2024 Dental Billers Workshop

BlueCross BlueShield Kansas

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

Important Contact Information

BlueCross BlueShield Kansas

Customer Service Center (CSC)

Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m.

Questions regarding:
- Claim status
- Appeals
- Pre-determinations
- Benefits
- Eligibility

Contacts:
Email: csc@bcbsks.com
Phone: 800-432-3990 or 785-291-4180
Fax (written inquiries and predets): 785-290-0711
Fax (all others): 785-290-0783

CSC Providers Only Benefits Line

Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m.

Questions regarding:
- Benefits
- Eligibility

Contacts:
Email: csc@bcbsks.com
Phone: 800-432-0272 or 785-291-4183

Provider Network Services

Hotline Hours: Monday-Wednesday, and Friday 8:00 a.m. - 4:30 p.m.

Questions regarding:
- Contracting
- Credentialing
- Network enrollment

Contacts:
Email: prof.relations@bcbsks.com
Phone: 800-432-3587 or 785-291-4135
Fax: 785-290-0734

Availity® Essentials

Office 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 Availity Essentials to submit a support ticket.

Availity Client Services is available during the hours listed above.

BlueCard®

Eligibility for out-of-state members:
- Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.
- Phone: 800-676-BLUE (800-676-2583)

Claim info for out-of-state members:
- Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m.
- Phone: 800-432-3990, ext. 4058

Case Management

Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.

Questions regarding:
- Assistance with coordination of care for patients with complicated health issues.

Contacts:
Phone: 800-432-0216, ext. 6628 or 785-291-6628
For FEP members: 800-782-4437, ext. 6611

MiResource

Contacts: Email: support@miresource.com

Lucet

Office Hours: 24/7/365

Questions for behavioral health care:
- Preauthorizations
- Outreach services for high-risk patients
- Coordination with behavioral health care

Contacts:
Phone: 800-952-5906
Fax: 816-237-2364

Medicare Advantage

Office Hours: Monday - Friday 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 (FEP) - All FEP inquiries except OPL

Office Hours: Monday - Friday 7:00 a.m. - 4:30 p.m.

Contacts:
Phone: 800-432-0379 or 785-291-4181
Fax: 785-290-0764

FEP Blue Dental Contacts:
Phone: 855-504-2583
www.bcbsfepdental.com

Electronic Data Interchange (ASK-EDI) - Payor ID: 47163

Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.

Questions regarding:
- Electronic claims transmission
- Electronic RA
- Billing software
- Clearinghouse services
- Internet file transfer and passwords
- Real-time vendors

Contacts:
Email: askedi@ask-edi.com
Website: ask-edi.com
Phone: 800-472-6481 or 785-291-4178
Fax: 785-290-0720

Fraud Hotline

Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.

Questions regarding:
- Reporting of any illegal activity involving BCBSKS. Callers may remain anonymous.

Contacts:
Phone: 800-432-0216, ext. 6400 or 785-291-7000, ext 6400.

Other Party Liability (OPL) & Pre-Existing

Office Hours: Monday - Friday 8:00 a.m. - 4:30 p.m.

Questions regarding:
- Duplicate coverage
- No-fault auto exclusion
- Subrogation
- Workers' compensation
- Pre-existing

Contacts:
Phone: 800-430-1274 or 785-291-4013
Fax: 785-290-0771

Pre-certification, Concurrent Review and Alternate Care

Office Hours: Monday - Friday 8:00 a.m. - 5:00 p.m.

Questions regarding:
- All hospital inpatient admissions

Contacts:
Phone: 800-782-4437

Teleorder

Office Hours: 24/7/365

Contacts:
Phone: 800-346-2227 or 785-291-8130

Location Address:
1133 SW Topeka Blvd
Topeka, KS 66629-0001

Billing Address:
P.O. Box 239
Topeka, KS 66601-0239

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 non-covered per member contract language. These denials are billable to the member.

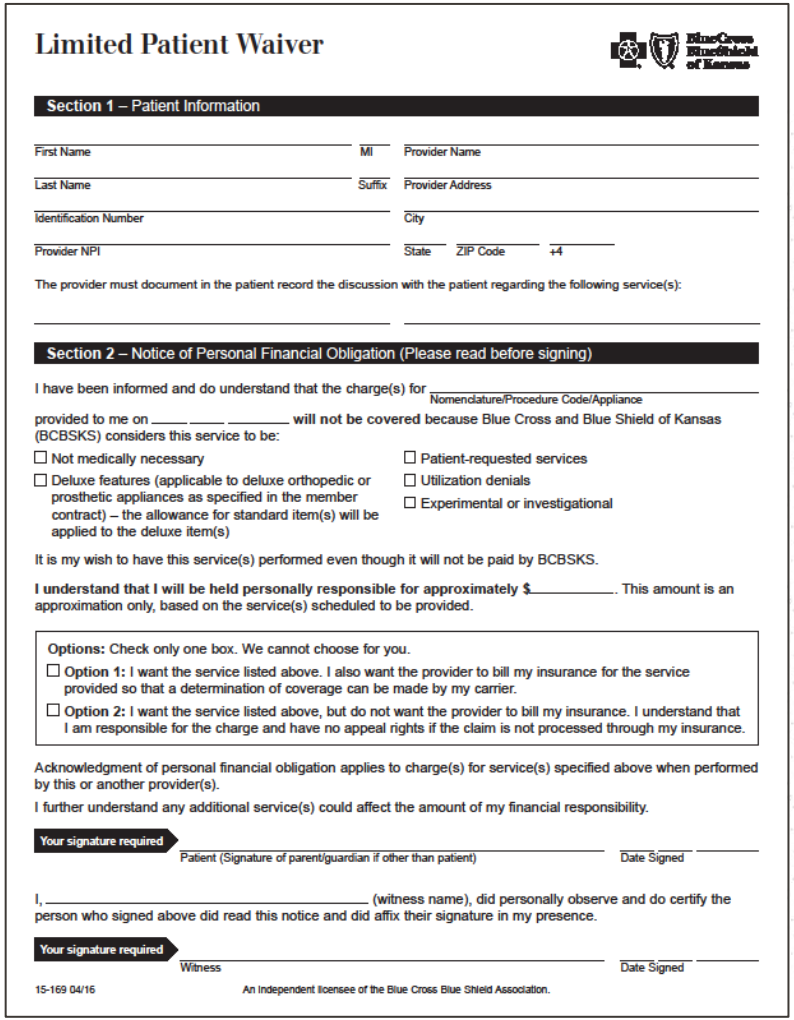
Limited Patient Waiver

- 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 Waiver

Blue Cross Blue Shield of Kansas

Section 1 – Patient Information

First Name | MI | Provider Name

Last Name | Suffix | Provider Address

Identification Number | City

Provider NPI | State | ZIP Code | +4

The provider must document in the patient record the discussion with the patient regarding the following service(s):

Section 2 – Notice of Personal Financial Obligation (Please read before signing)

I have been informed and do understand that the charge(s) for _____
Nomenclature/Procedure Code/Appliance

provided to me on ____ ____ _____ **will not be covered** because Blue Cross and Blue Shield of Kansas (BCBSKS) considers this service to be:

- ☐ Not medically necessary
- ☐ Deluxe features (applicable to deluxe orthopedic or prosthetic appliances as specified in the member contract) – the allowance for standard item(s) will be applied to the deluxe item(s)
- ☐ Patient-requested services
- ☐ Utilization denials
- ☐ Experimental or investigational

It is my wish to have this service(s) performed even though it will not be paid by BCBSKS.

I understand that I will be held personally responsible for approximately $_____. This amount is an approximation only, based on the service(s) scheduled to be provided.

Options: Check only one box. We cannot choose for you.

- ☐ **Option 1:** I want the service listed above. I also want the provider to bill my insurance for the service provided so that a determination of coverage can be made by my carrier.
- ☐ **Option 2:** I want the service listed above, but do not want the provider to bill my insurance. I understand that I am responsible for the charge and have no appeal rights if the claim is not processed through my insurance.

Acknowledgment of personal financial obligation applies to charge(s) for service(s) specified above when performed by this or another provider(s).

I further understand any additional service(s) could affect the amount of my financial responsibility.

Your signature required _____ Date Signed _____
Patient (Signature of parent/guardian if other than patient)

I, _____ (witness name), did personally observe and do certify the person who signed above did read this notice and did affix their signature in my presence.

Your signature required _____ Date Signed _____
Witness

15-169 04/16 An Independent licensee of the Blue Cross Blue Shield Association.

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

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

Availity

Contact Availity for:

- Registration (www.Availity.com)
- 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)

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
  - www.bcbsfepdental.com
  - 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

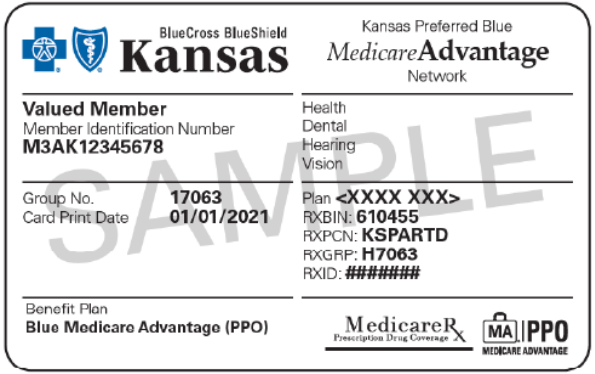
Lucky Strikes

- 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)
- **Comprehensive Dental Services**
  - 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 Services	*Not Offered*	$1,000 Annual Allowance for Minor Comprehensive Services	*Not Offered*	*Not Offered*

Reference Evidence of Coverage, Availity, or contact customer service for additional detail on covered comprehensive services / limitations.

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

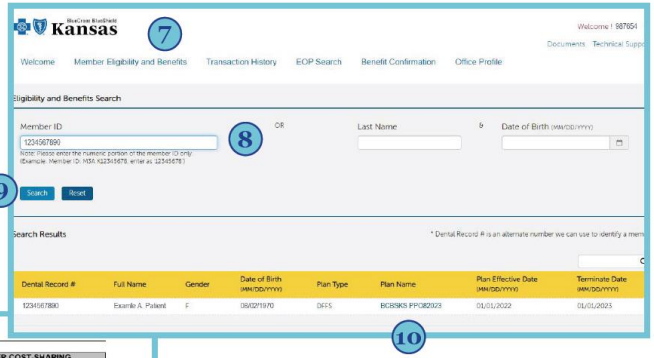
Member Eligibility & Benefits

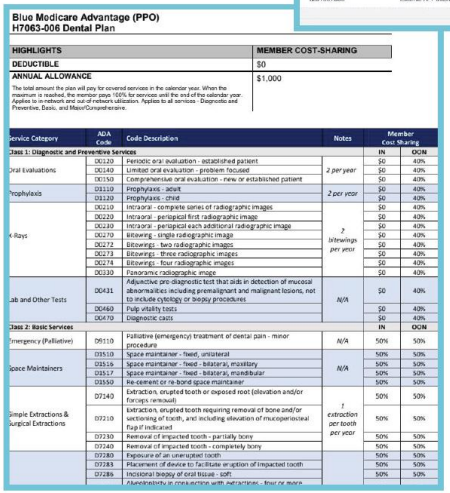
7. Select **Member Eligibility and Benefits** header

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





Blue Medicare Advantage (PPO)
H7063-006 Dental Plan

HIGHLIGHTS	MEMBER COST-SHARING
DEDUCTIBLE	$0
ANNUAL ALLOWANCE The total amount the plan will pay for covered services in the calendar year. When the maximum is reached, the member pays 100% for services until the end of the calendar year. Applies to in-network and out-of-network utilization. Applies to all services - Diagnostic and Preventive, Basic, and Major/Comprehensive.	$1,000

Service Category	ADA Code	Code Description	Notes	Member Cost Sharing IN	Member Cost Sharing OON
Class 1: Diagnostic and Preventive Services				IN	OON
Oral Evaluations	D0120	Periodic oral evaluation - established patient	2 per year	$0	40%
	D0140	Limited oral evaluation - problem focused		$0	40%
	D0150	Comprehensive oral evaluation - new or established patient		$0	40%
Prophylaxis	D1110	Prophylaxis - adult	2 per year	$0	40%
	D1120	Prophylaxis - child		$0	40%
X-Rays	D0210	Intraoral - complete series of radiographic images	2 bitewings per year	$0	40%
	D0220	Intraoral - periapical first radiographic image		$0	40%
	D0230	Intraoral - periapical each additional radiographic image		$0	40%
	D0270	Bitewing - single radiographic image		$0	40%
	D0272	Bitewings - two radiographic images		$0	40%
	D0273	Bitewings - three radiographic images		$0	40%
	D0274	Bitewings - four radiographic images		$0	40%
	D0330	Panoramic radiographic image		$0	40%
Lab and Other Tests	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	N/A	$0	40%
	D0460	Pulp vitality tests		$0	40%
	D0470	Diagnostic casts		$0	40%
Class 2: Basic Services				IN	OON
Emergency (Palliative)	D9110	Palliative (emergency) treatment of dental pain - minor procedure	N/A	50%	50%
Space Maintainers	D1510	Space maintainer - fixed, unilateral	N/A	50%	50%
	D1516	Space maintainer - fixed - bilateral, maxillary		50%	50%
	D1517	Space maintainer - fixed - bilateral, mandibular		50%	50%
	D1550	Re-cement or re-bond space maintainer		50%	50%
Simple Extractions & Surgical Extractions	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	1 extraction per tooth per year	50%	50%
	D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		50%	50%
	D7230	Removal of impacted tooth - partially bony		50%	50%
	D7240	Removal of impacted tooth - completely bony		50%	50%
	D7280	Exposure of an unerupted tooth		50%	50%
	D7283	Placement of device to facilitate eruption of impacted tooth		50%	50%
	D7286	Incisional biopsy of oral tissue - soft		50%	50%
		Alveoloplasty in conjunction with extractions - four or more			

BlueCross BlueShield Kansas

BlueMA Benefit Confirmation Inquiry

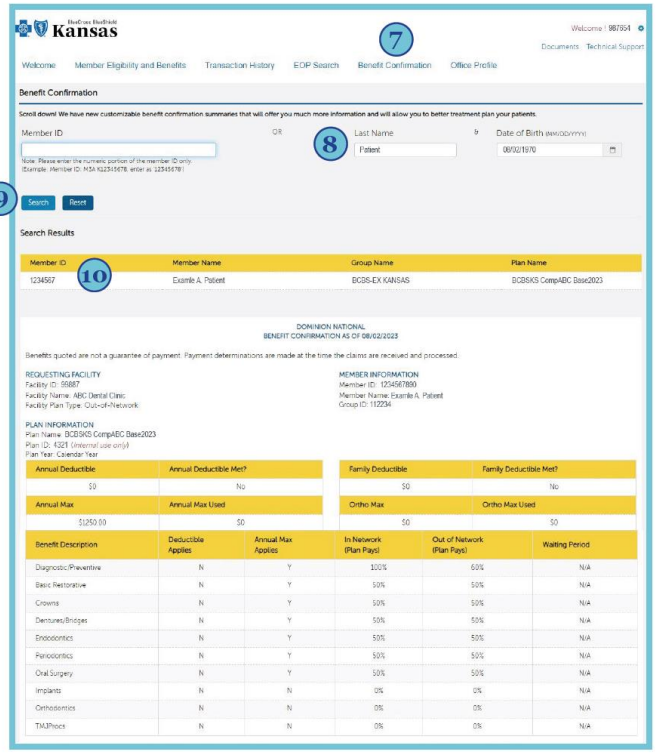
Benefit Confirmation

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



BlueCross BlueShield Kansas

Thank you for being a BCBSKS contracting provider

Questions?

bcbsks.com