

Supplement to the current Dental Blue Book eManual, November 2021 edition  
 Please see below corrections and additions. Blue Cross and Blue Shield of North Carolina has updated the Emdeon Payer # related to Medical/Pediatric Dental and FEP claim filings.

Section 2.1

- Page 2-5
  - The correct Emdeon Payer number is #61472 (it is incorrectly stated as #61473).
- FEP
  - The below two pages are part of section 2.1.



## Federal Employee Health Benefit Plan

(BCBS medical coverage includes some dental benefits)

Sample BASIC identification card (front only)

|                 |            |   |            |  |
|-----------------|------------|---|------------|--|
|                 |            | Government-Wide Service Benefit Plan<br>Federal Employee Program. |            |  |
| Member Name:    |            | www.fepblue.org   |            |  |
| Member ID:      |            | Federal Employee member ID numbers begin with the letter "R".     |            |  |
| Enrollment Code | 112        | RxGrp   | 65006500   |  |
| Effective Date  | 01/01/2006 | RxBIN   | 610415     |  |
|                 |            | RxPCN   | ABC1234567 |  |

### BASIC OPTION

- Covers:**
- + Routine exams
  - + Cleanings
  - + X-rays
  - + Fluoride
  - + Sealants
- \$25 copayment per visit for in-network only, and **NO COVERAGE** for out-of-network services.

Sample STANDARD identification card (front only)

|                 |            |   |            |  |
|-----------------|------------|---|------------|--|
|                 |            | Government-Wide Service Benefit Plan<br>Federal Employee Program. |            |  |
| Member Name:    |            | www.fepblue.org   |            |  |
| Member ID:      |            | Federal Employee member ID numbers begin with the letter "R".     |            |  |
| Enrollment Code | 105        | RxGrp   | 65006500   |  |
| Effective Date  | 01/01/2006 | RxBIN   | 61415      |  |
|                 |            | RxPCN   | ABC1234567 |  |

### STANDARD OPTION

- Covers:**
- + Preventive and diagnostic
  - + Minor restorative
  - + Extractions
  - + Pays very limited flat fee based on the service provided
  - + Provides coverage for in- and out-of-network services

| Customer Service 1-800-222-4739   |  |
|---|--|
| <b>CLAIMS</b><br>DENTAL CLAIMS COVERED UNDER FEDERAL EMPLOYEE HEALTH BENEFIT PLAN (FEHBP) FILED WITH CDT CODES ON 2012 ADA FORM | Emdeon Payer Number 61472 (electronic filing)<br>Mail claims to: Blue Cross and Blue Shield of North Carolina<br>PO Box 35, Durham, NC 27702-0035  |
| <b>MEDICAL CLAIMS</b><br>(MEDICAL/ACCIDENT/TMJ FILED WITH CPT CODES)  | Enrollment for electronic medical claims available through the Web at <a href="https://bcbsnc.com/content/providers/ed/">bcbsnc.com/content/providers/ed/</a>  |
| <b>WEBSITES</b>   | <a href="https://bcbsnc.com/content/providers/index.htm">bcbsnc.com/content/providers/index.htm</a><br><a href="https://providers.bcbsnc.com/providers/login.faces">providers.bcbsnc.com/providers/login.faces</a> |

Sample identification card (front)

|                                   |              |                 |  |
|-----------------------------------|--------------|-----------------|--|
|                                   |              |                 |  |
| FIRST_NAME                        | LAST_NAME    |                 |  |
| ID Number:                        | XXXXXXXXXXXX | DEPENDENTS      |  |
| Program:<br><b>FEP BLUEDENTAL</b> |              |                 |  |
| Group Number: 000000-0000         |              |                 |  |
| www.fepblue.org                   |              | FEP BlueDental® |  |

This card is of a FEP Blue Dental for Federal Employees identification.

Always file claims for services that include the patient's complete identification number, which includes both numbers and letters.

Sample identification card (back)

|  |   |
|--|---|
|  | For GRID+ Dental Network<br>Customer Service within the U.S. call:<br>855-504-2583<br>651-994-2583                                |
| Present this card at each visit, along with your medical card, if applicable, for coordination of benefits. This card is for identification only and not a guarantee of benefits or eligibility. For claims submission purposes, use the member's identification number. | If the member has dental coverage only, forward claims to:<br><br><b>Dental Claims</b><br>PO Box 75<br>Minneapolis, MN 55440-0075 |
| Claims should be submitted to medical carriers for primary coverage and not directly to dental if member has medical coverage with FEHBP.  |   |
| Printed 10/9/2013 #216 WFEP Seq 1  |   |

GRID+ logo identifies that a member is participating in the GRID+ dental network (see Chapter 6 for additional information)

Customer Service: 1-855-504-BLUE (2583)

Paper Claims –  
 Mail to: **Dental Claims**  
**PO Box 75, Minneapolis, MN 55440-0075**

Claims must be submitted to the member's medical carrier **first**. If the member has the BCBS service benefit plan as their medical coverage, the claim will automatically be transferred to FEP Blue Dental for processing/payment.

| Customer Service 1-855-504-BLUE (2583)  |  |
|---|--|
| <b>CLAIMS</b><br>FEP BLUE DENTAL CLAIMS | Mail claims to: <b>PO Box 75, Minneapolis, MN 55440-0075</b>   |
| <b>WEBSITES</b>                         | <a href="http://bcbsnc.com/content/providers/index.htm">bcbsnc.com/content/providers/index.htm</a><br><a href="http://providers.bcbsnc.com/providers/login.faces">providers.bcbsnc.com/providers/login.faces</a> |

**Important Note:** FEP Blue Dental dental claims must be submitted to the member's medical carrier **first** using the 2012 ADA claim form. If the member has the BCBS service benefit plan as their medical coverage, the claim will automatically be transferred on a 2012 ADA claim form to FEP Blue Dental for processing/payment. If the member has coverage other than a Federal Employee Health Benefits Plan, a copy of the EOB is needed and must be submitted to the address below for processing:

FEP Blue Dental Claims  
 PO Box 75, Minneapolis, MN 55440-0075

**Section 7.1.2 (Page 7-1)**

- The below statement has been updated to reflect the correct Emdeon Payer #61472

*In addition, ACA mandated “Pediatric Dental benefits” such as diagnostic and preventive, basic, major, and medically necessary orthodontia are covered under the medical plan for certain members. If the patient does not have pediatric dental benefits under a Blue Cross NC medical benefit plan but does have a Dental Blue policy from Blue Cross NC, then submit pediatric dental electronic claims to Emdeon payer #61472.*