

DENTAL NETWORK



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*

DISCLAIMER

The information included is general and in no event should be deemed as a promise or guarantee of payment. We do not assume and hereby disclaim any liability for loss caused by errors or omissions in preparation and editing of this publication.

AGENDA

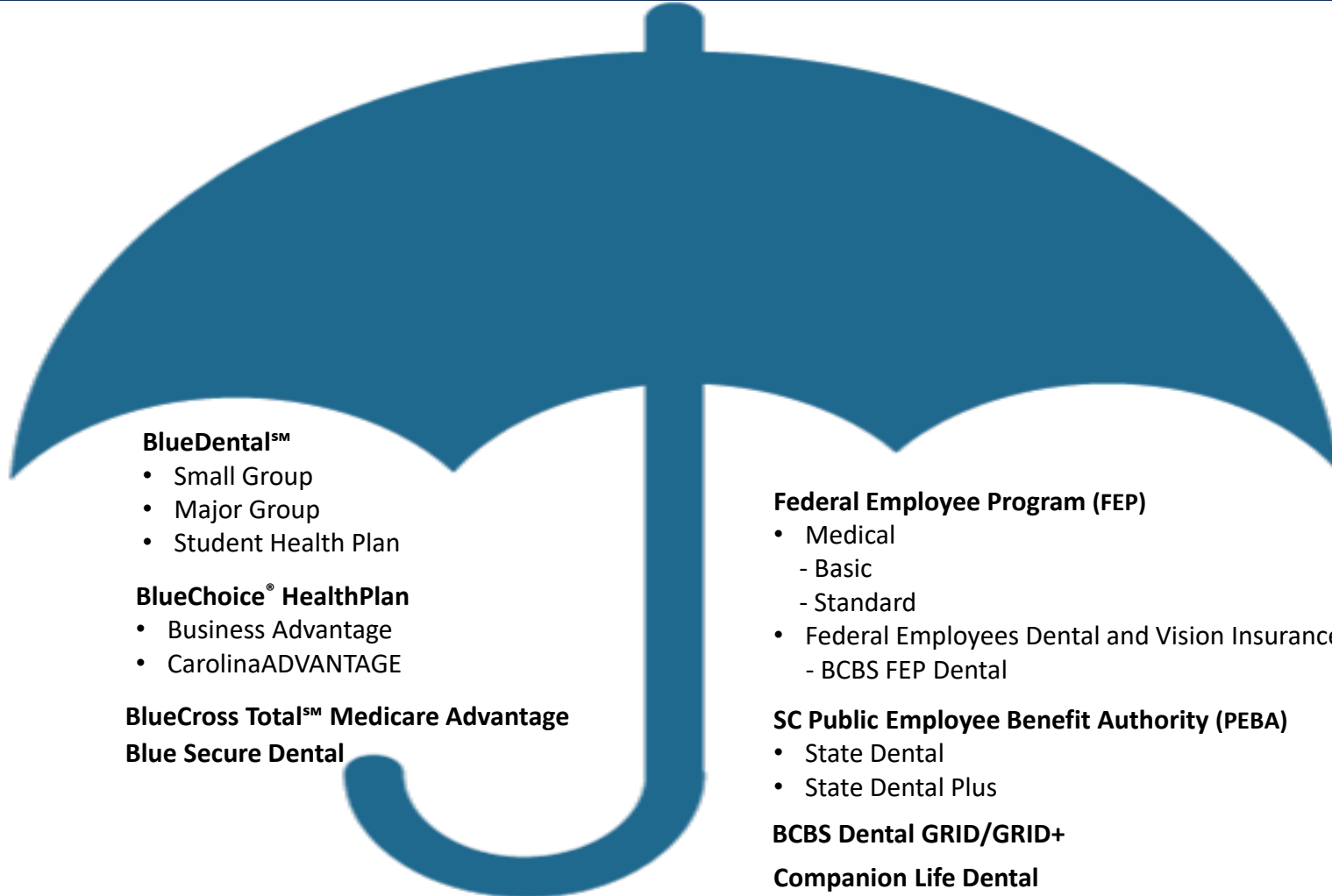
- Dental Plans
- Dental GRID
- Eligibility, Benefits and Claims
- Credentialing



DENTAL PLANS



DENTAL UMBRELLA



BlueDentalSM

- Small Group
- Major Group
- Student Health Plan

BlueChoice[®] HealthPlan

- Business Advantage
- CarolinaADVANTAGE

BlueCross TotalSM Medicare Advantage

Blue Secure Dental

Federal Employee Program (FEP)

- Medical
 - Basic
 - Standard
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
 - BCBS FEP Dental


SC Public Employee Benefit Authority (PEBA)


- State Dental
- State Dental Plus

BCBS Dental GRID/GRID+



Companion Life Dental


COMMERCIAL PLANS

 South Carolina	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID XXX123614046483	
PLAN	DENTAL
PLAN CODE	380
_____ _____	
www.SouthCarolinaBlues.com	

 South Carolina	
www.SouthCarolinaBlues.com Customer Service: 1-800-922-1185	
BlueCross BlueShield of South Carolina P.O. Box 6000 Greenville, SC 29606-6000 An independent licensee of the Blue Cross and Blue Shield Association.	
DB	

Sample Commercial - Dental Only ID Card

 South Carolina	
SUBSCRIBER'S FIRST NAME _____ SUBSCRIBER'S LAST NAME _____ Member ID XXX123456789012	
RxBIN	021684
RxGRP	BXMN
MAMMOGRAPHY NETWORK _____ _____ GRID+	
www.SouthCarolinaBlues.com 	

 South Carolina	
www.SouthCarolinaBlues.com	
Providers: File claims with the local BlueCross and/or BlueShield Plan where member received services. Preauthorization required for some hospital/outpatient procedures and all hospital inpatient admissions. HIR/IRAP/ECT and radiation oncology therapy will require authorization to ensure benefit payment. "Buy and Bill" specialty drugs require precertification for benefit payment consideration. Report all emergency admissions within 24 hours.	
Medical & Dental - Please submit claims to: P.O. Box 100300, Columbia, SC 29202	
Customer Service: XXX-XXX-XXXX Dental Customer Service: XXX-XXX-XXXX PPO Network Providers: 800-810-2583 Essential Advocate™: 855-638-5839 Precertification: 800-334-7287 Mental Health and Substance Abuse Precertification: 800-868-1032 EysMed: 866-929-3633 Pharmacy Help Desk: 855-811-2218 Buy and Bill Drugs - Precertification: 877-440-0089	
An independent licensee of the Blue Cross and Blue Shield Association.	
MXX	

Sample Commercial - Medical and Dental ID Card

COMMERCIAL PLANS – OVERVIEW OF COVERAGE

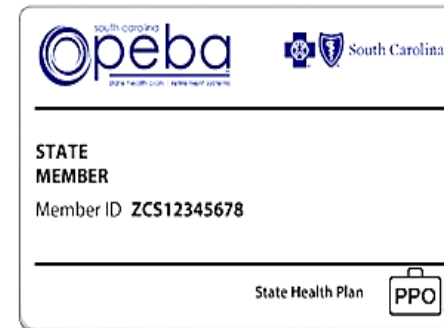
- There are some dental plans that use a network of participating providers, while other plans do not.
 - Members are always encouraged to select in-network providers.
 - Members that use out-of-network providers will be responsible for all charges exceeding the schedule of dental allowances
- Coverage levels include:
 - Preventive care
 - Restorative care
 - Major restorative care
 - Implant services (coverage varies per plan)
 - Orthodontic care (coverage varies per plan)

STATE BASIC DENTAL PLAN

- SC Public Employee Benefit Association (PEBA) uses BlueCross BlueShield of South Carolina as an administrator for their dental plans.
- Benefits are divided into four classes:
 1. Diagnostic and preventive services
 2. Basic dental services
 3. Prosthodontics
 4. Orthodontics

Note: A \$1,000 benefit period maximum applies to classes 1-3.

- Covered services are paid based on its schedule of dental procedures and allowable charges.
- As of Jan. 1, 2024, State Dental and Dental Plus no longer apply the alternate benefit for codes D2391 – D2394.



STATE DENTAL PLUS PLAN

- Members with the Dental Plus plan will have **State Dental Plus** on their ID card.
- Dental Plus is a supplement to the Basic Dental plan and provides an additional \$1,000 benefit period maximum for classes 1-3.
- Dental Plus provides a higher level of reimbursement for services that the Basic Dental plan covers.
 - Reimbursement is based on the commercial negotiated rate with BlueCross BlueShield of South Carolina.
- Dental Plus members utilize the BlueCross BlueShield of South Carolina Network for in-network benefits.



STATE MEMBER



Member ID **ZCS12345678**

GRID+

State Dental Plus

FEP BASIC OPTION PLAN

- Members have a \$35 copay for evaluations. If members have Medicare Part B or a FEDVIP plan, the FEDVIP plan pays the \$35 copay.
- FEP pays any balance up to the BlueCross Preferred Blue Participating Dental allowance.
- Basic members must use preferred dentists to receive benefits.
- If a service is not covered by FEP Basic, in-network providers can charge their usual and customary charge.

 BlueCross BlueShield Federal Employee Program.		Government-Wide Service Benefit Plan	
Member Name	www.fepblue.org		
Member ID	R99999999		
Enrollment Code	112	RxIIN	610239
Effective Date	01/01/2008	RxPCN	FEPRX
		RxGrp	65006500
<small>This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits. Prescription is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if prescription is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain prescription for you. Certain other services require prior approval. Please consult your benefit brochure for more information. Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R 71-005) for the applicable contract year, which is the only legal description of benefits.</small>			
		www.fepblue.org	
		Customer Service:	1-800-522-5566
		Recertification:	1-800-255-2042
		Mental Health/ Substance Abuse:	1-800-554-9504
		Retail Pharmacy:	1-800-626-5060
		Blue Health Connection:	1-888-258-3432
		Assistance Overseas (Call collect):	1-804-673-1678
		BlueCross and BlueShield of Geography An independent licensee of the BlueCross and BlueShield Association.	

FEP BASIC OPTION PLAN (CONTINUED)

Covered Service	FEP Pays	Member Pays
Clinical Oral Evaluations	Preferred: All charges in excess of member's \$35 copayment	Preferred: \$35 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		
Diagnostic Imaging	Preferred: All charges in excess of member's \$35 copayment	Preferred: \$35 copayment per evaluation
Intraoral – complete series including bitewings (limited to one complete series every three years)		
Preventive	Participating/Non-participating: Nothing	Participating/Non-participating: Member pays all charges
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

FEP STANDARD OPTION PLAN

- Members have no deductibles, copays or coinsurance.
- Members pay the difference between the fee schedule amount and the BlueCross Participating Dental allowance while using preferred dentists.
 - When using non-preferred dentists, members pay all charges in excess of the listed fee schedule.
- If a service is not covered by FEP Standard, both in and out-of-network providers can charge their usual and customary charge.

 BlueCross BlueShield Federal Employee Program.	GovernmentWide Service Benefit Plan		www.fepblue.org
Member Name Member Name	www.fepblue.org		
Member ID R99999999			
Enrollment Code 104	RxIIN 610239	RxPCN FEPRX	
Effective Date 01/01/2008	RxGp 65006500		
<small>This card is used to obtain covered benefits under the Blue Cross and Blue Shield Service Benefit Plan Basic Option. You MUST use Preferred providers to get benefits. Pre-certification is required for all hospital admissions and is ultimately your responsibility. Benefits are reduced by \$500 if pre-certification is not obtained. For instructions, call the local Blue Cross and Blue Shield Plan serving the area where you are treated. In some areas, Preferred hospitals will obtain pre-certification for you. Certain other services require prior approval. Please consult your benefits brochure for more information. Use of this card constitutes acceptance of the terms and conditions in the Service Benefit Plan Brochure (R 71-005) for the applicable contract year, which is the only legal description of benefits.</small>			
BlueCross and BlueShield of Geography An independent licensee of the BlueCross and BlueShield Association.		Customer Service: 1-800-522-5566 Pre-certification: 1-800-255-2042 Mental Health/ Substance Abuse: 1-800-554-9504 Retail Pharmacy: 1-800-626-5060 Blue Health Connection: 1-888-258-3432 Assistance Overseas iCall collect: 1-804-673-1678	

FEP STANDARD OPTION (CONTINUED)

Covered Service	FEP Pays		Member Pays
	To Age 13	Age 13 and Over	
Clinical Oral Evaluations			<p>In Network The difference between the amounts listed to the left and the BlueCross Participating Dental Allowance</p> <p>Out of Network All charges in excess of the scheduled amounts listed to the left.</p>
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	
Palliative Treatment			
Palliative treatment of dental pain – minor procedure	\$24	\$15	
Protective restoration	\$24	\$15	
Preventive			
Prophylaxis – adult (up to 2 per person per calendar year)	---	\$16	
Prophylaxis – child (up to 2 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

FEP BLUE FOCUS PLAN

- Members with a Blue Focus plan do not have dental benefits directly with their plan.
- Members would need BCBS FEP Dental or another Federal Employees Dental and Vision Insurance Program (FEDVIP) for dental benefits.
- Claims would need to be filed directly to the FEDVIP plan.



The image shows a BlueCross BlueShield FEP Blue Focus Member Card. The card is divided into several sections. At the top left is the BlueCross BlueShield logo and the text 'Federal Employees Program'. To the right of this is 'FEP Blue Focus' and a small map of the United States with 'PPP' written on it. Below the logo, there are fields for Member Name, Member ID, Enrollment Code, and Effective Date. To the right of these fields is the website 'www.fepblue.org'. At the bottom left, there are fields for RxIN, RxPCN, and RxGrp. At the bottom right, there is a section for 'BlueCross and BlueShield of Geography' with the text 'An independent licensee of the BlueCross and BlueShield Association'. On the far right, there is a list of contact numbers for Customer Service, Precertification, Mental Health/Substance Abuse Precertification, Retail Pharmacy, Assistance Overseas (Call Collect), and Blue Health Connector.

Member Name	** OC - DO NOT MAIL ** ** Q			www.fepblue.org
Member ID	R99993044			
Enrollment Code	131	RxIN	610230	
Effective Date	01/01/2012	RxPCN	FEPRX	
		RxGrp	65006500	

BlueCross BlueShield
Federal Employees Program

www.fepblue.org

Customer Service: 1-800-000-0000
1-800-000-0000

Precertification: 1-800-000-0000

Mental Health/Substance Abuse Precertification: 1-800-000-0000

Retail Pharmacy: 1-800-624-5060

Assistance Overseas (Call Collect): 1-804-673-1678

Blue Health Connector: 1-888-258-3432

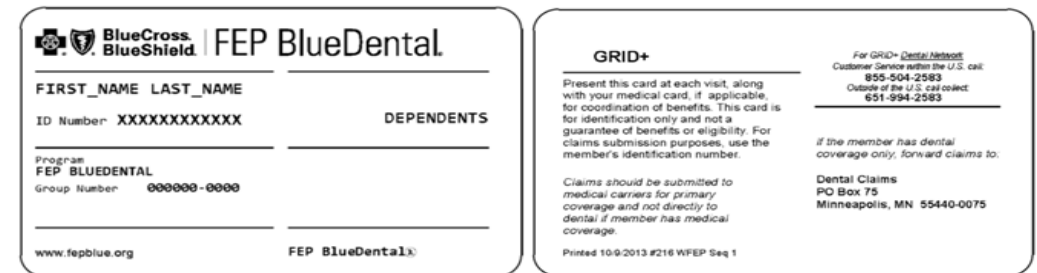
BlueCross and BlueShield of Geography
An independent licensee of the BlueCross and BlueShield Association.

FEP BLUE CROSS BLUE SHIELD FEP PLAN

- Members covered by FEP Basic Option medical plan and BCBS FEP Dental will not be responsible for the annual deductible when using an in-network provider.
- In accordance with Federal law, always file medical first if the member has dental benefits under their medical plan.
- As of Jan. 1, 2024, FEP Dental covers:
 - Two routine oral exams and one additional exam if a problem occurs between check ups.
 - Nitrous oxide for children aged 5 and under, and other individuals with medical conditions that may require it.



Sample of new BCBS FEP Dental ID Card



Sample of old FEP BlueDental ID Card

Note: Existing members may have an ID card with the previous name, FEP BlueDental listed (as seen in the samples). New ID cards were not issued to existing members.

FEP BLUE CROSS BLUE SHIELD FEP PLAN (CONTINUED)

	High Option		Standard Option	
	In-network	Out-of-network	In-network	Out-of-network
Class A (Basic) services (e.g., exams, cleanings, x-rays, sealants)	\$0	10% COINS	\$0	40% COINS
Class B (Intermediate) services (e.g., oral surgery, fillings, gum scaling)	30% COINS	40% COINS	45% COINS	60% COINS
Class C (Major) services (e.g., crowns, bridges, root canals, dentures)	50% COINS	60% COINS	65% COINS	80% COINS
Class D (Orthodontics) services (Adults and children)	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$3,500 lifetime maximum per person	50% COINS up to \$2,500 lifetime maximum per person	50% COINS up to \$1,250 lifetime maximum per person
Annual Deductible Class A, B and C services (Does not include Class D services)	\$0	\$50 per person	\$0	\$75 per person
Annual Maximum Class A, B and C services (Does not include Class D services)	Unlimited	\$3,000 per person	\$1,500 per person	\$750 per person

MEDICARE ADVANTAGE: BLUECROSS TOTAL, BLUE BASIC AND TOTAL VALUE

		BlueCross PPO Dental Benefit Highlights		
	Service	In-Network	Visits (per year)	Out-of-Network
Preventive Dental	Oral exams Cleanings	\$0	2	50% COINS
	Dental x-rays	\$0	1	50% COINS
Comprehensive Dental* (Non-Medicare covered services)	Restorative Endodontics Extractions Prosthodontics Note: Implants are not covered.	Anesthesia Other oral/maxillofacial surgery Other services (e.g., deep cleanings, fillings, Crowns, root canal, dentures, bridges)		50% COINS (INN and OON)
Annual Maximum (Per member, per year)	BlueCross Total SM : \$4,500 (Comprehensive and preventive combined) Total Value SM : \$3,500 (Comprehensive and preventive combined) Blue Basic SM : \$3,000 (Comprehensive and preventive combined)			

*SC Blue Dental Network

BLUE SECURE – MEMBERS 19 AND OLDER

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	19 or older			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 Individual and \$150 Family		\$50 Individual and \$150 Family	
Annual Maximum (Coverage limit)	\$1,500		\$1,000	
Class I - Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II - Basic and Restorative*	30% COINS (after six months)	50% COINS (after six months)	50% COINS (after six months)	70% COINS (after six months)
Class III - Major Procedures**	50% COINS (after 12 months)	70% COINS (after 12 months)	70% COINS (after 12 months)	Not covered
Class IV - Orthodontia Services	Not covered			
Maximum Out-of-Pocket	N/A			

* 6 month waiting period | ** 12 month waiting period

BLUE SECURE – MEMBERS UNDER 19

	Blue Secure Dental Gold 1		Blue Secure Dental Silver 1	
Member Age	Under 19 years old			
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 per child	\$100 per child	\$50 per child	\$100 per child
Annual Maximum (Coverage limit)	No limit			
Class I - Preventive Procedures and Exams	0% COINS	20% COINS	0% COINS	30% COINS
Class II - Basic and Restorative	30% COINS	50% COINS	40% COINS	60% COINS
Class III - Major Procedures	50% COINS	60% COINS	50% COINS	60% COINS
Class IV - Orthodontia Services (Prior authorization required)	50% COINS		50% COINS	
Maximum Out-of-Pocket per child	\$425	\$850	\$425	\$850
Maximum Out-of-Pocket total (All children)	\$850	\$1,700	\$850	\$1,700

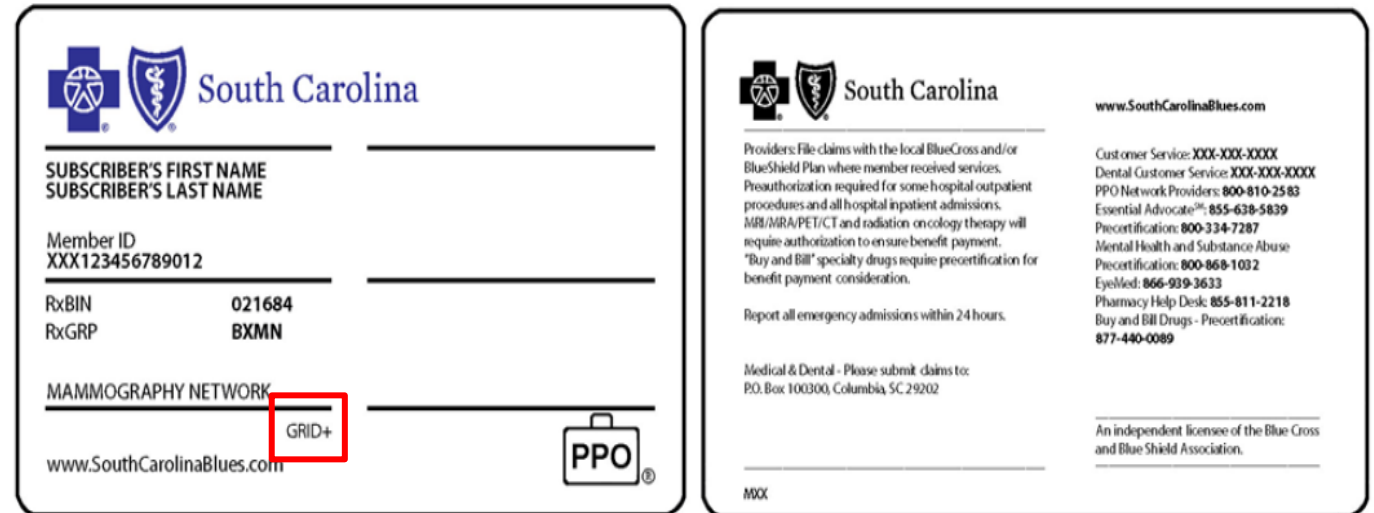


DENTAL GRID



OVERVIEW OF DENTAL GRID

- Dental GRID allows dentists to see members from other participating BlueCross BlueShield plans at the local plan's reimbursement levels.
- Our participating providers' reimbursement levels or provider agreements will not change when treating GRID members.
- Members in this program can be recognized by the work **GRID** or **GRID+** on their ID card.



The image shows two sample ID cards from South Carolina. The left card is a medical ID card with fields for subscriber name, member ID, RxBIN, RxGRP, and mammography network. The right card is a dental ID card with provider information, contact numbers, and a PPO logo. A red box highlights the 'GRID+' label on the mammography network field of the medical ID card.

Field	Value
Member ID	XXX123456789012
RxBIN	021684
RxGRP	BXMN
MAMMOGRAPHY NETWORK	GRID+

www.SouthCarolinaBlues.com

Medical & Dental - Please submit claims to:
P.O. Box 100300, Columbia, SC 29202

Customer Service: XXX-XXX-XXXX
Dental Customer Service: XXX-XXX-XXXX
PPO Network Providers: 800-810-2583
Essential AdvocateSM: 855-638-5839
Precertification: 800-334-7287
Mental Health and Substance Abuse
Precertification: 800-868-1032
EyeMed: 866-939-3633
Pharmacy Help Desk: 855-811-2218
Buy and Bill Drugs - Pre-certification:
877-440-0089

An independent licensee of the Blue Cross and Blue Shield Association.

Sample Commercial - Medical and Dental ID Card

GRID PARTICIPATING PLANS

Anthem Insurance Companies, Inc.

Anthem Blue Cross of California	Anthem Blue Cross and Blue Shield of Colorado	Anthem Blue Cross and Blue Shield of Connecticut
Blue Cross and Blue Shield of Georgia	Anthem Blue Cross and Blue Shield of Indiana	Anthem Blue Cross and Blue Shield of Kentucky
Anthem Blue Cross and Blue Shield of Maine	Anthem Blue Cross and Blue Shield of Missouri	Anthem Blue Cross and Blue Shield of Nevada
Anthem Blue Cross and Blue Shield of New Hampshire	Empire Blue Cross and Blue Shield of New York	Anthem Blue Cross and Blue Shield of Ohio
Anthem Blue Cross and Blue Shield of Virginia	Anthem Blue Cross and Blue Shield of Wisconsin	

Health Care Service Corporation (HCSC)

Blue Cross and Blue Shield Illinois	Blue Cross and Blue Shield Montana	Blue Cross and Blue Shield New Mexico
Blue Cross and Blue Shield Oklahoma	Blue Cross and Blue Shield Texas	

Other

Blue Cross and Blue Shield of Arizona	Blue Cross and Blue Shield of Kansas	Blue Cross and Blue Shield of Kansas City
Blue Cross and Blue Shield of Massachusetts	Blue Cross and Blue Shield of Nebraska	Blue Cross and Blue Shield of Vermont (CBA Blue)
BlueCross BlueShield of North Carolina	BlueCross BlueShield of Tennessee	BlueCross of Idaho
BlueCross & BlueShield of Western/ BlueShield of Northeastern New York	Capital Blue Cross (Central PA)	CareFirst Blue Cross and Blue Shield (Maryland/District of Columbia)
Excelsus BlueCross BlueShield (Rochester NY)	Horizon Blue Cross and Blue Shield of New Jersey	Wellmark Blue Cross and Blue Shield of Iowa



ELIGIBILITY, BENEFITS AND CLAIMS



VERIFYING ELIGIBILITY AND BENEFITS

Plan	My Insurance Manager SM	Provider Services
Commercial Dental Plans	Yes	800-222-7156 (Columbia center) 800-922-1185 (Greenville center)
State Basic Dental and Dental Plus	Yes	888-214-6230 803-264-3702 (Columbia area)
BCBS FEP Dental	Yes	855-504-2583
FEP Dental (Medical)	No	800-444-4325
BlueCross Total, Total Value and Blue Basic (Medicare Advantage Dental)	Yes	800-222-7156
Companion Life Dental	No	800-765-9603 or 800-753-0404, ext. 45921

FILING DENTAL CLAIMS UNDER THE MEDICAL BENEFIT

- For ***State dental plans***, the following codes should always be filed to State medical first:
 - Impacted teeth
 - D7220-D7251
 - Other surgical procedures
 - D7260, D7261, D7285, D7286
 - Excision or lesions
 - D7410-D7415
 - Remove of tumors, cysts, and neoplasms
 - D7440-D7465
 - Excision of bone tissue
 - D7471-D7490
- For ***BCBS FEP Dental***, always file claims to the medical plan first if the member has dental benefits under their medical plan.
- Use an 837P format with the accurate diagnosis code when rendering oral surgical services under State dental and other health plans.

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), the total months of treatment, and the total charge.
 - Do not file the claim each month
 - Payments are automatically sent until one or more of the following apply:
 - The patient exhausts his or her lifetime benefit maximum
 - The patient's dental coverage is terminated
 - The patient reaches the maximum age allowed for services under his or her policy
 - **For a transfer care**, submit one line with the monthly adjustment code, total months of the remaining treatment, and the total remaining charge.

GENERAL GUIDELINES FOR FILING CLAIMS

Dental Plan	Claims Filing Procedures
Commercial and Medicare Advantage	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.
BCBS FEP Dental	Submit all claims to the member's primary medical plan first. See the member's medical ID card for submission. Timely filing is December 31 of the year following the year of service.
State Basic Dental and State Dental Plus	Submit claims electronically using HIPAA 837D format. Use carrier (payer) code 38520. Timely filing is 24 months from date of service. Do not file a separate claim for Dental Plus members.

NATIONAL ELECTRONIC ATTACHMENT



Get Paid Faster! Use **FastAttach™** Electronic Claim Attachments.

What is FastAttach?

FastAttach from NEA Powered by Vyne® is a compliant, HITRUST CSF Certified solution for submitting electronic claim attachments and supporting documentation required for claim adjudication. **FastAttach** eliminates manual, paper-based processes related to requests for supporting claim documentation and enhances denial tracking for dental providers. Say "goodbye" to claim processing delays and get reimbursements flowing with **FastAttach**.

Improve claim adjudication times by electronically transmitting:

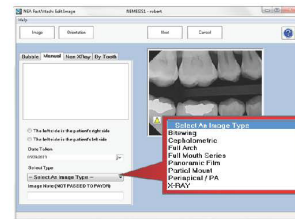
- X-rays
- Perio charts
- EOBs
- Narratives
- Pre-treatment estimates
- Secondary insurance information
- Any other documentation required to adjudicate dental claim.

It automatically populates claim data eliminating the need for time consuming manual data entry. **FastAttach** is an encrypted, Internet based software and meets industry security requirements. Additionally, **FastAttach** interfaces with most major dental practice management systems and clearinghouses to further streamline your practice's workflow.

How does FastAttach work?

FastAttach is easy to setup and use. Once a request is received for additional documentation, the user simply needs to import, upload, scan or capture the image and attach it to the electronic request. **FastAttach** supports the widest variety of image acquisition

methods in the industry including: screen capture, file import, scanner and secure mobile device capture through our patented **FastCapture** app for iOS® and Android®.



Easily attach X-rays or other required supporting documentation.

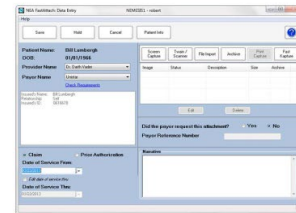
Once the image is captured in **FastAttach**, the user simply transmits the image to the NEA repository. NEA immediately sends a report back to the practice with an NEA Attachment Tracking Number for each file. The user places the NEA Tracking Number in the remarks or NTE section of the claim and sends the claim electronically through their claims clearinghouse.

Easy to Use & Access

- Simple, easy to read screens
- Minimal training required
- 24/7 secure, online access to your images
- Enables image sharing with other providers
- Works well for solo offices, multiple locations, multi-specialty clinics and more

Take advantage of the **CBBS South Carolina Promo**. Mention code: **BCBSSCRZ2M** & get **TWO months FREE**, plus \$0 Registration - a \$278 savings. Expires 1/31/2020

Call today to get started: 800.782.5150, option 2 | nea-fast.com



The Data Entry screen provides a simple interface for completing all of the attachment requirements.

Unparalleled Customer Service

- UNLIMITED FREE customer service and support
- Online chat support tool
- Experienced, knowledgeable support staff
- Refresher training for staff at no additional cost

Get Started Fast

- Minimal up-front costs - low monthly fee
- Rapid implementation (most take <1 hour)
- Compatible with most dental practice management systems and clearinghouses

Easily view payer requirements

The **FastAttach** subscription also includes **FastLook**, an integrated solution that provides individual payer attachment requirements for claims adjudication. With **FastLook**, providers can search by payer name and procedure code to determine if an attachment needs to be sent and if so, the exact parameters of what needs to be sent. Knowing this up-front eliminates the hassle of sending unnecessary attachments and saves time.

Communicate with Confidence Using Vyne Connect Encrypted Email

Did you know that sending emails that contain Protected Health Information (PHI) without using an encrypted email service to do so, could put you at risk for HIPAA violations and could even make your business a prime target for a cybersecurity breach?

NEA is attuned to your compliance needs. That's why every **FastAttach** subscription also includes access to our exclusive **Vyne Connect** encrypted email service. Improve the security of communications you send patients, payers and other providers by using **Vyne Connect** encrypted email exchange. It's simple to use and works with your existing email service, so no need to setup new email accounts. **Contact NEA to learn more - 800-782-5150, NEA option 2.**

Start sending **unlimited claim attachments electronically** to over 750 dental plans and payers with **FastAttach** and get the exclusive **Vyne Connect encrypted email service** - all for only **\$39 per month per office location***!

Call or register online now and **save \$278** with promo code **BCBSSCRZ2M** at: (800) 782-5150, opt. 2 or www.nea-fast.com.

*Each dental practice office location submitting claim attachments is required to have its own **FastAttach** subscription and NEA facility ID. Separate registration is required for each office location. Offices wishing to register more than one location, please contact NEA Sales for registration assistance. **Vyne Connect** email service includes up to 5 email accounts/business per NEA facility ID. Monthly fees begin after any promotional period expires. Monthly service may be cancelled at any time.

106 Ashford Center North, Suite 300, Dunwoody, GA 30338 | 800.782.5150 | nea-fast.com

NEA-VYNE-FA OVERVIEW 1/30/2019

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Note: All dental plans use the NEA except FEP.



CREDENTIALING



PARTICIPATING IN THE DENTAL NETWORK

- Plans that use the Participating Dental Network include:
 - Commercial plans
 - Medicare Advantage plans
 - State Dental Plus
 - Companion Life Dental
 - FEP Basic, Standard, and BCBS FEP Dental
 - GRID members
- Visit www.SouthCarolinaBlues.com.
 - Providers>Provider Enrollment>**Join Our Networks**

INDIVIDUAL DENTAL ENROLLMENT

Checklist Items	Oral Surgery	Routine
Provider Enrollment Application		
Copy of SC Medical or Practice License		
Drug Enforcement Administration (DEA) Certification*		
Current Copy of Malpractice (Min. \$1M/\$3M)		
Authorization to Bill for Services		
Signed Contracts	Footnote 1	Footnote 2
Professional Training		
Hold Harmless**		
Appendix D**		
Medicaid ID Number***		

*Only if applicable.

**Only if applying for BlueChoice® HealthPlan.

***Only if applying for Healthy Blue.

1 Medical contract, dental contract or both.

2 Dental contract only.

GROUP PRACTICE DENTAL ENROLLMENT

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer
Signed Contracts*
Medicaid ID Number**
Add Practitioner Form***

*For oral surgeons applying for BlueChoice® and Healthy Blue. All other contracts are based on the individual practitioner's credentialing status.

**Only for oral surgeons applying for Healthy Blue.

***For each physician being added to the group. This is under the Maintain section of the portal.

Note: If the provider is not credentialed, you must complete the Provider Enrollment application.

IN STATE, OUT-OF-NETWORK DENTAL ENROLLMENT

- Individual Physician

Checklist Items
Health Professional Application*
Authorization to Bill for Services*

*Needed for each individual being linked to the practice.c

- Group Practice

Checklist Items
Group Practice Application
IRS Verification of Tax ID (Letter 147C or CP 575 E)
Electronic Funds Transfer Enrollment



THANK YOU

