Federal Blue Cross and Blue Shield Dental Claims

An Arkansas Blue Cross and Blue Shield issued submitter ID (E####) is no longer required for providers submitting electronic claims through a clearinghouse, direct data entry on Availity or through secure file upload. In a continued effort to reduce the amount of paper processes, Arkansas Blue Cross and Blue Shield and its subsidiary companies will no longer accept paper claims beginning March 1, 2024. You may submit your electronic dental claims through your clearing house or through Availity using payer ID 00520. Please contact your dental clearing house for any questions regarding your claims submission process or contact Availitys customer service number 1-800-282-4548 for assistance in the portal.

Providers may download the remittance advice from Availity, or download the 835 electronic RA through your clearinghouse.

If you submit transactions through a clearinghouse and have questions regarding transactions that are then routed to Availity, **please contact your clearinghouse directly**. If your clearinghouse is unable to provide assistance, they will reach out to Availity on your behalf. Additionally, if you need support with Availity portal, please call 1-800-282-4548 or refer to our Availity Help Topics document.

Claims submitted containing errors can no longer be corrected manually. All professional and dental claims, including paper claims, will now be returned to the provider for correction. Paper claim submitters with errors will be notified in writing.

If your claim still gets rejected, please have your rejection letter available for the customer service representative to research your claim. Please have the "Case ID" number on the bottom left corner of your rejection letter available for the customer service rep to find your claim.

Questions?

FEP Customer Service:
1-800-482-6655

FEP Email:
customerservicefep@arkbluecross.com

Claim submission guidelines

1. **A claim must be submitted using the health identification number**: The member ID number must match the "R" number from the member eligibility on file.
2. **When patient and subscriber information matches, the relationship code must be self**: Patient relationship must contain the patient's relationship to the subscriber, even if the subscriber is the patient.
3. **Handwritten entries are not accepted**: If your practice management software cannot generate proper information on the claim form, you may use direct data entry to key in and submit the claim directly from Availity.
4. **Subscriber/patient's complete date of birth is required (MM/DD/YYYY) and must be a valid date; subscriber gender must be present**: Patient and subscriber information may be validated when using the eligibility in Availity to ensure it is correct on the claim form.
5. **Coding for Periodontal Scaling and Root Planning on a claim form:** Please enter the upper right quadrant as 10, the upper left quadrant as 20, the lower left quadrant as 30 and the lower right quadrant as 40.
6. **Missing gender and date of birth**: This rejection has been commonly associated with a known clearinghouse EDI transmission error. Please let your clearinghouse know if you experience this issue. Until it's resolved, you can mail your claims or enter your claims through Availity.

BlueCross BlueShield
Federal Employee Program