2024 Dental Billers Workshop



Agenda

- Contracting
 - Value in contracting
 - 2025 CAP contracting
 - Quality Based Reimbursement Program (QBRP)
 - Policy Memo changes
- Member services
 - Dental benefits
 - Availity
 - Dental GRID



Agenda

- Claim tips / Miscellaneous
 - Claim submission reminders
 - Dental manual review
 - Medicare Advantage
 - ASK-EDI
 - Lucky Strikes





What Can Your Rep Do For You

- Insurance billing education
- CAP mailing
- Policy Memos
- Dental Medical Policies
- Documentation
- Coding
- Claim Submission Tips
- Availity







Customer Service Center (C	SC) (ffice Hours: Monday - Friday 7:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Claim status	Email: csc@bcb	
• Appeals	Phone: 800-432-3990 or 785-291-4180 Fax (written inquiries and predets): 785-290-0711	
Pre-determinations		
Benefits		
• Eligibility Fax (all others): 785-290		785-290-0783
CSC Providers Only Benefits	Line ()ffice Hours: Monday - Friday 7:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Benefits	Email: csc@bcbsks.com	
• Eligibility	Phone: 800-432-0272 or 785-291-4183	
Provider Network Services		Hotline Hours:
	Mo	nday-Wednesday, and Friday 8:00 a.m 4:30 p.m.
Questions regarding:	Contacts:	
Contracting	Email: prof.relations@bcbsks.com	
Credentialing	Phone: 800-432-3587 or 785-291-4135	
Network enrollment	Fax: 785-290-0	734
Availity® Essentials	() ffice Hours: Monday - Friday 7:00 a.m 6:00 p.m.
Contact Availity Client Services toll free at 800-Availity (800-282-4548) or log in to Ava Essentials to submit a support ticket.	lity during the	hours listed above.
BlueCard®		
Eligibility for out-of-state members •Office Hours: Monday - Friday 8:00 a.m Phone: 800-676-BLUE (800-676-2583) Claim info for out-of-state members •Office Hours: Monday - Friday 7:00 a.m •Phone: 800-432-3990, ext. 4058	4:30 p.m.	
2		
Questions regarding:	Contacts:	8:00 a.m 4:30 p.m.
Questions regarding: Assistance with coordination of care for	Contacts: Phone: 800-432	
Questions regarding:	Contacts: Phone: 800-432 785-291-6628	8:00 a.m 4:30 p.m. -0216, ext. 6628 or
Questions regarding: Assistance with coordination of care for	Contacts: Phone: 800-432 785-291-6628	8:00 a.m 4:30 p.m.
Questions regarding: Assistance with coordination of care for patients with complicated health issues. MiResource	Contacts: Phone: 800-432 785-291-6628 For FEP membe	
Questions regarding: Assistance with coordination of care for patients with complicated health issues. MiResource	Contacts: Phone: 800-432 785-291-6628 For FEP membe	8:00 a.m 4:30 p.m. -0216, ext. 6628 or
Questions regarding: •Assistance with coordination of care for patients with complicated health issues.	Contacts: Phone: 800-432 785-291-6628 For FEP membe	8:00 a.m 4:30 p.m -0216, ext. 6628 or ers: 800-782-4437, ext. 6611
MiResource Contacts: Email: support@miresource.co Lucet Questions for behavioral health carr	Contacts: Phone: 800-432 785-291-6628 For FEP members m	8:00 a.m 4:30 p.m. -0216, ext. 6628 or ers: 800-782-4437, ext. 6611 Office Hours: 24/7/365
Questions regarding: • Assistance with coordination of care for patients with complicated health issues. MiResource Contacts: Email: support@miresource.co Lucet Questions for behavioral health care • Preauthorizations	Contacts: Phone: 800-432 785-291-6628 For FEP member m e: Contacts: Phone: 800	8:00 a.m 4:30 p.m. -0216, ext. 6628 or ers: 800-782-4437, ext. 6611 Office Hours: 24/7/365 -952-5906
Questions regarding: Assistance with coordination of care for patients with complicated health issues. MiResource Contacts: Email: support@miresource.co Lucet Questions for behavioral health care	Contacts: Phone: 800-432 785-291-6628 For FEP members m	8:00 a.m 4:30 p.m. -0216, ext. 6628 or ers: 800-782-4437, ext. 6611 Office Hours: 24/7/365 -952-5906

8:00 a.m. - 6:00 p.m. KS members or M3A prefix • Provider Services: 800-240-0577 Fax: 800-976-2794 Prior Authorization/Utilization Management/Care Transition: 800-325-6201 Fax: 877-218-9089 After Hours Utilization Management/Care Transition: 800-331-0192 Fax: 877-218-9089 Behavioral Health Services (Lucet): 877-589-1635 Hearing Services: 800-334-1807 Vision Services: 877-226-1115 Federal Employee Program Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m. (FEP) - All FEP inquiries except OPL Contacts: FEP Blue Dental Contacts: Phone: 800-432-0379 or 785-291-4181 Phone: 855-504-2583 Fax: 785-290-0764 www.bcbsfepdental.com **Electronic Data Interchange** Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m. (ASK-EDI) - Payor ID: 47163 Questions regarding: Contacts: Electronic claims transmission Email: askedi@ask-edi.com Electronic RA Website: ask-edi.com Billing software Phone: 800-472-6481 or 785-291-4178 Clearinghouse services Fax: 785-290-0720 Internet file transfer and passwords Real-time vendors Office Hours: Monday - Friday Fraud Hotline 8:00 a.m. - 4:30 p.m. Ouestions regarding: Contacts: Reporting of any illegal activity Phone: 800-432-0216, ext, 6400 or involving BCBSKS, Callers may remain 785-291-7000, ext 6400. anonymous. Other Party Liability (OPL) & Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m. Pre-Existing Ouestions regarding: Contacts: Duplicate coverage Phone: 800-430-1274 or 785-291-4013 Fax: 785-290-0771 No-fault auto exclusion Subrogation Workers' compensation Pre-existing Pre-certification, Concurrent Office Hours: Monday - Friday **Review and Alternate Care** 8:00 a.m. - 5:00 p.m. Questions regarding: Contacts: Phone: 800-782-4437 All hospital inpatient admissions Teleorder Office Hours: 24/7/365 Contacts: Phone: 800-346-2227 or 785-291-8130 Location Address: Billing Address: 1133 SW Topeka Blvd P.O. Box 239 Topeka, KS 66629-0001 Topeka, KS 66601-0239

An Independent licensee of the Blue Cross Blue Shield Association.

Office Hours: Monday - Friday



Medicare Advantage



Value In Contracting

- Opportunity to earn additional revenue through the Quality Based Reimbursement Program (QBRP)
- Direct payment from BCBSKS
- Detailed claim payment information provided to you and the member
- Electronic Remittance Advice
- Dental Workshops
- Provider name listed in the directory
- Website (bcbsks.com) and self-service tools accessible through Availity
- Opportunity to participate in BCBSKS Dental PPO and/or Medicare Advantage networks



Cap – Competitive Allowance Program

- Annual Contract Update
- Provider contract is Perpetual
- Approved by Board of Directors at BCBSKS
- Emailed towards the end of July
- Quality Based Reimbursement Program (QBRP)
- Policy Memo Summary of Changes





2025 Reimbursement

- Aligned to continue RVU-based pricing
- Increase lower valued codes
- Maintain allowances for higher valued codes
- QBRP incentives
- Rural access incentive



Quality Based Reimbursement Program

- QBRP
- Prerequisites
 - File claims electronically
 - Sign up for electronic newsletters
 - Stop receiving paper remits
 - Must be in good standing with BCBSKS





Quality Based Reimbursement Program

- Applies to all eligible dental providers
 - BCBSKS CAP
 - Dental PPO
 - EPO
- Does not apply to:
 - Medicare Advantage
 - DFP claims, member prefix R



QBRP – Groups 1 and 2

- Group 1 (ESS & EPM): Applies to all eligible CDT and CPT codes
 - Clinical lab and pharmaceutical services are excluded
- Group 2 (PRD): Applies to all eligible CDT codes
- Clinical lab and pharmaceutical services are excluded



QBRP – Group 1

- Electronic Self Service (ESS)
- ES3 2.0 percent (96 percent or greater)
- ES2 1.0 percent (86 to 95 percent)
- Electronic Provider Message Board (EPM)
 - EPM 1.0 percent



QBRP – Group 2

- Provider Portal Information (PRD) 3.0 percent
 - Attest during each qualifying period outlined in CAP
 - Individual provider level for all providers tied to the group contract
 - Consolidated Appropriations Act (CAA)
 - Rolling 90-day attestation requirement
 - Group and individual attestations are required



2025 Dental Policy Memo Summary of Changes

- Policy Memo Summary of updates can be found on our website
 - Section I: Confidentiality
 - Section V: Post-Payment Audits
 - Section XV: Claims Filing
 - Section XXVII: Acknowledgment of Independent Status of Plan
 - Section XXXV: Acknowledgment of Non-Discrimination Laws



Content of Service

- Local anesthesia
- Impressions for prosthetics
- Materials and/or supplies
- Suture removal
- Postoperative care
- Sedative base content to amalgam or composite restoration





Non-covered Services

- Professional services are not reimbursed when provided to an immediate family member (spouse, children, parents, siblings, or legal guardian of the person who received the service) or themselves.
- There are several categories of services and procedures that may be considered noncovered per member contract language. These denials are billable to the member.



Limited Patient Waiver

- Situations when a waiver should be obtained
 - Medical necessity denials
 - Utilization denials
 - Patient requested services
 - Experimental / Investigational procedures
 - Deluxe services (gold crowns, diamond caps, etc.)
- When not to use a waiver
- Services considered content of service
- Balance billing: Cannot be used to bill the patient the difference between the provider charge and the allowed amount (contractual obligation)



Limited Patient Waiver

- Requirements of the waiver
 - Signed before receipt of service
 - Patient specific
 - Procedure specific
 - Date of service specific
 - Dollar amount
 - Retained in the patient's file at the provider's place of business
 - Presented on an individual basis to patients. Blanket waivers are not allowed
- Use modifier GA



Limited Patient Waiver

Limited Patient Waiv	er			
Section 1 – Patient Information				
First Name	MI Provider Name			
.ast Name	Suffix Provider Address			
lentification Number	City			
rovider NPI	State ZIP Code +4			
he provider must document in the patient rec	ord the discussion with the patient regarding the following	g service(s):		
Section 2 – Notice of Personal Fina	ncial Obligation (Please read before signing)			
have been informed and do understand	that the charge(s) for	iance		
	will not be covered because Blue Cross and Blue			
Not medically necessary	□ Patient-requested services			
Deluxe features (applicable to deluxe of prosthetic appliances as specified in the contract) – the allowance for standard applied to the deluxe item(s)	e member Experimental or investigational			
is my wish to have this service(s) perfo	med even though it will not be paid by BCBSKS.			
understand that I will be held person pproximation only, based on the service	Illy responsible for approximately \$. This amount is an		
Options: Check only one box. We can	not choose for you.			
Option 1: I want the service listed all provided so that a determination of c	ove. I also want the provider to bill my insurance for overage can be made by my carrier.	r the service		
Option 2: I want the service listed all	have no appeal rights if the claim is not processed th			
Acknowledgment of personal financial ob by this or another provider(s).	igation applies to charge(s) for service(s) specified	above when performed		
further understand any additional servic	e(s) could affect the amount of my financial respons	ibility.		
Your signature required	arent/guardian if other than patient)	Date Signed		
rauent (olghature or	arenoguaruan il ottet tiati patienti	Date Signed		
erson who signed above did read this n	(witness name), did personally observe btice and did affix their signature in my presence.	e and do certify the		
Your signature required				
Witness		Date Signed		

-

Documentation

- Abbreviations must have a legend
- Must be legible
- Diagnosis and diagnosis code, when appropriate
- Electronic vs hand-written signature
- BCBSKS requests for medical records
- Must be provided at no charge
- Must be submitted within the time frame specified by BCBSKS



Uniform Charging

- What constitutes a provider's usual charge?
 - A discount to every patient without health insurance is considered the usual charge
 - Required to bill BCBSKS the same amount as the self-pay amount
- Concierge/Club services are not to be offered to BCBSKS members
- Are discounts acceptable?
- Yes, only if based upon an individual patient's situation and is documented as such
- Cash discounts are NOT allowed
- Collect only deductible, coinsurance, copay, or non-covered amounts at the time of service



Non-Contracting Provider

- When a contracting provider uses a non-contracting provider (either in or out of state) to perform one or more professional services, the contracting provider who ordered the service(s) must bill BCBSKS for all services rendered by the non-contracting provider.
- The contracting provider will be required to ensure the member is held financially harmless.
- If a member requests referral to a non-contracting provider, a signed statement of financial obligation should be on file with the referring provider.



Locum Tenens Provider

- BCBSKS allows use of a locum tenens provider in the following situations
 - Provider and substituting locum must be the same provider type
 - Locum tenens must be license in Kansas
 - Coverage can last no longer than a continuous 60-day period
- Billing: use the NPI of the provider for whom the locum tenens is substituting
 - Modifier Q6 is required
- Cannot use locum tenens coverage for a deceased provider



Adverse Events

- The following adverse events are not billable to BCBSKS
 - Surgery/procedure on the wrong tooth
 - Surgery/procedure on the wrong patient
- Wrong surgery/procedure on a patient
- When one of these adverse events occurs, no payment will be made to the provider for that error or the correction of that error. The patient shall be held financially harmless and may not be billed for any adverse event. The provider shall refund payments to BCBSKS made for an adverse event if a claim is filed in error.



Dental Manual

- Dental claim filing
- Out of state BCBS member services that fall under the member's dental policy should be submitted directly to the member's Home Plan.
- BlueCard claims (out of state BCBS members)
 - Only for services that fall under a member's medical policy. These claims should be submitted to BCBSKS.



National Dental GRID and GRID+

- BCBSKS has teamed with other Blue Plans to form the GRID Dental Corporation
- Dental GRID and Dental GRID+ enable patients to see in-network providers outside of their Plan area
- Member ID cards
- GRID = DPPO Maximum Allowable Payment (MAP)
- GRID+ = BCBSKS MAP





National Dental GRID and GRID+

- Troubleshooting
 - Active license
 - NPI change
 - EIN change
 - Contract status change

27



Claim Filing

- Timely filing BCBSKS has a timely filing period of 15 months from the date of service
- Dental vs. Medical
 - Services that fall under a patient's medical benefit can be filed on a current ADA J430D or CMS-1500 claim form
- Modifiers BCBSKS accepts
 - Modifier 22 additional consideration
 - GA modifier waiver on file
 - Q6 locum tenens provider used



Claim Filing Hints

- Corrected claim
- Box 35: Indicate resubmission code 7 and the original claim number
- Void claim
- Box 35: Indicate resubmission code 8 and the original claim number
- Accident claim
 - Box 29a: Diagnosis pointer
 - Box 34: AB to indicate ICD-10 code
 - Box 34a: ICD-10 code (accident code must be primary)
 - Box 45: Complete appropriate box for accident type
- Box 46: Accident date





Contact Availity for:

- Registration (<u>www.Availity.com</u>)
- Password issues
- Changes/updates to Availity provider profile
 - TIN / NPI changes
 - Name / address changes
- Questions regarding other Payers
- 1-800-Availity





Availity/Blue Access - BCBSKS

- Eligibility and Benefits
- Claim Status
- Blue Access (BCBSKS Provider Secure Section)
 - Patient ID Search
 - Update / Maintain Provider Information: 90 Day Attestation
 - Business Associate Agreement (BAA)
 - View / Print Remits
 - QBRP Earned Report
 - Message Board





Availity/Blue Access - BCBSKS

- Resources
 - Dental Manual
 - Coverage Summary
 - Dental Newsletters
 - EFT Form (enroll, change, term)

8. 💽

Remittance Advice

- Claim Control Number
 - Example: 252400500001
 - 25 electronic claim
 - 24 year received
 - 005 received on 5th of January
 - 0001 first claim in the sequence





Remittance Advice

- Commonly used remark codes for dental services can be found at:
 - https://x12.org/codes
- Healthcare code lists
 - Claim Adjustment Reason Codes (CARC)
 - Remittance Advice Remark Codes (RARC)



Electronic Funds Transfer (EFT)

- Quicker access to payments by eliminating postal service transit delays
- Reduces the clinic's manual check processing efforts
- Sign up in Blue Access under Resources tab/Forms
- Funds transferred will match the Remittance Advice total payment amount



Credentialing

- BCBSKS credentials all dentists in the CAP network based on the URAC Health Plan Credentialing Standards
- BCBSKS utilizes CAQH for professional and demographic information for network providers
- CAQH website: www.caqh.org



Provider Add/Term/Address Change

- Provider Network Enrollment Request Form
 - Initiate request at least 60 days before the start date
 - CAQH must be current
- BCBSKS credentialing program
- BCBSKS does NOT backdate contract effective dates due to URAC requirements
- Provider change request form



Provider Information

- Provider Network Enrollment Request form
- Initiate request at least 60 days before start date
- BCBSKS does NOT backdate the contract effective date because of URAC requirements
- CAQH must be current
- BCBSKS Credentialing Program
- Provider Change of Information form



Dental Benefit Programs

- Comprehensive Dental
- Share Pay Dental
- Building Block Dental
- BlueCare Dental
- Voluntary Dental
- ACA Pediatric Dental Benefits



General Exclusions

- Non-intravenous conscious sedation
- Cosmetic services
- Patient education services
- Hospital calls or consultations
- Bone graft for alveolar ridge augmentation
- Occlusal adjustments
- Mandible staple bone plate procedures
- Acid etching
- Services done in conjunction with a non-covered service





Federal Employee Program (FEP)

- FEP dental plan options
 - Basic
 - Standard
 - Blue Focus
 - Blue Cross Blue Shield FEP Dental



Blue Cross Blue Shield FEP Dental

- Part of the GRID+ network
- For patients without FEP medical, submit claims to

BCBS FEP Dental Claims

PO Box 75

Minneapolis, MN 55440-0075

- For patients with FEP medical, submit claims to BCBSKS and we will coordinate with BCBSMN.
- Contact information
- <u>www.bcbsfepdental.com</u>
- CSC 855-504-BLUE (2583)



Dental Coverage Summary

- Table lists
 - CDT code
 - Policy name
 - Accident rider
 - Associated medical policies



Other Party Liability (OPL)

- Duplicate coverage from another insurance policy
- Workers' compensation
- Personal Injury Protection (PIP)
 - Auto no-fault coverage
- Claim filing
- Coordination of Benefits (COB)
 - Orthodontics
- Group vs non-group





Oral Sleep Apnea Appliances

- Must use an in-network sleep lab
 - If non-contracting lab is used, member must be held financially harmless
 - Dental Policy Memo, section XIV
- Use HCPCS code E0486 only bundled / global code
 - Includes appliance, fitting, and adjustment of appliance
 - Includes x-rays, AM aligners, and impressions
 - Includes 42-day global period for follow-up exams
 - Do not use CDT codes for appliance, fitting, or adjustments





Oral Sleep Apnea Appliances

- Waiver is not applicable
- Cannot bill the member for the provider write-off (contractual obligation)
- Initial E/M should never be higher than level 3
- Follow up visits after the first 42 days global period are allowed if medically necessary

TMJ Appliances

- Occlusal orthotic device for diagnosis of TMJ
 - D7880 (by report)
 - Initial evaluation
 - Imaging/diagnostic services
- Follow up
- Non-billable services
- Medical policy for TMJ



Lucky Strikes

- Orthodontic billing
- Cone beam imaging (CBT)
- Front teeth knocked out because of an accident
 - Will deny unless pre-accident x-rays accompany the claim
- Panos and full mouth x-rays are not covered on the same date of service





Blue Medicare Advantage Dental



Kansas Blue Medicare Advantage Dental Network

- · Same CAP allowances (fee schedule)
- No PPO reduction
- Serve Kansans through all stages of their lives
- Simple Opt-in process





2024 MA Dental Coverage

Embedded Preventive + Minor Comprehensive Services on all plans

Blue Medicare Advantage plans include the following embedded routine dental coverage:

- Preventive Dental Services
- Routine cleanings (up to 2 every year)
- Bitewing x-rays (up to 2 every year)
- Oral Exams (up to 2 every year)

- <u>Comprehensive Dental Services</u>
 - Restorative
 - Endodontics
 - Periodontics
 - Extractions
 - · Prosthodontics and Oral / Maxillofacial Services

	Blue Medicare Advantage (PPO) – Topeka Region	Blue Medicare Advantage (PPO) – Wichita Region	Blue Medicare Advantage Comprehensive (PPO)	Blue Medicare Advantage Choice (PPO)	Blue Medicare Advantage Freedom (PPO)
Embedded Preventive + Minor Comprehensive	\$1,750 Annual Allowance	\$2,500 Annual Allowance	\$3,000 Annual Allowance	\$1,750 Annual Allowance	\$1,000 Annual Allowance
Dental Buy - up	\$1,000 Annual Allowance for Minor Comprehensive C&&##ge;Savaility, or co	Not Offered	\$1,000 Annual Allowance for Minor Comprehensive Services tional detail on covered cor	Not Offered	Not Offered



MA Claims & Contacts

Claims

- Electronic claims to ASK-EDI using BCBSKS payor ID 47163
- Paper claims:

Dominion National ATTN: BCBSKS PO Box 211424 Eagan, MN 55121

Who to Contact

- MA Provider Services 800-240-0577
- Patrick Artzer MA Professional Relations Representative – 785-291-6289
- Joseph Scherr MA Professional Relations Support Representative – 785-291-4187



BlueMA Dental Member Eligibility and Benefit Inquiries

SUBMIT AN INQUIRY Once logged into Availity:

1. Select Payor Spaces

2. Select Blue Cross and Blue Shield of Kansas

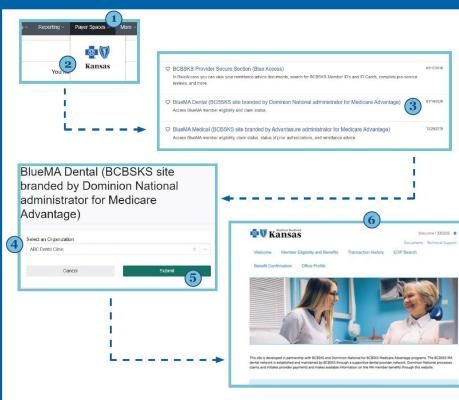
3. Select BlueMA Dental (BCBSKS site branded by Dominion National administrator for Medicare Advantage)

4. Select **Organization** from drop-down menu

5. Select Submit

6, You have arrived at the Dominion National sef-service portal

BlueCross BlueShield Kansas





BlueMA Member Eligibility & Benefits Inquiry

Member Eligibility & Benefits

7. Select Member Eligibility and Benefits header

8. Enter Member ID or Last Name & Date of Birth (search by numeric portion of the member ID only)

9. Select Search

10. Select the Plan Name displayed and member beneift details will open

				🛡 Kå	nsa	š (=						Welco
					inou							Documents Te
			10	elcome	Member F	Eligibility and Bene	afite Tran	saction History	EOP Search	Benefit Confirmation	Office Profile	
				ecome	Member 6	anglesing and bene	ans trai	Isocuti History	EOF Sedicit	Benefit Garminiation	Conce Prome	
			Eligi	bility and Ber	nefits Sea	rch						
				ember ID						Last Name	9 Date of Birth	000000000000000000000000000000000000000
				234567890				(8)		Last warne	- Dute or birth	(post-particity)
			NO	te: Please enter t	he numeric p	cortion of the member i	0 only	U				
			(5)	ancle. Member I	D. M34 K153	145678, enter as 123456	578)					
			(9)	Search R	eset							
			9									
				ch Results						* Deet	al Record A is an alternate numb	
			scar	CIT RESURES						U-EIN		er we can ope to a
			D	ental Record #	E.	Full Name	Gender	Date of Birth (MM/DD/000)	Plan Type	Plan Name	Plan Effective Date (MN/DD/0000	Termina (MM/DD/
			15	34567890		Examle A. Patient	F	DE/02/1970	DEES	BCBSKS PPO82023	01/01/2022	01/01/20
Blue Medicare	Advantad	e (PPO)								0		
H7063-006 Den	tal Plan	5.80.050	and the second			1.000				(10)		
HIGHLIGHTS			MEMBER COST	-SHARING						\bigcirc		
			MEMBER COST	-SHARING								
DEDUCTIBLE		of services in the calendar year. When the % Encourses will the set of the calendar year. Notes Applies to all services - Degrades and e.		r-Sharing								
DEDUCTIBLE INNUAL ALLOWAN he total amount the plan or maintum is reached, the or applies to in network and or reventive, Basis, and Majo	ill pay for cover ember pays 160 ut-of network util ofComprehensiv ADA	% for services until the and of the calendar year. ization. Applies to all services - Disgnostic and e.	\$0		144	unber						
DEDUCTIBLE ANNUAL ALLOWAN The total amount the plan or maximum is reached, the or Applies to in-retrivert and o Preventive, Basis, and Mac	ill pay for ceven onbor pays 100 of network util of Comprehensiv ADA Code	% for environ unil the sol of the calendar year. inition. Applies to al services - Disgreatic and e.	\$0	F-SHARING Notes		Sharing						
DEDUCTIBLE INNUAL ALLOWAN The bild amount the pictor of content to inverteel, the of content to inverteel, and Max invice Category ase 1: Diagnostic and P	ADA Code Treventive Ser D0120	N for services will be and of the selendar year. ission. Applies to all services - Degradies and e. Code Description wees Ferricals oral evaluation - established par	\$0 \$1,000	Notes	Cost IN \$0	Sharing OON 40%						
DEDUCTIBLE ANNUAL ALLOWAN The bold arrows the plane Applies to in reflect, the or Applies to in reflect, and Max Preventive, Basic, and Max envice Category Jass 1: Diagnostic and P	ADA Code D0120 D0120 D0140	N for services unlife e and of the selendar year. Isainson Applies to all services - Desprectio and e. Code Description Wese Personal evaluation - established par Limitatic oral evaluation - problem focuse	\$0 \$1,000		Cost IN \$0 \$0	Sharing OON 40% 40%						
DEDUCTIBLE ANNUAL ALLOWAN The total amount the piace with Applies to in rethwork and of Preventive, Basic, and Mac envice Category tase 1: Diagnostic and P rail Evaluations	ADA Code reventive Ser D0120 reventive Ser D0120 D0140 D0150	Vic the cervices until the and of the calendary year. Listion: Applies to all services - Degreatio and e. Code Description Year Periodic oral: evaluation - established par Limited oral evaluation - problem Toolse	\$0 \$1,000	Notes	Cost IN \$0 \$0 \$0 \$0	Sharing OON 40% 40% 40%						
DEDUCTIBLE ANNUAL ALLOWAN The total amount the piace with Applies to in-retherd, the or Applies to in-retherd, and Mac Preventive, Dask, and Mac envice Category Tase 1: Diagnostic and P inal Evaluations	ADA Code D0120 D0120 D0140	N brannons will be and of the allorday year. Issimo: Argelians ball services - Deprototio and Code Description Periodic oral evaluation - established pa Limited oral evaluation - problem focuse Comprehensities and evaluation - new or Prophysics - citid	\$0 \$1,000 Nent d establisched patient	Notes	Cost IN \$0 \$0	Sharing OON 40% 40%						
DEDUCTIBLE ANNUAL ALLOWAN The total amount the piace with Applies to in rethwork and of Preventive, Basic, and Mac envice Category tase 1: Diagnostic and P rail Evaluations	ADA code DC120 DC140 DC120 DC140 DC150 DC120 DC140 DC150 DC120 DC140 DC150 DC120 DC120 DC120 DC120 DC120 DC120 DC120 DC120 DC120 DC120	N. for excision unit life and of the valenchary para- mation' Argeins is all annubar. "Beginnistis and Code Description Vest Code Description Vest Limited or all valuation - probability of para Limited or all valuation - probability of para Lomponensitie or all exaturition - new or Prophysicsontol Immanani - comprete some of a ratiograph Immanani - comprete some of a ratiograph	\$0 \$1,000 kent d established patient c images	Notes	50 50 50 50 50 50 50 50 50 50 50	Sharing OCIN 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The total amount the piace with Applies to in-retherd, the or Applies to in-retherd, and Mac Preventive, Dask, and Mac envice Category Tase 1: Diagnostic and P inal Evaluations	ADA code code code code code code code code	N. Se average unit if the and of the automatic year. Basics Neptite to at senses: Despende and e. Code Description Years and exclusion - product of the approximation - approximatio	\$0 \$1,000	Notes 2 per year 2 per year	50 50 50 50 50 50 50 50 50 50 50 50 50	Sharing OCN 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The total ensuit the plan em- mainment in random, been required to the return of the preventive. Dasks, and Mac envice Category tass 1: Diagnostic and P real Evaluations	III pay for covery embory pays 100 of restored at of Competence (Competence) (Compe	We access will be not of the automatic parameters Construction and annual Department and annual Depar	\$0 \$1,000	Notes 2 per year 2 per year 2 per year	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Starting OCN 405 405 405 405 405 405 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The bild monet the pion emotion mananes in ranktek, tee piecer time, Basis, and Mec envice Category Tass 1: Diagnostic and P real Evaluations rophylaxis	III pay for ocvern embor pays 165 de of restarct du de de de de vConserventes Sea D0120 D0140 D0130 D0130 D0110 D0120 D0220 D0220 D0220 D0220 D02270	 K become will be not of the subsche year. Code Destables Code Destables Code Destables Unitation of an one of the subsche year. Code Destables Code Destables	\$0 \$1,000	Notes 2 peryear 2 peryear 2 peryear 2 bitewings	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Starling OCIN 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The total ensuit the plan em- mainment in random, been required to the return of the preventive. Dasks, and Mac envice Category tass 1: Diagnostic and P real Evaluations	III pay for ocvern embor pays 165 and restored and an anti- and restored and Code Dollado Doll	K berones will be not of the submit any of	\$0 \$1,000	Notes 2 per year 2 per year 2 per year	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Starting OCN 405 405 405 405 405 405 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The total ensuit the plan em- mainment in random, been required to the return of the preventive. Dasks, and Mac envice Category tass 1: Diagnostic and P real Evaluations	ill pay for cover embor pay 165 24 desktrict data WOungedeest MOA code between the set 00120 00140 00110 00110 00110 00110 00120 00110 00220 00272 00272 00273	We serve will be not de publica y en entre la serve a la serve a construction a const	\$0 \$1,000 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 7 7 7 8 7 8	Notes 2 peryear 2 peryear 2 peryear 2 bitewings	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Starling OON 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005 4005						
HIGHLIGHTS DEDUCTIBLE ANNUAL ALLOWAN The ball emerant the give memory in a maked, we are presented, basis, and Mex envice Category Data S1: Disgnostic and P raral Evaluations rephylaxis	ill pay for cover embor pays 155 20 robust du Company 155 revealed and the second costs for t	K process will be not for business pro- terior of the second seco	\$0 \$1,000 what of tabliched patient is images age ographic image	Notes 2 peryear 2 peryear 2 peryear bitewings peryear	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Stating OON 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405						
DEDUCTIBLE ANNUAL ALLOWAN The solar areas the plan are many in sadded. We many many solar the solar and the solar solar solar solar solar solar project Category Lass 1: Diagnostic and P call Evaluations rophylaxis Rays	ill pay for cover embor pay 165 24 desktrict data WOungedeest MOA code between the set 00120 00140 00110 00110 00110 00110 00120 00110 00220 00272 00272 00273	At process will be not all by subject to a s	\$0 \$1,000 sent 6 established patient ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages ci ci mages ci ci mages ci ci c	Notes 2 per year 2 per year 2 per year	50 50 50 50 50 50 50 50 50 50 50 50 50 5	Starling OON 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40%						
DEDUCTIBLE ANNUAL ALLOWAN The solar areas the plan are many in sadded. We many many solar the solar and the solar solar solar solar solar solar project Category Lass 1: Diagnostic and P call Evaluations rophylaxis Rays	II pay for eccentration of the second	K process will be not for business of the process o	\$0 \$1,000 sent 6 established patient ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages ci ci mages ci ci mages ci ci c	Notes 2 peryear 2 peryear 2 peryear bitewings peryear	Cost IN 50 50 50 50 50 50 50 50 50 50	Starting OOM 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095						
DEDUCTIBLE MINICIA ALLOWAN The back prevail the plan and applied to instantion that plan and applied to instantion and and instantion and and instantion and and applied to an and applied to and applied to an and applied to an and applied to an an and applied to an and applied to an an an and applied to an an an and applied to an an an and applied to an an an and applied to an	ADA construction of the second	A process will be not of the submersion of the s	\$0 \$1,000 sent 6 established patient ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages hat ci mages ci ci mages ci ci mages ci ci c	Notes 2 per year 2 per year 2 per year	Cost N 50 50 50 50 50 50 50 50 50 50	Starting OOM 40% 40% 40% 40% 40% 40% 40% 40% 40%						
DEDUCTIOLE MINULA LALUMAN MINULA LALUMAN MINULA LALUMAN MINULA DEL MINULA DEL MINULA DEL MINULA SEL 1 DEGESERA ME F ALUMATIONS RESULTATIONS Reps ab and Other Tests bis ar Lesis Services	II pay be control of the control of	As an experimental of a soluble parameter of the soluble parameter of t	50 \$1,000 establicher gattert c mages og spine images in detection of mucosala	Notes 2 per year 2 per year 2 per year 2 per year bitewings pr year 1 N/A	Cost N 50 50 50 50 50 50 50 50 50 50 50 50 50	Starting OOR 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 4095 6005						
DEDUCTIOLE MINULA LALUMAN MINULA LALUMAN MINULA LALUMAN MINULA DEL MINULA DEL MINULA DEL MINULA SEL 1 DEGESERA ME F ALUMATIONS RESULTATIONS Reps ab and Other Tests bis ar Lesis Services	III pay be cover. III pay be cover. ADA Cover. ADA Cover. Documentary	К и истори и 14 кол 44 градина у или и 14 кол 44 градина и 14 кол	50 \$1,000 establicher gattert c mages og spine images in detection of mucosala	Notes 2 per year 2 per year 2 per year	Cost N 50 50 50 50 50 50 50 50 50 50	Starting DOOH 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 5051	*					
REDUCTIVE.	III prov be cover- ender upper (200 ADA ADA Conde Preventions till D0140 D0140 D0140 D0140 D0140 D0130 D0130 D0130 D0130 D0130 D0230 D0240 D0230 D0230 D0240 D0230 D0240 D0240 D0230 D0240 D0240 D0240 D0240 D0240 D0240 D0240 D0240 D0240 D0241 D0241 D0431 D0440 D0440 D0410 D0411	As an experimental the sould'reproduce our set of the source of the sour	50 51.000 are 1 a established gateet i mage gate image indection of mucesial indection of mucesial al pain - minor	Notes 2 peryear 2 peryear 2 peryear 2 peryeor 2 pryeor 1 pryeor 1 N/A N/A	Cost IN 50 50 50 50 50 50 50 50 50 50	Starting OOR 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 40% 50% 50% 50%	*					
REDUCTIVE.	III prov be cover- embor upper (2004) ADA ADA Coole Preventions all DOLAD DOLAD	A program of the source program of the sourc	S0 S1.000	Notes 2 per year 2 per year 2 per year 2 per year bitewings pr year 1 N/A	Cost N So So So So So So So So So So	Starting OON 405 505 505 505 505	*					
REDUCTIVE.	II proj be over- embor proj Cole ADA ADA Cole D0120 Cole D0120 Cole D0210 Cole Cole Cole Cole Cole	As an experiment of the source for source of the source of	50 51.00	Notes 2 peryear 2 peryear 2 peryear 2 peryeor 2 pryeor 1 pryeor 1 N/A N/A	Cost IN S0 S0 S0 S0 S0 S0 S0 S0 S0 S0	Starting DOR 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 4055 5055 5055 5055	*					
DECUETURE MINICAL ALCOMMENTAL Involution and the presentation of the presentation minimum in involution (intermediate and the minimum intermediate and the minimum intermediate and the minimum intermediate and the minimum intermediate and the minimum intermediate and the minimu	III prov be cover- embor upper (2004) ADA ADA Coole Preventions all DOLAD DOLAD	As an experimental of a soluble parameters of the soluble parameters o	50 51.00	Notes 2 peryear 2 peryear 2 peryear 2 peryeor 2 pryeor 1 pryeor 1 N/A N/A	Cost N So So So So So So So So So So	Starting OON 405 505 505 505 505	*					
IN CUCTURE.	III proj to cover- embor proj 0: 02: 02: 02: 02: 02: 02: 02: 02: 02:	As an experiment of the source for source of the source of	Ref 1 St. 200	Notes 2 per year 1 N/A N/A N/A 1	Cost N 50 50 50 50 50 50 50 50 50 50	Spring Optimized 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 400 500 500 500 500 500 500 500	•					
NEQUETINE. NEVERA ALL OWNER Net and the series of the se	III proj to cover- embor upp (2) Cover- embor upp (2) Cover- 2) ADA ADA Cover- 2) Cover- 2) </td <td>As a representative south the substance and a second secon</td> <td>Ref 1 St. 200 St. 200</td> <td>Notes 2 per year 2 cer year 2 cer year 2 latewings per year 1 N/A N/A N/A</td> <td>Cost N S0 S0</td> <td>Starting OOR 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 505 505 505 505</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>	As a representative south the substance and a second secon	Ref 1 St. 200	Notes 2 per year 2 cer year 2 cer year 2 latewings per year 1 N/A N/A N/A	Cost N S0	Starting OOR 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 405 505 505 505 505	•					
NE UNE TIME. NEWLAR, LET OWNER, ALL OWNER, MARKANNER, M	ADA combor page (1) and reflective (1) ADA combor page (1) and reflective (1) ADA Combor page (1) D0140 D0130 D0230 D0230 D0230 D0231 D0231 D0240 D0231 D0231 D0241 D0440 D0310 D3110 D3120 D3140 D3140	A program of the source by source of the sou	E0 E1 E E1 E E1	Notes 2 peryear 2 peryear 2 peryear 2 peryear 1 N/A N/A N/A N/A 1 pr	Cost 90 90 90 90 90 90 90 90 90 90	Surg 001 001 001 001 001 001 001 00	*					
DEDUCTION MINICAL ALLOWARD No bell amount is plant an environ in standout do an environ in standout do an environ Category and Category	III pty to consider any to the pty of the p	As a regularity of an of the subplex part of a s	Kernel	Notes 2 per year	Cost IN 50 50 50 50 50 50 50 50 50 50	Surrég 4001 405 505 505 505 505 505 505	*					
DEDUCTIONE ANNUAL ALLOWARD MANNAL ALLOWARD To bela manufactor of a pina a Manufactor of a pina a Manufactor of a pina a Manufactor of a pina Manufactor of a	all apy to consider any 60 (0) a or refarm (a) Code Code <td>A program of the source by automatical and a source of the source of the</td> <td>80 81,000 81,000 81,000 9 91,000 100 90,000 <!--</td--><td>Notes 2 per year 2 per year 2 per year 2 per year 2 per year</td><td>Cost IN Solution Solution Solution Solution Cost Solution</td><td>50xr6g 60x1</td><td>4</td><td></td><td></td><td></td><td></td><td></td></td>	A program of the source by automatical and a source of the	80 81,000 81,000 81,000 9 91,000 100 90,000 </td <td>Notes 2 per year 2 per year 2 per year 2 per year 2 per year</td> <td>Cost IN Solution Solution Solution Solution Cost Solution</td> <td>50xr6g 60x1</td> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Notes 2 per year	Cost IN Solution Solution Solution Solution Cost Solution	50xr6g 60x1	4					
DEDUCTIBLE ANNUAL ALLOWAN The bild monet the pion emotion mananes in ranktek, tee piecer time, Basis, and Mec envice Category Tass 1: Diagnostic and P real Evaluations rophylaxis	III pty to consider any to the pty of the p	As a regularity of an of the subplex part of a s	80 81,000 81,000 81,000 9 91,000 100 90,000 </td <td>Notes 2 per year 2 per year 2 per year 2 per year 2 per year</td> <td>Cost IN 50 50 50 50 50 50 50 50 50 50</td> <td>Surrég 4001 405 505 505 505 505 505 505</td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Notes 2 per year	Cost IN 50 50 50 50 50 50 50 50 50 50	Surrég 4001 405 505 505 505 505 505 505	•					





BlueMA Benefit Confirmation Inquiry

Benefit Confirmation

7. Select **Benefit Confirmation** header

8. Enter Last Name & Date of Birth

9. Select Search

10. Select the **Member ID number displayed** and benefit details will appear at the bottom of the page



💀 🕅 Kansas			(7))	Documents Technical S
Welcome Member Eligibility	y and Benefits Transa	action History EOP S	Search Benefit Confin	mation Office Profile	
Benefit Confirmation					
Scroll down! We have new customizabl	le benefit confirmation summar	ries that will offer you much n	nore information and will allow	you to better treatment plan your	patients.
Member ID		OR	Last Name	9 Date	e of Birth (MW/OD/1771)
Note, Please enter the numeric portion of Example: Member ID: MSA K123415676, en	the member ID only. Net as 123456781	0	8 Potient	06	/02/1970
Search Reset					
Search Results					
Member ID	Member Name		Group Name		Plan Name
1234587	Examle A. Patient		BCBS-EX KANSAS		BCBSKS CompABC Base2023
Benefits quoted are not a guarante REQUESTING FACILITY Facility ID: 99887 Facility ID: 99887 Facility Name. ABC Dental Clinic Facility Plan Type: Out-of-Network		rminations are made at the	time the claims are received MEMBER INFORMATH Member ID: 12345678 Member Name: Exami Group ID: 112234	ON 190	
REQUESTING FACILITY Facility ID: 55887 Facility ID: 55887 Eacity Pan Type: Out-of-Network PLAN INFORMATION Plan NAme: BCBSKS CompAEC Bas Plan ID: 4321 (Internal Jack only) Plan Tear: Calendar Year	k se2023		MEMBER INFORMATIN Member ID: 12345678 Member Name: Exam Group ID: 112234	ON 80 Is A. Patient	
REQUESTING FACILITY Facility ID: 99887 Facility ID: 99887 Facility Name: ABC Detail Clinic Facility Nam Type: Out-of-Network PLAN INFORMATION Plan IN: Mark Clinic Clinic Clinic Plan ID: 4321 (Internation Clinic Clinic Plan Terr: Clinic Clinic Treat Annual Deductible	k	Met?	MEMBER INFORMATIN Member ID: 12345678 Member Name, Exam Group ID: 112234	ON 60 64 A Patient Fermity D	eductible Met?
REQUESTING FACILITY Facility (1): 59887 Facility Name, APC Dental Clinic Facility Name, APC Dental Clinic Facility Plan Type: Out-of-Network Plan Nume, BGSKS compABC Bas Plan Nume, SGSKS compABC Bas Plan Text: Calendar View Annual Deductible S0	k se2023 Annual Deductible		MEMBER INFORMATI Member ID: 12245878 Member Name: Exam Group ID: 112234 Family Deductible S0	ON 80 Ie A. Patient Family D	No
REQUESTING FACILITY PARIty (1): 5987 Pacity Name, APC Denial Chris Pacity Pam Type: Out-of-Network Pam Type: Out-of-Network Pam Type: Calender Year Annual Deductible 50 Annual Max	k se2023	Met? No	MEMBER INFORMATI Member ID: 1235407 Member Name: Exam Group ID: 112234 Ramily Deductible S0 Ontho Max	ON 80 80 Jean Patrent Family D Ortho M	No ax Used
REQUESTING FACILITY Facility (1): 59887 Facility Name, APC Dental Clinic Facility Name, APC Dental Clinic Facility Plan Type: Out-of-Network Plan Nume, BGSKS compABC Bas Plan Nume, SGSKS compABC Bas Plan Text: Calendar View Annual Deductible S0	k se2023 Annual Deductible Annual Max Used Deductble	Met? No 50 Annual Max	MEMBER INFORMATH Member ID: 1235670 Member Name: Exam Group ID: 112224 Family Deductible St Ortho Max Otho Max	ON 60 60 ke A Patient 9 Ortho Ma 9 Out of Network	No
RECUSTING ARCUTT Catality of 1980 Houting Yourse, ARC Daniel Green Catality Rain 1980 Catality Green PLAN INFORMATION PLAN IN	k se2023 Annual Deductible Annual Max Used	Ме? No 50	MEMBER INFORMATIN Member ID: 1235467 Member Name: Exam Group ID: 112234 Family Deductible S0 Ortho Max \$0	ON 80 80 A Patient Family D 0 Ortho M	No ax Used S0
REQUESTING FACILITY Facility of 6882 Facility Name ABC Detrial Crinic Facility Para ABC Detrial Crinic Facility Para Tares OctoreDet Detrie Para Tares OctoreDet Detrie Para Tares OctoreDet Detrie Para Tares OctoreDet Detrie Para Tares OctoreDetrie Para Tares OctoreDetri	k se2023 Annual Deductible Annual Max Used Deductible Applies	No 50 Annual Max Applies	MEMBER INFORMATH Member ID: 1235607 Member ID: 1235407 Group ID: 11224 Family Deductible 50 Ontho Max 50 In Notecold (Plan Pays)	ON 50 50 se A Patient 9 Ortho M 9 Out of Metwork (Plan Reps)	No ax Used 50 Waiting Period
RECUSTING FACULTY Sectory 2008 Control (1997) Control (1997) Control (1997) Para Tamer (2008) Complete Annual BOSING Complete Bar Annual BOSING Complete Bar Annual Postacette So Annual Nac Barbar Description Disprato: Preventive	k ks7023 Annual Deductible Annual Max Used Deductible Applies N	Met? No So Annual Max Apples Y	MEMBER Re/ORMATH Memory Revealed III Anethore Revealed III Group III 11224 Femily Deductible So Crithic Mac So In Nessenik (Plan Paya) 1005	ON SISSIES SIS	No ax Used 50 Waiting Period N/A
NEOLOSTING ARCUTY Factory Dis 1980 Factory Name - ARC Densi Cline: Sectory Name - ARC Densi Cline: PLAN INCOMMICS PLAN INCOMMICS PLAN INCOMMICS PLAN INCOMMICS PLAN INCOMMICS PLAN INCOMMICS ARTICLE ARC AND ARC PLAN INCOMMICS ARTICLE ARC AND ARC SIZED 50 Benefit Discription Diagnostic Prevente Benc Retorative	k Annual Deductible Annual Max Used Deductible Assies N	Not	MCMSR BerCollection Demonstration (C. 1994) Receipted (C. 1994) Coccepted (C. 1994) Co	ON 80 80 80 80 80 80 80 80 80 80	No ax Used 50 Waiting Period N/A N/A
RECUSTING IACULTY Catality Co.1986 Facility Name, ABC Denal Cines, Catality Nam, ABC Denal Cines, Catality Nam, Nac Denal Cines, PAM INFORMATION PAM INFORMATION Pam Dis 253 (Internal Jose only 10 Pam Di	k szűző Annual Deductble Annual Max Used Cessuratów Apples N N N	Met? 50 Annual Max Applies Y Y	Midden all Context in 1255478 Member 1255478 Member Name Earl Gray ID: 11224 Critho Mat 0 In Notoreck Name Pagel 1004 1005	Child Shares Sha	NC SO Waiting Period N/A N/A N/A
REQUESTING ARCUTY Facely In 1980 Racialy Name - ABC Derial Clinic Residy Name - ABC Derial Clinic Residy Pan Type Could-Présente Pan Di ASZ Convent Jac engl Internet - ASZ Convent Jac engl Internet - ASZ Convent Jac Reside Deductible So Reside Deductible Bace Restoration Deprese Presenting Bace Restoration Clinics	Annual Deductible Annual Deductible Annual A	Met? 50 Annual Max Apples Y Y Y	Method in a Workson in CostAff Method in CostAff Method Name Exam Croup ID: 112244 30 Costa ID: 112244 30	DN 100	NC axUsed 50 Walting Period N/A N/A N/A
RECUSTIONS AND LITT' Factory Inserving Control Const Factory Inserving Constant Const Factory Inserving Constant Const PLAN INCOMMENTION PLAN INCOMMENTION Plan Inserving Constant Const Annual Mate Sigks for Benefit Description Diagnostic Prevention Electric Electronice Corvins Description	Arroual Deductible Arroual Deductible Deductible Deductible N N N N N N N N N N N N N N N N N N N	Meth No 50 Annual Mas Applies Y Y Y Y Y Y	Menter in 125427 Menter in 125427 Menter in 125427 Menter Name Earl Crop ID 11224 2 Croto Mar 2 Croto Mar 3 Soft 10 Network 6 Bin Network 9 Dios 505 505 505 505 505	Anny Date In A, Patenet Terming Date Date Management Date Management	No act Used 50 Wating Period N/A N/A N/A N/A
REQUESTING APOLITY Facility Name. ABC Derial Clinic Facility Name. ABC Derial Clinic Pacha (Name. ABC Derial Clinic Pacha (Name ABC CompAC Del Pach Clinic ABC CompAC Del Pach Clinic ABC CompAC Del Pach (Name ABC CompAC Del Armail Deduction Statistica (Name ABC ABC ABC ABC Armail Deduction Denoted Decorption Denoted Decorption Denoted Decorption Comma Denoted Decorption Comma Denoted Decorption Denoted Decorption Decorption Denoted Decorption Decorpti	Annual Desuctible Annual Desuctible Annual Association Applied N N N N N N N N N N N N N N N N N N N	Met? No 30 Annual Max Applies Y Y Y Y Y	Mender av UCOMENT Member 11: 255407 Member Name Earl Crop 11: 1224 Crop Mart Crop Mart	DNH be A. Protect be A. Protect D D D D D D D D D D D D D D D D D D D	ND ax Use 50 Walling Period NA 10 10 10 10 10 10 10 10 10 10 10 10 10
REQUESTING APOLICITY Facels (1):560% Facels (1):560% Facels (1):560% (1):000-4764cods (1):000-4764cods PAN: NORMATION PAN: NORMATION PAN: 1000-4764cods Pan: 10:452 (1):000-4764cods Pan: 10:4	ks2023 Annual Deductable Annual Academic Deductable Assies N N N N N N N N N N N N N N N N N N N	Met? No Annual Mas Apples V V V V V V V V V V V V	Menter in 125407 Menter in 125407 Menter in 125407 Menter Name Earl Graph Deductive Solution Mar Solution Mar Solution Mar Solution Mar Solution Mar Solution Mar Solution Sol	000 b k A, Patenty D 2 0 Corteo Marine 1 000 1	No solopie Watting Period Q N/A Q N/A



Thank you for being a BCBSKS contracting provider

Questions?



f 🕑 in 🖻 🖾 🖿

bcbsks.com

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association.