

FREQUENTLY ASKED QUESTIONS

Dental Product Tips

How do I contact BlueCross BlueShield of Tennessee Dental Member Service?

Member Service can be reached at 1-800-523-1478 between 8 AM and 5:15 PM EST Monday through Friday, or visit www.bcbst.com/members/vanderbilt.

How do I request additional identification cards?

You can request identification cards using BlueAccess® at bcbst.com or you may call the BlueCross BlueShield of Tennessee Dental member service line at 1-800-523-1478.

Do I need to show my BlueCross BlueShield of Tennessee Subscriber Identification card when I go to the dentist?

Yes, it is very important to show your BlueCross BlueShield of Tennessee Subscriber Identification card when you go to the dentist. This allows the dentist office to update their records so that a proper claim can be filed for your dental services.

What do I do about treatment in progress?

Providers are instructed to bill services based on the completion date. As long as the member is eligible on the completion date, benefits would be provided.

How is orthodontic treatment in progress handled?

Any actual services (example: initial banding) received for orthodontic treatment that began prior to the effective date of coverage with BlueCross BlueShield of Tennessee should be filed with the prior carrier. However, any orthodontic services (example: monthly adjustment fees) received after the member's coverage becomes effective with BlueCross BlueShield of Tennessee should be filed with BlueCross BlueShield of Tennessee and will be applied to the orthodontic maximum.

How can I get information on a claim that has been filed?

You can get information on claims and print explanations of benefits (EOB) using BlueAccess, which allows you to check Dental claims status and review other important information, or you may contact the Dental Member Services department.

What if I have questions about the charges or services shown on a claim or EOB or if I disagree with the payment that was made on my claim?

You can call the Dental Member Service line at 1-800-523-1478. The Dental Member Service Representative will assist you in explaining the way your claim was handled and, if necessary, can send your claim for further review.

Where should I file a paper claim?

Your network dental provider files most claims electronically. However, should you need to file a claim yourself, claims should be submitted to:

BlueCross BlueShield of Tennessee
Claims Service Center
1 Cameron Hill Circle Suite 0002
Chattanooga, TN 37402-0002

How can I get copies of the explanations of benefits for claims that have been processed?

You can print duplicate EOB's using BlueAccess at bcbst.com or you can call the Dental Member Service department at 1-800-523-1478.

What are the differences in the dental plan if I used a non-network provider?

Claims submitted by a non-network provider are processed based upon the maximum allowable charge for the service performed. Also, by using a non-network dental provider you will not receive any network discounts, and the provider may bill you for any differences between the actual charges and the paid amount plus and charges for services deemed not clinically necessary. This amount is called balanced billing and can be a large amount depending on the cost of the service.

How can I find out what network my dental plan uses and if a dentist or oral surgeon is in the network?

To locate in-network dental providers, you can call our Dental Member Service department or you can go to bcbst.com and select *Find a Provider*, then select *Dentist* from the options menu. Choose DentalBlue Network as the network for Tennessee and contiguous counties. Select DenteMax as the network for other states. You may also call our Dental Member Service.

Why did I receive a coordination of benefits letter in the mail?

Each year you will receive a coordination of benefits letter to verify if you have obtained or will obtain other dental insurance coverage. This coordination of benefits investigation procedure is a cost containment feature to prevent two insurance companies from making duplicate payments on the same charges, which in turn makes the cost of your insurance premium lower. It is important to keep your COB information current to avoid a delay in claims processing. When you receive a COB letter, fill it out and return it immediately, or you can update your COB information on the web at bcbst.com using BlueAccess.

Am I required to receive a prior authorization on any dental services?

No prior authorization is required on any dental services. However, your provider may file a Predetermination of Benefits. The Predetermination of Benefits program allows you and your dentist to know exactly what kinds of treatment are covered. Once the predetermination of Benefits is processed, you and your dentist will be notified what benefits are available, what payments, if any, you must make. Dental predetermination requests should be sent to:

BlueCross BlueShield of Tennessee
Claims Service Center
1 Cameron Hill Circle Suite 0002
Chattanooga, TN 37402-0002

What does the term "Necessary Dental Care" mean?

Any treatment or service prescribed by a dentist that the Plan determines to be necessary and appropriate and must meet the following criteria:

- have a favorable prognosis;
- must meet generally accepted standards of professional dental care;
- must not be experimental or investigational in nature

What does the term "investigational" mean?

Investigational is defined as dental, medical, surgical, diagnostic, psychiatric, substance abuse or other health care services, technologies, supplies, treatment, procedure, drug therapies or devices that are not approved by the appropriate regulatory agencies as appropriate for the proposed use. Items or services classified as investigational are not covered by the insurance plan.



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