

Dental Dispatch

News and information for network providers



New California mandate changes

Anthem Blue Cross is actively working to meet the requirements of California's mandate *AB1048*. This mandate necessitates the removal of the missing tooth clause from our small group dental plans, as well as the elimination of both the missing tooth clause and mandatory waiting periods from our large group dental plans. These changes are effective January 1, 2025. This is part of our continuous efforts to align with state mandates and provide better services to our clients.

Dental language assistant program available for providers

In accordance with the California Language Assistance Program (CALAP), you must notify dental patients that interpreter services are available. You must also document a patient's refusal of any needed interpreter services in his or her patient chart. Please refer to the Dental Provider Resource webpage or the provider manual for additional information on the Language Assistance Program at [anthem.com/ca/dentalproviders](https://www.anthem.com/ca/dentalproviders).

Healthcare coverage — provider directories

As required by the State of California, Anthem must follow regulated procedures that are outlined in *SB137* to maintain accurate provider directories. Our responsibility is to provide accurate dental directories to our members. For more information about *SB137* and directory accuracy, please review the article within past newsletters on our website at [anthem.com/ca/provider/dental](https://www.anthem.com/ca/provider/dental).

Quick reference guide

Please see the below chart for the most accurate contact information.

Anthem	Prime and complete	All others dental products
Paper claims address	Review the back of the member's ID card to determine the appropriate dental claims mailing address (address varies by group). In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim.	Review the back of the member's ID card to determine the appropriate dental claims mailing address (address varies by group). In the absence of an address, call the number on back of the ID card for instructions on where to submit the claim.
Electronic claims	Follow current process or contact your clearinghouse.	Follow current process or contact your clearinghouse.
Customer service numbers	See the back of patient's ID card or call 877-567-1804.	See the back of patient's ID card.
Grievances and appeals Note: Sending to a P.O. Box different than the following may delay your appeal.	Attention: Dental Claims Appeals and Grievances P.O. Box 1122 Minneapolis, MN 55440	Anthem Blue Cross Attention: Corporate Appeals Department P.O. Box 659471 San Antonio, TX 78265
Professional services	866-947-9398	866-947-9398
Provider reference manual (PPO ONLY)	anthem.com/ca/provider/dental	anthem.com/ca/provider/dental
Language Assistance Program	See the back of patient's ID card.	800-627-0004

Introducing our new payment website

In an effort to streamline operations and enhance provider satisfaction, we are announcing the launch of our payment website to submit payments related to claim overpayment refund requests.

Key features of the payment website:

- User-friendly access at **Availity.com**. You must be currently registered with Availity Essentials or sign up as a new user.
 - How to navigate **Availity.com**:
 - Log in using your user ID and password.
 - Select your state.
 - Select payer.
 - Select **Dental Provider Claim Overpayment**. Add this to your favorites for faster access.
- Secure transactions
- Active monitoring of payment processing

Active monitoring payment processing

Dedicated members of our team have been assigned to manage, review, and follow up on all payment activities. We are equipped to provide seamless support.

In the unlikely event of a payment processing error, our team will promptly contact you to inform you of the issue and ensure timely corrective measures are taken.

Stay updated

We are committed to maintaining transparent communication. Look out for communication for any updates related to the payment website.

Thank you for your continued support and trust. We are confident that this new payment website will significantly enhance your experience with us. For any inquiries or further assistance, contact DentalFinanceOperations@anthem.com.

Welcome to a new era of simplified, secure, and efficient payment processing.

Get all your questions answered with Provider Chat



You now have a new option to have many of your questions answered quickly and easily. With Provider Chat, providers can have a real-time, online discussion through a new digital service, available through Payer Spaces at **Availity.com**. Provider Chat offers:

- Real-time answers to your questions about prior authorization and appeals status, claims, benefits, eligibility, and more.
- An easy-to-use platform that makes it simple to receive help.
- The same high level of safety and security you have come to expect with Anthem.

For questions related to provider contracting concerns, fee schedules, and demographic updates, continue to contact Provider Network Services at **866-947-9398**.

Provider Chat is one example of how Anthem is using digital technology to improve the healthcare experience, with the goal of saving valuable time. To get started, access the service through Payer Spaces at **Availity.com**.

Stay informed: do not miss our important communications

We send care providers electronic communications, including updates to claims, benefits, provider manuals, newsletters, and more.

We will only send educational communications and important marketing materials. To avoid missing crucial updates, ensure we are not marked as spam or sent to your junk email folder. To guarantee your staff receives all notifications from us, mark our email address as a safe sender.

CDT updated for 2025

We have posted the 2025 Code on Dental Procedures and Nomenclature updates to our website. To view the latest Current Dental Terminology (CDT) 2025 updates, and continued annual updates, visit **anthem.com/ca/provider/individual-commercial/dental**. Select **Communications** > CDT Updates effected January 1, 2025.

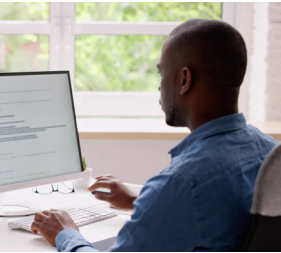
If you have any questions or would like to request a full listing of the claims processing guidelines, call Dental Network Professional Services at **866-947-9398**.

You will use the new CDT dental codes effective January 1, 2025. The new CDT 2025 code book includes dental procedure codes and revisions to procedure code nomenclatures or descriptors.

To order the new 2025 CDT code book, contact the American Dental Association Member Services Center at **800-947-4746**.

Misrouted PHI

Dental providers and facilities are required to review all member's information received from Anthem to ensure no misrouted PHI is included. Misrouted PHI includes information about members a provider or facility is not currently treating. PHI can be misrouted to providers and facilities by mail, fax, email, or electronic remittance.



Dental providers and facilities are required to immediately destroy any misrouted PHI or safeguard the PHI for as long as it is retained. In no event are providers or facilities permitted to misuse or re-disclose misrouted PHI. If providers or facilities cannot destroy or safeguard misrouted PHI, providers and facilities must contact Customer Service or call the number listed on the documentation received to report receipt of misrouted PHI.

Dental providers and facilities should review claims and documents carefully before submitting for payment to ensure that the member ID and name listed on the claim are accurate. Taking these additional steps will help eliminate explanation of benefits being sent to the wrong member and prevent *HIPAA* violations.

Dental care during pregnancy providing ultimate care

Dentists play a crucial role in ensuring the current and future health of pregnant patients and their unborn children. Integrating pregnancy screening into routine evaluations and communicating the safety and effectiveness of dental treatments during pregnancy is essential for providing ultimate care. Your support and encouragement can significantly impact maternal and infant health, while also promoting early adoption of beneficial oral hygiene habits.

Dental care is essential during pregnancy due to hormonal changes that increase the risk of dental disease. To effectively support pregnant patients, providers should do the following:

- **Medical history review:** Thoroughly review the patient’s medical history and current medications or supplements to identify any potential risks.
- **Collaboration with obstetrician:** Consult with the patient’s obstetrician to discuss any concerns or risks associated with dental care during pregnancy. This collaboration helps determine the safest treatment approach.
- **Customized treatment plan:** Modify the treatment plan based on the patient’s stage of pregnancy and overall medical history to ensure optimal care.
- **Anesthesia considerations:** When anesthesia is necessary, use local anesthesia, which is generally considered safe during pregnancy. General anesthesia should be used sparingly and only when absolutely necessary.
- **Patient positioning:** Ensure the patient’s comfort and safety by appropriately positioning them in the dental chair, such as using a pillow or wedge to support the back and alleviate abdominal pressure.
- **Oral hygiene reinforcement:** Provide clear guidance on maintaining proper oral hygiene. Encourage pregnant patients to brush twice daily, floss daily, and use an antimicrobial mouth rinse to prevent gum disease and tooth decay.

These steps facilitate safe and effective dental care for pregnant patients while minimizing risks.

Dental home model

The dental home model focuses on enhancing overall wellness by improving oral health, fostering greater collaboration among providers, and promoting health education. Dental providers play a crucial role in successfully establishing an oral care routine. Children with a dental home are more likely to receive preventive and routine dental care. There are numerous benefits to creating a dental home for your patients.

The American Academy of Pediatric Dentistry (AAPD) encourages parents and other care providers to help every child establish a dental home by 12 months of age. The AAPD recognizes a dental home should provide:

- Comprehensive oral healthcare including acute care and preventive services in accordance with AAPD periodicity schedules.
- Comprehensive assessment for oral diseases and conditions.
- Individualized preventive dental health program based upon a caries-risk assessment and a periodontal disease risk assessment.
- Anticipatory guidance about growth and development issues (for example, teething, digit, or pacifier habits).

- Plan for acute dental trauma.
- Information about the proper care of the child’s teeth and gingivae. This includes the prevention, diagnosis, and treatment of disease of the supporting and surrounding tissues and the maintenance of the health, function, and esthetics of those structures and tissues.
- Dietary counseling.
- Referrals to dental specialists when care cannot directly be provided within the dental home.
- Education regarding future referrals to a dentist specializing in adult oral health for continuing oral healthcare.
- Referral at an age determined by patient, parent, and pediatric dentist.

Creating a dental home for members can significantly enhance access to care, ensure effective care coordination, and provide high-quality dental services. Providers should inform members during their initial visit about the advantages of having a dental home. Once this relationship is established, it can develop into a lasting and positive oral healthcare connection.



Help your patients quit tobacco

Tobacco use, including smoking, smokeless tobacco, compressed dissolvable tobacco, cigars, pipes and water pipes, and electronic cigarettes, is a leading cause of preventable illness and death. The adverse oral effects of tobacco use include gingival recession, impaired healing, oral cancer, mucosal lesions, periodontal disease, and tooth staining.

The most effective clinical modalities for treating tobacco use and dependence are counseling, medication, and a combination of both. Dental practices can provide an effective setting for recognizing patients that use tobacco, and recommending that patients quit, offering information about quitting, assess willingness to quit, provide help with counseling and pharmacotherapy, and arrange for follow-up contact.

Cognitive behavioral therapy has been found to improve rates of cessation as do other nonpharmacological strategies (for example, hypnosis and acupuncture). Pharmacological interventions, nicotine replacement therapy, and medications (for example, bupropion, varenicline, and inhalers) have been found to be effective.

Dental offices should include a question about tobacco use as part of their medical and dental history to identify tobacco users and to assess a willingness to quit. The Quitting Tobacco Roadmap Program is available to providers. Other resources can be found on the American Dental Association and the Centers for Disease Control and Prevention websites.

For Anthem members who identify their tobacco use, it is important that your office perform tobacco counseling (D1320) and submit the procedure as encounter data.



Consolidated Appropriations Act provider directory federal mandate

The *Consolidated Appropriations Act* (CAA) and state law require our Provider Directories to be current and accurate. Your patients — our members — need the most up-to-date information to reach you. As a contracted provider, you must respond to this notification by providing updated contact information.

We appreciate your keeping us informed of any changes impacting you or your office. Working together, we ensure your patients — our members — can reach you quickly while we meet our compliance obligations.

We are excited to announce our partnership with HealthLink Dimensions to simplify the verification process with your practice. Healthlink Dimensions will send you an email with the steps required to complete the verification of your practice. Ensure that you add Healthlink Dimensions to your trusted sender list so that vital communication between your office and Healthlink Dimension is received.

Learn more about Anthem Blue Cross programs
anthem.com/provider/dental



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CABC-DEN-071041-24-SRS71041