



Use this guide to locate information quickly about our dental networks. Additional information is available in the *Dental Network Office Manual*, available online at www.bcbsla.com/providers, then click on "Resources." Blue Cross and Blue Shield of Louisiana offers dental benefits to our members who access either the [Advantage Plus Dental](#), [Advantage Plus 2.0 Dental](#) or the [Federal Employee Program \(FEP\) Preferred](#) network of dentists. Members with dental benefits have the applicable dental network indicated on their Blue Cross member ID card. The Blue Cross Dental Network exists only to provide medical policy benefits when medical services are rendered to a member by a dental professional. You can check member eligibility and benefits through iLinkBlue or by calling the dental number on the member ID card.

Advantage Plus or Advantage Plus 2.0 Dental Networks

The Advantage Plus Dental Network is our primary dental network for individual members and members with certified dental benefits. The Advantage Plus Dental Network is also the dental network for pediatric essential health benefits.

The Advantage Plus 2.0 Dental Network is our primary dental network for members with traditional dental benefits.

The Advantage Plus Dental Network and Advantage Plus 2.0 Dental Network are administered by United Concordia Dental (UCD). Providers must be contracted directly with UCD to be in-network for these members. Providers participating in these networks should adhere to the guidelines set forth by UCD. There is a Blue Cross-dedicated customer service unit for benefits, authorizations and claims administered by UCD on behalf of Blue Cross. Dental claims should be filed directly with UCD.

Reimbursement

Dentists in Advantage Plus or the Advantage Plus 2.0 Dental Network agree to accept UCD's allowables. Refer to your UCD contract for full reimbursement information.

Dental & Oral Surgery Claims

Claims-filing requirements for Advantage Plus or Advantage Plus 2.0 Dental Network claims are governed by UCD. Note that UCD **does not** accept CPT® codes on dental claims. After the patient's applicable dental benefits are applied for oral surgery claims, submit a second claim to Blue Cross for processing under the patient's medical benefits.

Support

Blue Cross-dedicated Customer Service
1-866-445-5825

Filing Claims

UCD Claims Administrator
P.O. Box 69441
Harrisburg, PA 17106-9441

To become an Advantage Plus or Advantage Plus 2.0 Dental Network provider, contact United Concordia Dental directly at 1-800-291-7920, ext. 9.

FEP Preferred Dental Network

The FEP Preferred Dental Network provides dental services for FEP members. You can identify FEP members by their ID cards. The member identification number will always begin with "R." The FEP Preferred Dental Network offers fee-for-service reimbursement, direct payment and inclusion in the *Service Benefit Plan Directory of Network Providers*.

Reimbursement

Participants in the FEP Preferred Dental Network agree to accept the FEP [Maximum Allowable Charge \(MAC\)](#), which includes Blue Cross payment and member liability, as payment in full for covered dental services. Refer to the reimbursement section of the *Dental Network Office Manual* for additional FEP reimbursement information.

Dental & Oral Surgery Claims

Claims-filing requirements for FEP Preferred Dental Network claims follow the same guidelines outlined in the *Dental Network Office Manual*, and on the back of this speed guide.

Support

- Blue Cross-dedicated FEP Customer Service
1-800-272-3029
- iLinkBlue
www.bcbsla.com/ilinkblue
- Electronic Funds Transfer (EFT)
1-800-216-2583

Filing Claims

- iLinkBlue (CMS-1500 only),
- Clearinghouse, or
- FEP Preferred Dental Claims
P.O. Box 98028
Baton Rouge, LA 70898

To join the FEP Preferred Dental Network: 1-800-716-2299, option 1.

Blue Cross Dental Network

Blue Cross and HMO Louisiana no longer offer member dental benefits that directly access the Blue Cross Dental Network. However, we have maintained our Blue Cross Dental Network for dental services, such as oral surgery, that are covered under members' medical benefits. Dental providers in this network are contracted directly with Blue Cross. Benefits, authorizations and claims are handled directly by Blue Cross.

Reimbursement

Blue Cross reimburses network dentists based on allowable charges. The allowable charge is the maximum amount allowed for covered dental services. As a network dentist, you agree to accept the Plan's payment, plus the member's deductible, coinsurance and/or copayment, as applicable, as payment in full for dental services covered under the member's medical benefits. Blue Cross Dental Network providers receive payment directly from Blue Cross.

Support

- Customer Service - Call the number on the member ID card
- iLinkBlue www.bcbsla.com/ilinkblue
- Electronic Funds Transfer (EFT)
1-800-216-2583

Filing Claims

- iLinkBlue (CMS-1500 only),
- Clearinghouse, or
- Blue Cross Oral Surgery Claims
P.O. Box 98029
Baton Rouge, LA 70898

**To join the Blue Cross Dental Network:
1-800-716-2299, option 1.**

ilinkBlue
www.bcbsla.com/ilinkblue

Oral Surgery Claims

Oral surgeons may bill either CPT® or CDT codes for major oral surgical procedures, but they cannot be filed together on the same claim form. CPT codes must be billed on the CMS-1500 claim form. If CPT codes are billed on an ADA Dental Claim Form, the claim will be returned for the appropriate claim form. Oral surgeons may also bill for medical evaluation and management (E&M) services only when associated with major oral surgical procedures as appropriate. Claims for these services must be filed on a CMS-1500 claim form.

Note: Our member benefit plans require oral surgery claims be processed first under the patient's dental coverage. Do not submit as a medical claim first.

- Appropriate CDT codes must be billed when performing extractions. If CPT codes are submitted for extractions, the claim will be returned for appropriate CDT code(s).
- All services related to impacted teeth must be filed with a diagnosis code indicating impacted teeth. This includes all surgical and non-surgical procedures.
- Claims filed for office visits and X-rays with diagnosis codes indicating *anomalies of tooth position of fully erupted teeth*, but without a primary procedure code, must have a brief description of services (Block 30 of the ADA form). If there is no description, the claim will be rejected.
- Do not file CPT 41899 for surgical services, such as extractions. Any claim filed with CPT 41899 will be returned for the appropriate CDT code.
- CPT codes 21248 and 21249 are described as single reconstructive procedures that do not allow for the billing of multiple units based on the number of implants placed. However, when billed with Modifier 22, additional reimbursement will be considered when documentation with the number of implants is submitted.

Dental Allowable Charges on iLinkBlue

The allowable charges for dentists participating in the Federal Employee Program (FEP) Preferred Dental Network and/or the Blue Cross Dental Network are available on iLinkBlue (www.bcbsla.com/ilinkblue).

Dentists participating in the Advantage Plus or Advantage Plus 2.0 Dental Network should contact UCD directly for allowable charges.

FEP Preferred Dental Network

The FEP Preferred Dental Network reimbursement comes from the FEP [Maximum Allowable Charge](#) (MAC). FEP members can choose between Standard Option and Basic Option dental benefit plans. *Dental benefits are not available for the FEP Blue Focus benefit plan.*

Complete listings of MACs for the FEP Standard and Basic options are available on iLinkBlue under the "Payments" section.

As an FEP Preferred Dentist, you agree to file claims for FEP members and accept the MAC as payment in full for covered services from both Blue Cross and the FEP member. Services not included on the FEP allowable listings are not subject to a MAC. FEP preferred dentists may collect the entire charge from the FEP member for these services.

Blue Cross Dental Network

To search for allowable charges in iLinkBlue:

1. Click on the "Payments" menu option
2. Select "Professional Provider Allowable Charges Search"
3. Enter the date of service
4. Select the appropriate provider
5. Click the "Continue" button
6. Select the network
7. Enter the applicable CPT or CDT code
8. Click the "Submit" button

Note: This network is for processing dental services covered under the member's medical benefits.