



Pacific Blue Cross introduces real-time claiming, reversals and coordination of benefits for dentists, denturists and hygienists!

Starting as early as April, 2018, dental providers who subscribe to CDAnet™ for dentists, CDHAnet™ for Hygienists and DACnet™ for denturists will be able to submit patient claims to Pacific Blue Cross and see how much will be covered in real time. This change will be transitioned in by a software vendor. Providers will no longer have to wait for their bi-weekly statements in the mail or e-mail to find out if claims are approved.

Along with this change, Pacific Blue Cross is excited to introduce the Coordination of Benefits (COB) claim transaction coming in the summer of 2018.

Regardless of whether Pacific Blue Cross is the primary or secondary plan, you will be able to send your claims electronically to Pacific Blue Cross and other insurers. This means:

- When Pacific Blue Cross is the primary plan and adjudicates the claim in real time, the office will be able to electronically forward the adjudication response from Pacific Blue Cross to another insurer.
- Also, when Pacific Blue Cross is the secondary plan, and the primary insurer adjudicates the claim in real time,

the office will be able to electronically forward the other insurer's adjudication response to Pacific Blue Cross.

All Pacific Blue Cross payments will continue to occur every second week, just as it does for paper claim submissions.

In addition, a COB claim processed in real-time can also be electronically reversed as long as the reversal is sent on the same day as the claim.

Real-time claiming is compatible with most clinic management software systems. If, after the transition period, you are still unable to submit claims in real-time, please contact your software vendor.

For transmission errors, please contact Pacific Blue Cross at 604 419-2000, or toll-free 1 877 PAC-BLUE.

Questions? Call us:

Phone 604 419-2000

Toll-free 1 877 PAC-BLUE

pac.bluecross.ca



We listened! Multiple bank accounts now available

Are you a dental provider who operates out of more than one dental clinic? You can now set up and receive Electronic Funds Transfer (EFT) payments to multiple bank accounts — eliminating the need to wait for payments in the mail. If you have already signed up for PROVIDERnet but haven't enabled direct deposit yet, reset your password and you'll be able to attach your direct deposit banking information.

All providers are welcome to sign up for PROVIDERnet to enjoy benefits such as direct deposit, ability to check member coverage online, news on claiming requirements and organizational updates that affect you, and more. Simply visit the Provider section of the Pacific Blue Cross website, fill out the PROVIDERnet application, and one of our Provider Relations representatives will be happy to help you complete the registration process.

Don't delay — visit the Pacific Blue Cross website today to get started.



Claiming tips and obligations

Pacific Blue Cross is authorized and obligated to monitor the billing and payment of claims to ensure that all benefits are paid in accordance with plan provisions. You are a key partner in helping us maintain sustainable plans and accurate claims. Here are a few tips to ensure that claims are submitted correctly:

- Bill using the Unique Identification Number (UIN) of the treating provider.
- Familiarize yourself with your Provincial Association's (eg., BCDA/DABC/BCDHA) Suggested Fee Guide and the Pacific Blue Cross Fee Schedule.
- Bill using the procedure code of the treatment provided and do not substitute codes.

Visit pac.bluecross.ca/advicecentre/story/preventing-fraud to learn more about how insurance fraud affects everyone.



Update to 2018 PBC Dental Fee Schedule

Three procedure codes have been added to the schedule retroactive to February 1, 2018:

- 05101 One unit.....\$53.90
- 05102 Two units.....\$107.80
- 05109 Each additional unit over two\$53.90

To download the most recent version of our Dental Fee Schedule, visit providernet.ca.



Looking for funding? Apply to the Pacific Blue Cross Health Foundation

Pacific Blue Cross is proud to be a local, not-for-profit health benefits organization. Annually, 1.4 million British Columbians depend on us for their health, dental, life, disability and travel coverage — but we are determined to do even more than that. Led by our mission to improve the health and wellbeing in British Columbia, and our commitment to give back to our local communities, we created the Pacific Blue Cross Health Foundation in 2012. The Health Foundation supports organizations in BC that are improving outcomes in the areas of chronic disease and mental illness.

Last year, we provided nearly \$300,000 in funding, including \$30,000 for dental clinics in communities across the province:

- \$10,000 for the New Life Dental Clinic in Kamloops
- \$10,000 towards the Vancouver Native Health Society in Vancouver
- \$10,000 for the Victoria Cool Aid Dental Clinic in Victoria

If you know of any not-for-profit organizations interested in applying for funding, invite them to visit pac.bluecross.ca/company/community.

