BlueCross BlueShield of South Carolina and
BlueChoice® HealthPlan of South Carolina

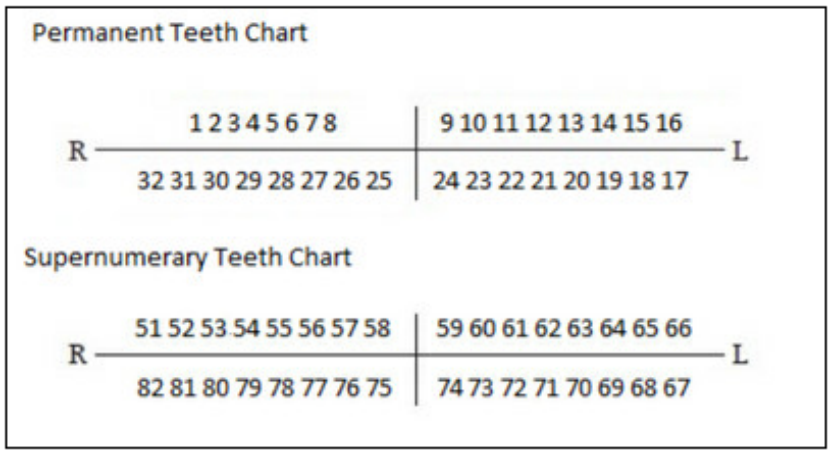
Independent licensees of the Blue Cross Blue Shield Association.

Dental Network

Frequently Asked Questions

1. **How are supernumerary teeth indicated on the patient's tooth chart in My Insurance Manager℠?**
   Supernumerary teeth are not indicated on the patient's tooth chart in My Insurance Manager℠ as the likelihood of someone having supernumerary teeth is rare (less than 20 percent of the population).

   Refer to the below chart for the standard numbering scheme when reporting services rendered on supernumerary teeth in the permanent dentition. Add an "S" to the letter of the primary tooth corresponding to a supernumerary tooth in the primary dentition.



2. **When filing dental claims for a Federal Employee Program (FEP) member that has the Blue Cross Blue Shield FEP Dental plan, should it be submitted to BlueCross FEP medical first?**
   Yes, claims should be submitted to the member's primary medical plan first. Primary payment will be sent to you, and then FEP medical will forward the claim along with the primary payment amount to Blue Cross Blue Shield FEP Dental. The primary benefit will be coordinated on the claim received from the medical carrier and upon completion of the coordination of benefits. Blue Cross Blue Shield FEP Dental will send the secondary payment to you.
3. **Is the submission of a pre-treatment estimate like a prior authorization request?**
   A pre-treatment estimate is a real time snapshot of the benefits that are payable at the time the pre-treatment processes. It is considered a prior authorization. For Commercial dental plans, it is recommended but not required to request a pre-treatment estimate for services over $300.00.
4. **What is a non-duplicate policy?**
   Non-duplication refers to coordination of benefits. This means that we coordinate up to our payment. We will not pay anything as secondary if the primary plan's payment is equal to or greater than our primary payment.

Example One

If a dentist charges $62.00 for a filling and the allowed amount is $60.00, we will not make a secondary payment if the primary coverage pays $60.00.

Example Two

If a dentist charges $70.00 for a perio-cleaning and the allowed amount is $65.00, if the primary carrier pays $45.00, we will make a secondary payment of $20.00 ($65.00 - $45.00 = $20.00).

5. **What is a missing tooth clause?**

   Services related to teeth missing prior to the member's effective date of coverage with our dental plan are not covered.