK ELIGIBILITY

1. Select Location

Location*

Journey Richard - William Street - NORTH RICHLAND HILLS

2. Select Provider

Provider*

Heidi Chase

3. Enter Member Information

Service Date *	Birth Date *	Member Number	First Name	Last Name	Quick Links
05/30/2018	04/09/2010	Member Number	Aniyah	Lester	
05/30/2018	11/04/2009	111165548	First Name	Last Name	

- The service office location, provider's name, the service date, and member's birth date are required.
- Use the patient's DOB **and** the alpha or numeric 9-digit subscriber ID for eligibility verification.

MEMBER TAB: CHECK ELIGIBILITY

Check member eligibility **for 365 days prior to current date or up to 14 days in the future** to confirm eligibility, accumulate data for primary care dentist, and other coverage.

Member Management > Eligibility Search Manage Saved Searches

Eligibility Search

1. Select Location **2. Select Provider**

* Location * Provider

3. Enter Member Information

Service Date *	Birth Date *	Member Number	First Name	Last Name
03/26/2018	<input type="text"/>	<input type="text" value="Member Number"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
03/26/2018	<input type="text"/>	<input type="text" value="Member Number"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
03/26/2018	<input type="text"/>	<input type="text" value="Member Number"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
03/26/2018	<input type="text"/>	<input type="text" value="Member Number"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
03/26/2018	<input type="text"/>	<input type="text" value="Member Number"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>

+ Add 5 rows

Manage Saved Searches

Name	Last Updated	Created By
Test Save Search - updated	1/31/2018, 2:37 PM CST	Daily DAdmin
Sprint 1 Demo - SAVE	1/31/2018, 11:54 AM CST	Daily DAdmin

Save search criteria for future use. Only super users can use pencil icon to edit or delete saved searches.

Search by Required Fields:

- Member's DOB + 9-digit Member ID Number
- Member's DOB + Partial/Full Last Name

Note: Search can be done active and termed providers/locations within the last year.

MEMBER TAB: ELIGIBILITY RESULTS

Member Management > Eligibility Search > Search Results
Print

Eligibility Search: Results

Business Name
Miah Farmer
Location
Rodney Rose
Provider
Marell Patrick
Search Run:
Tue Jun 19 2018 at 03:20pm
Save Search

Eligible

Service Date <i>IT</i>	Birth Date <i>IT</i>	Member Number <i>IT</i>	Member Name <i>IT</i>	Plan Type <i>IT</i>	PCD <i>IT</i>	Coverage End Date <i>IT</i>	Quick Links
06/15/2018	09/21/2002	187389676	Regan Mercado	CO Medicaid Child			▼

Not Eligible on Selected Date
Click on a member's name for more information.

Service Date <i>IT</i>	Birth Date <i>IT</i>	Member Number <i>IT</i>	Member Name <i>IT</i>	Plan Type <i>IT</i>	PCD <i>IT</i>	Coverage End Date <i>IT</i>	Quick Links
06/15/2018	08/18/1957	877046736	Libby Blake	CO Medicaid Adult		07/31/2017	▼

Out of Network
The member is not within this network and is ineligible.

Service Date <i>IT</i>	Birth Date <i>IT</i>	Member Number <i>IT</i>	Member Name <i>IT</i>	Plan Type <i>IT</i>	PCD <i>IT</i>	Coverage End Date <i>IT</i>	Quick Links
06/15/2018	10/28/2005	205896687	Tripp Dixon	TX Medicaid Child (Under 21)	Tripp Pena		▼

Not Found
No information was found. Please check the information or include additional information and try again.

Service Date <i>IT</i>	Birth Date <i>IT</i>	Member Number <i>IT</i>	Member Name <i>IT</i>	Reason <i>IT</i>
06/15/2018	01/01/2015		Billy Bob	No members were found that match this search criteria.

Eligible - If the Provider and location are in the same network as the member and the coverage is active for the date of service entered.

Not Eligible - This typically occurs when a member's coverage is not active for the service date entered.

Out of Network – If the provider does not accept the member's network the claims will be processed using the out of network benefits.

Not Found - This occurs when a matching member could not be identified in the database.

PROVIDER PORTAL

MEMBER TAB: ELIGIBILITY DETAIL PAGE

Member Management > Eligibility Search > Search Results Print

Eligibility Search: Results

Business Name: Miah Farmer Location: Rodney Rose Provider: Mareli Patrick Search Run: Tue Jun 19 2018 at 03:20pm Save Search

✓ Eligible

Service Date <i>IF</i>	Birth Date <i>IF</i>	Member Number <i>IF</i>	Member Name <i>IF</i>	Plan Type <i>IF</i>	PCD <i>IF</i>	Coverage End Date <i>IF</i>	Quick Links
06/15/2018	09/21/2002	187389676	Regan Mercado	CO Medicaid Child	Tripp Pena	07/31/2017	▼

Frederica Woodward

Member is out of network: Case Pruitt - Jaqueline Brooks - 06/13/2018
CO Medicaid Adult

DOB: 07/27/1969 Gender: F Primary Address: 314 State St., COLORADO SPRINGS, CO 64313 Work Phone: - Fax Number: - Primary Home Phone: -	Plan: CO DIDD State Plan - HCBS-DD Network: CO DD State Plan Issued ID: 179060144 Coverage End Date:	Plan: CO Medicaid Adult Network: CO Medicaid Issued ID: 179060144 Coverage End Date:
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Overview Claim and Authorization & Estimate Service History Eligibility History Benefit Summary

Summary View or Download PDF

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

- Eligibility
- Accumulated data
- PCD
- Intervention details
- All clinical history along with claims information.
- Private Information:
 - Member ID number
 - DOB
 - Gender
 - Primary address
 - Phone
 - Plan
 - Network
 - Other coverage
- Additional Member Details
- Claims/Authorization Estimate
- Service History
- Benefit Summary tabs

PROVIDER PORTAL

MEMBER TAB: ELIGIBILITY DETAIL PAGE

[Overview](#) [Claim and Authorization & Estimate](#) [Service History](#) [Eligibility History](#) [Benefit Summary](#)

Summary

Please note this information does not guarantee or imply payment and is contingent upon other factors, including but not limited to eligibility changes, covered services and benefit limitations.

[View or Download PDF](#)

You can use the “**View or Download PDF**” option to access the summarized copy of the policy benefits.

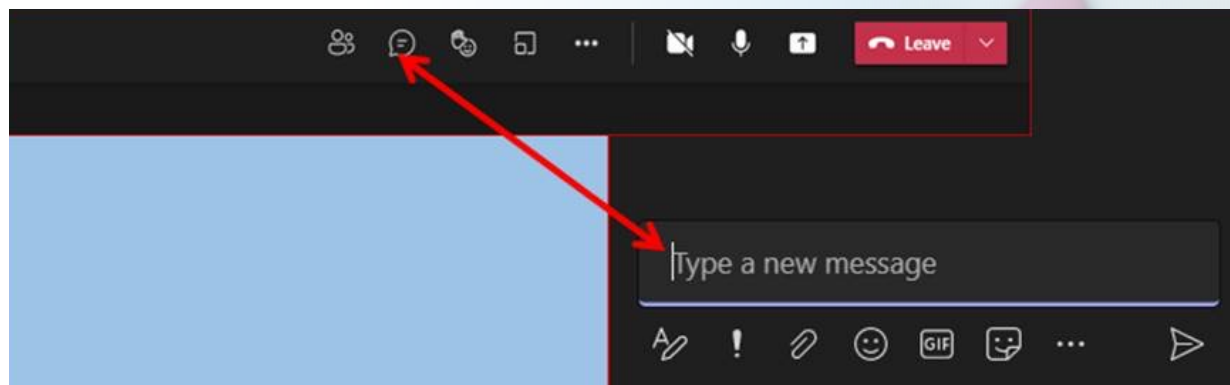
Procedure Code
Code Keyword [Clear](#) [Filter](#)

	Category ↑↓	Code ↑↓	Description ↑↓	Benefit In Network ↑↓	Benefit Out of Network ↑↓	Deductible Applies ↑↓	Maximum Applies ↑↓	Waiting Period ↑↓
▶	Diagnostic	D0120	Periodic oral evaluation - established patient	100%	100%	Not Covered	In and Out of Network (Annual Maximum)	0 days
▶	Diagnostic	D0140	Limited Oral Evaluation- problem focused	100%	100%	Not Covered	In and Out of Network (Annual Maximum)	0 days

- Filter to search specific codes from the detailed list.

Questions?

You can enter your questions or feedback using the [chat icon](#), as follows:



CLAIM AND PRE-AUTHORIZATIONS

You can draft, save, and submit dental pre-authorizations and claims. If saved, retrieve the draft from search claims and authorizations page.

Future dated claims can be created, but not submitted until the date of service(s) is reached.

To enter a claim the following is required:

- Office Information
- Member Details: You must only use the **9-digit alpha or numeric part** of the subscriber ID on the claims
- Services
- Fields from standard ADA claim form
- Supporting attachments or files

Once you have submitted a claim, you will receive a confirmation message/claim number. You can track the claim number under 'Check Member Eligibility'.

Additional Field Guidelines:

- Office Reference Number
- Referral Number
- Notes field
- EPSDT - Early and Periodic Screening, Diagnosis and Treatment (Optional)
- Emergency – Notes to explain back-end implications such as expedited processing (Optional)

Document Attachment Guidelines:

- Up to 10 documents can be attached to each claim, such as:
 - Referral forms, dental models, diagnostic reports, explanation of benefits periodontal charts, radiology films and/or reports
 - Each file must be 5MB or less in size and a 'file name' is a required field
 - Supported file formats: .doc, .ppt, .xls, .csv, .txt, .rtf, .gif, .jpg, .png, .bmp, .zip, .htm, .pdf, .xml, .3dm

PROVIDER PORTAL

CLAIMS ENTRY

You can submit claims by **clicking the Claims tab** and **selecting Claims Entry**. Before submission, you are required to check the members eligibility. Claims can also be submitted from the Member Eligibility search option.

This screenshot shows the 'Claim Entry Step 1 of 2' form. It includes a 'Check Eligibility' section with 'Provider Information' (Service Location and Provider) and 'Member Information' (Service Date, Birthdate, Member Number, First Name, and Last Name). A 'Check Eligibility' button is at the bottom right.

When selecting ‘Yes’ on the radio buttons, additional fields populate for completion such as accidental injury, coordination of benefits, or ICD Diagnosis Codes to complete claim entry.

This screenshot shows the 'Claim Entry Step 2 of 2' form for Frederica Woodward. It includes 'Claim Details' (P.O.S., Is this claim for an accidental injury?, Accident Type, Accident State, Accident Date), 'Add ICD Diagnosis Codes' (Primary, Secondary, Third, Fourth), 'Services' (Procedure Code, Service Date, Teeth, Quad, Arch, Surface, Quantity, Billed Amount), and 'Optional Information' (This service qualifies as EPIDT, This was an emergency service, Office Reference Number, Referral Number, Notes). A 'Save Draft' button is at the bottom right.

CLAIMS ENTRY: DIRECT PAYMENT TO MEMBER (MEMBER PAY)

Claim Details

Direct Payment to Member  ☒



Direct Payment to Member is only available for out-of-network and BPS providers.

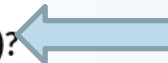
P.O.S.*

-- NONE --

Is this claim for an accidental injury?

☐ Yes ☒ No

Does this member have other coverage (coordination of benefits)?



If your patient has dual coverage, you can use this option to enter primary insurance payment for coordination of benefits.

☐ Yes ☒ No

Add ICD Diagnosis Codes?

☐ Yes ☒ No

CLAIMS ENTRY: ACCIDENTAL INJURY & COORDINATION OF BENEFITS

Claims for Accidental Injury

Is this claim for an accidental injury?

Yes ☒ No ☐

Accident Type*

-- NONE --

Auto Accident

Employment

Other Accident

Accident State*

-- NONE --

Accident Date*

(coordination of benefits)?

Members with other coverage (Coordination of Benefits)

Does this member have other coverage (coordination of benefits)?

Yes ☒ No ☐

Payer Name *	Group Number *	Member First Name *	Member Last Name *	D.O.B. *

[Add another COB](#)

- If a member has **additional insurance coverage** for the claim, the coordination of benefits sections for claims can be updated. (not for authorizations & estimates).
- A maximum of 20 payer information details can be added under coordination of benefits.

Payer info example: Thrivent Financial for Lutherans, Group Number on member's insurance card.



PROVIDER PORTAL

CLAIMS ENTRY: COORDINATION OF BENEFITS CONTINUED

The portal contains a registry of different insurance carriers. You may select the relevant primary carrier, as follows:

Does this member have other coverage (coordination of benefits)?

☒ Yes ☐ No

Payer Name *	Group Number *	Policy Number *	Member First Name *	Member Last Name *	D.O.B. *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	 

Look Up COB Payers

ID Number	Insurance Company Name	Clear	Search
<input type="text"/>	<input type="text" value="%Metlife"/>		

You can search the primary carrier by using **%** and **their name**.

Member	Insurance Company Name	
	METLIFE INS CO OF CT	Select
60992	FIRST METLIFE INVESTORS INS CO	Select
61050	METLIFE INVESTORS USA INS CO	Select

PROVIDER PORTAL

CLAIMS ENTRY: ICD DIAGNOSIS CODES

Add ICD Diagnosis Codes

You will have the option to add ICD Diagnosis Codes to a claim from the ICD-10 code list. Once the code is entered, the portal will automatically populate the description upon advancing to the next field. The results will display at the category and diagnosis code level. By clicking details the ICD code at diagnosis level will display.

Add ICD Diagnosis Codes?

Yes ☒ No ☐

Primary Diagnosis Code*

Secondary Diagnosis Code

Third Diagnosis Code

Fourth Diagnosis Code

Date of service is only a required field for Claims, **NOT** Pre-Authorizations

PROVIDER PORTAL

CLAIMS ENTRY: SERVICE LINES

Optional Information that can be included as part of claim entry listed below.

Optional Information

This service qualifies as EPSDT. ☐

This was an emergency service. ☐

Office Reference Number

Referral Number

Notes

Please enter your NEA Attachment ID, if needed.

Supporting Documentation

Each attachment must be less than 4.25MB and one of our accepted file types [i](#). You can add up to 10 attachments.

Upload Files

Or drop files

Save Draft

Submit Pre-Authorization

When you click 'Submit', you will receive a confirmation message with a **claim number**. This number can be used to track the processing status.

Authorization Request Submitted

Your pre-auth has been successfully submitted. Your pre-auth number is: 201922702000100

Submit Another Request

OK

PROVIDER PORTAL

CLAIM SEARCH

There are two ways you can search for previously saved or submitted dental claims and authorizations.

Navigate to the Claims or Authorization & Estimate tab and use the search option from the dropdown menu.

Claim Search

Go to [Claims: Saved Drafts](#) to access your drafts

Claim Status
All

Member Information

Member D.O.B. Member Number

Member First Name Member Last Name

Claim Information

Office Location Provider

Service Date Between and Claim Number

Submitted Between and

Clear all Search

Enter:

- the status (*accepted, in-progress, adjudicated, finalized or void*)
- the Member's Info
Dentist Info
- Date of Service or Date Range.

Results will show billed **and** paid amounts for all claims and authorizations that meet the search criteria, with the option to print or download.

PROVIDER PORTAL

CLAIMS AND AUTHORIZATION SEARCH

Select **Claim Search** to view details of submitted claims.

Claim
#201816302000500 Submitted

Submitted: Jun 12, 2018 12:37:30 PM

Member Information		Provider Information					
Member Name:	Edda Hudson	Provider:	Lamont Bell (#1136306075)				
D.O.B.:	5/18/2006	Service Location:	Francesca Hooper Dental Street Road, DUNCANVILLE, TX 75116				
Member Number:	314525949	Business:	Jovan Ryan Dental				
Plan:	TX Medicaid Child (Under 21)						
Claims Information		Claims Information					
P.O.S.:	Outpatient Hospital	Total Billed Amount:	\$62.00				
Office Reference #:		Payment:					
Referral #:		Payment Date:					
ICD Code (primary):		Check/ETX Number:					
ICD Code (secondary):		Received Date:					
ICD Code (third):		Final Decision Date:					
ICD Code (fourth):		Notes:					
C.O.B Information							
Service Information							
Service Date	Procedure Code	Tooth/Quad/Arch/Surface	Qty	Status	Processing Policies	Billed	Paid
06/12/2018	D7140	1/-/-/-	1			\$62.00	\$0.00

A second option to search for submitted claims or authorizations is to use the **task starters** from the portal home page.

Select 'Claim Search' or 'Authorization and Estimate Search' to view service history associated with a member.

Claim Confirmation Report
Claim Submissions for the past 3 days.
The information in this report reflects your claims that were submitted. There may be differences between these claims and the ones that have been adjudicated. Please use Claim Search to view latest available information.

View claims submitted on: 6/12/2018 View

Claim
#201816302000500 Submitted: Jun 12, 2018 12:37:30 PM

Member Information		Provider Information											
Member Name:	Edda Hudson	Provider:	Lamont Bell (#1136306075)										
D.O.B.:	5/18/2006	Service Location:	Francesca Hooper Dental Street Road, DUNCANVILLE, TX 75116										
Member Number:	314525949	Business:	Jovan Ryan Dental										
Plan:	TX Medicaid Child (Under 21)												
Claims Information		Claims Information											
P.O.S.:	Outpatient Hospital	Total Billed Amount:	\$62.00										
Office Reference #:		Notes:											
Referral #:													
ICD Code (primary):													
ICD Code (secondary):													
ICD Code (third):													
ICD Code (fourth):													
<table><tr><th>Service Date</th><th>Procedure Code</th><th>Tooth/Quad/Arch/Surface</th><th>Qty</th><th>Billed</th></tr><tr><td>6/12/2018</td><td>D7140</td><td>1/-/-/-</td><td>1</td><td>\$62.00</td></tr></table>				Service Date	Procedure Code	Tooth/Quad/Arch/Surface	Qty	Billed	6/12/2018	D7140	1/-/-/-	1	\$62.00
Service Date	Procedure Code	Tooth/Quad/Arch/Surface	Qty	Billed									
6/12/2018	D7140	1/-/-/-	1	\$62.00									

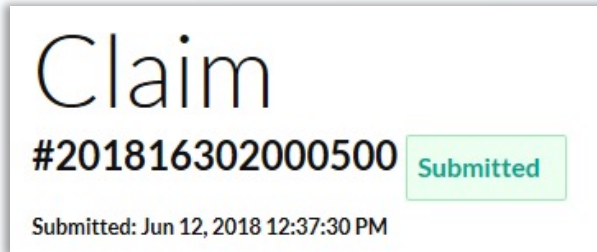
- On claims and authorization reports, you can filter by date to view the last 3 calendar days of data submitted.
- Information on the report(s) will mirror exactly what was entered at the time of submission. *You may want to print a copy for the member's chart.*
- Click on the claim number for full details

PROVIDER PORTAL

CLAIMS VOID PROCESS

Claims and Authorization Confirmation & Statuses

View all clinical history, along with claims information submitted by that provider office location. After submitting a claim or authorization, you will receive a confirmation status and reference number.



Confirmation Statuses:

- Adjudicated
- **Finalized:** Void or Reconsideration actions can be taken at this time
- In Progress
- Submitted
- Void

PROVIDER PORTAL

VOIDING CLAIMS AND REQUESTING A RECONSIDERATION/APPEAL

Clicking on an individual claim number will allow viewing claim(s) details such as: servicing dentist information, member eligibility information, claim information, COB & service line information, processing policies, and attachments.

Claim
#101622066141200 Finalized

Scheduled: Aug 10, 2017 1:15 PM

[Void Claim](#) [Request Reconsideration/Appeal](#)

Member Information		Provider Information	
Member Name:	Orion Sawyer	Provider:	Savannah Dean
D.O.B.:	10/14/1988	Service Location:	Jaqueline Brooks Cedar Street, AUSTIN, TX 78753
Member Number:	164866228	Business:	Kamryn Nichols
Plan:	TX Senders CHIP Perinatal (PPL - 1986)		

Claims Information		C.O.B Information	
P.O.S:	Office	Total Billed Amount:	\$81.18
Office Reference #:		Payment:	\$81.18
Referral #:		Payment Date:	8/11/2017
ICD Code (primary):		Check/STY Number:	
ICD Code (secondary):		Received Date:	8/10/2017
ICD Code (third):		Final Decision Date:	
ICD Code (fourth):		Notes:	

Service Information							
Service Date	Procedure Code	Tooth/Quad/Arch/Surface	Qty	Status	Processing Policies	Billed	Paid
08/07/2017	D0150	II-4	1	Paid		\$31.79	\$31.79
Paid Procedure Code: D0150 ICD Codes:							
08/07/2017	D1110	II-4	1	Paid		\$49.39	\$49.39
Paid Procedure Code: D1110 ICD Codes:							
08/07/2017	D1208	II-4	1	Denied / Fee not allowed	2040	\$0.00	\$0.00
Paid Procedure Code: D1208 ICD Codes:							

Processing Policies	
Code	Description
2040	Service is not covered. Please refer to your Office Reference Manual for definition of covered teeth/quad/arch, patient ages, and procedure codes.

- Select **Void Claim** and complete the **Void Request Form** to route this case to the appropriate queue (a case number will display upon submission of the void request).

- The Void Request Form will require details such as: **amount of claim, provider license information, and reason for the void.**

- You can attach additional files and submit reconsiderations/appeals for previously denied claims.

Void Request Form

Claim: 101622066141200

Dentist: Savannah Dean

Office: Jaqueline Brooks Cedar Street, AUSTIN, TX 78753

Business: Kamryn Nichols

Details

Amount: \$0.00

Billing Provider's NPI:

Please Check reason for requesting the void:

- Collection from Primary Health Insurance
- Collection from Auto Insurance or Workers Inc. Compensation Insurance
- Claim Paid to the wrong provider
- Wrong Member ID on the claim
- Provider billed incorrect service date
- Duplicate Payment
- Provider performed only a certain component of the entire service billed
- Other (please explain)

Attachments

Upload Attachments ☐

[Cancel](#) [Submit](#)

Appeal This Claim

Claim: 101622066141200

Dentist: Savannah Dean

Office: Jaqueline Brooks Cedar Street, AUSTIN, TX 78753

Business: Kamryn Nichols

Member Name: Orion Sawyer

D.O.B.: 10/13/1988

Member Number: 164866228

Details

Reason For Appeal:

Desired Outcome:

Example: Reason for Appeal

Attachments

Upload Attachments ☐

[Cancel](#) [Submit](#)

Complete the 'void claim and appeal' process using the forms below, then click **Submit**.

PROVIDER PORTAL

MANAGE PRACTICE TAB: EFT

The screenshot displays the 'Manage Practice' tab in the Provider Portal. A dropdown menu is open, showing options: User List, Practice Management, EFT (highlighted), Billed Amount List, Fee Schedule, and Reports. Below the menu, the 'Create an EFT Account' section is active, showing a progress bar and three steps: 1. Confirm Business Information, 2. Contact Information, and 3. Enter Business Account Information. Step 1 is completed, showing TIN: *****2151 and Business Name: Gunnar Abbott Dental. Step 2 is active, showing radio buttons for 'Use My Contact Information' (selected) and 'Another Person is the Contact'. Below are input fields for First Name (Judy), Last Name (sqePrvAdmin), Phone, and Email (txuser1@mailinator.com).

Referrals Payments **Manage Practice** Documents

User List
Practice Management
EFT
Billed Amount List
Fee Schedule
Reports

Fast. Convenient. Secure.

Save y
of you

taQuest can directly deposit payment to the financial institution
funds transfer (EFT). It's easy to sign up. Just follow these steps.

Create an EFT Account

1. Confirm Business Information

TIN: *****2151
Business Name: Gunnar Abbott Dental

2. Contact Information

☒ Use My Contact Information
☐ Another Person is the Contact

First Name* Judy
Last Name* sqePrvAdmin
Phone*
Email* txuser1@mailinator.com

3. Enter Business Account Information

Electronic Funds Transfer is a service available to enter bank information allowing for a fast and secure option to receive payment.

- To submit a request, please navigate to the **Manage Practice** tab on the portal and click **EFT**.

PROVIDER PORTAL

MANAGE PRACTICE TAB: EFT

1. Confirm Business Information
2. Confirm Contact Information
3. Enter Business Account Information
4. Select Service Location
5. Select Providers
6. **Submit**

- Supporting documentation can be added for faster registration by selecting 'Upload Attachments'.
- You can add up to 10 attachments. Accepted file types can be found by hovering your mouse over the 'i' symbol.

NEW CANCEL/MODIFY

1. Confirm Business Information

TIN:

*****69606

Business Name:

TEXAS BIZ 4

2. Confirm Contact Information

☒ Use My Contact Information

☐ Another Person is the Contact

3. Enter Business Account Information

* Account Holder Name

Jeff Smith

* Bank Name

ABC Bank

* Bank Account Type

Checking

* Account Number

1234567890

* Routing Number

1234567890

* Bank Phone Number

--****

* Requested EFT Start Date

07/27/2018

Upload Image of Voided Check

Supporting Documentation*

Each attachment must be less than 5MB and one of our accepted file types ⓘ. You can add up to 10 attachments.

Upload Files

Or drop files

4. Select a Service Location

Location*

All

All

Dustin Love Dental - Victoria Court Unit 121 - IRVING

Layton Walker Dental - Elm Avenue Ste 100 - DALLAS

Micheal Baird Dental - Pearl Street - DALLAS

Pablo Brock Dental - Cedar Court Bldg 3 Ste 307 - DALLAS

5. Select Providers

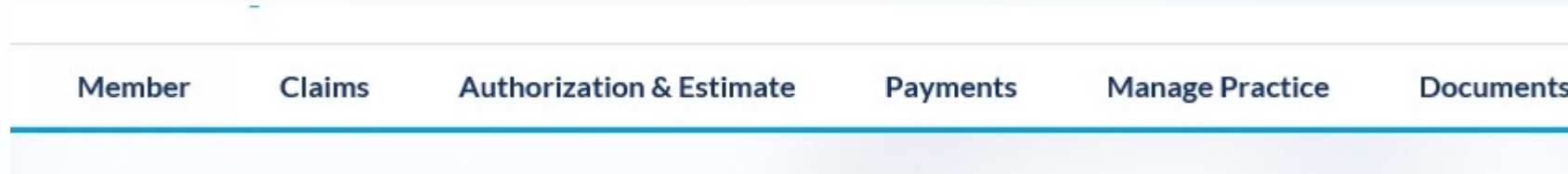
<input checked="" type="checkbox"/>	Provider	NPI
<input type="checkbox"/>	Amya Simon	1303599351
<input type="checkbox"/>	Leo Downs	1252048060

Please allow five business days for processing.

Submit

Blue Cross Blue Shield of Michigan and Blue Care Network are a nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

ACCESSING EXPLANATION OF BENEFITS



Explanation of Benefits Search



Search for EOBs by entering any (or none) of the following fields:

Check or EFT Trace Number

Payment Method

Payer Name

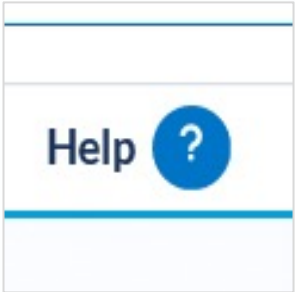
Payee Name

Released Between
 and 

- The EOBs are accessible via the ‘Payments’ option on the homepage.
- View by either entering specific check information or select “Search” to populate all EOBs in new-to-old order.
- All EOBs are available in a printer-friendly format.

PROVIDER PORTAL

ADDITIONAL SUPPORT



Send Us a Help Request

You can use this form to:

- Report a Technical Issue with this Website
- Request to Add Other Insurance Information for a Member
- Submit a Complaint/Grievance
- Request a Peer to Peer Dental Consultation
- Ask about a Member Eligibility Issue
- Other

Request help with:

Submit a Complaint/Grievance

Location*

Jaqueline Brooks - Cedar Street Ste A1 - AUSTIN

Provider*

Deacon Jacobson

Member First Name

Heather

Member Last Name

Tester

Member Number

1234567891

Provide additional request details*

Need assistance with a complaint/grievance - please look into case 123456789 and respond back with updates

What would you like to happen as a result of your request?*

Please contact me at heather.test@abc.com

Attach Related Documents

Submit

Contact Us

View your Open Request(s)

Call Us

Talk to one of our customer support agents or get automated voice help.

View Phone Numbers

Send Us a Help Request

Create Help Request View Past Requests

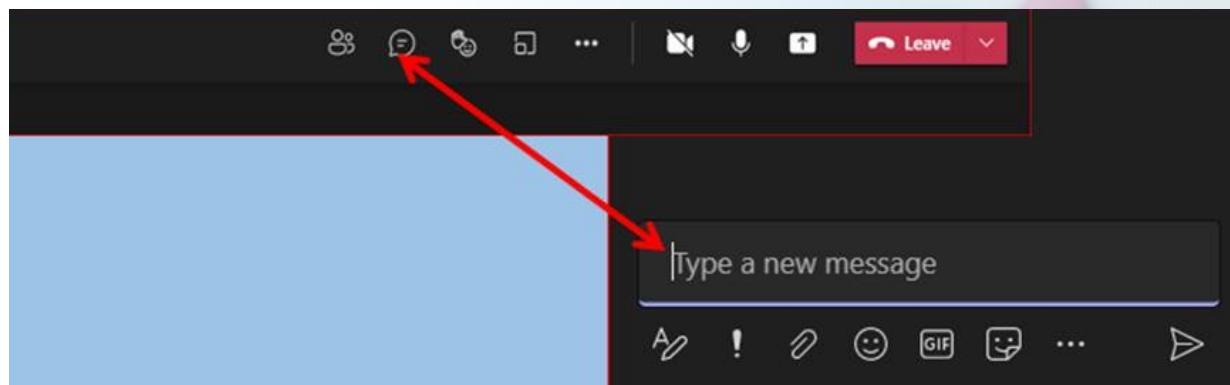
Additional Resources

General Help by State Tip Sheets

If you experience any issues or have questions you can submit a request for assistance.

Questions?

You can enter your questions or feedback using the [chat icon](#), as follows:



BLUE DENTAL PROVIDER TRAINING

SUMMARY



Partnerships



Resources for you



How you work with us



Provider Portal

This webinar will be available for **on-demand viewing** on the portal so get registered today



THANK YOU

