Medicare Advantage Dental Benefit Updates for 2027

Effective Jan. 1, 2027, several updates will take effect for Arkansas Blue Cross and Blue Shield Medicare Advantage plans that include dental benefits. Please review the key changes below to stay informed and support your patients accordingly.

Preventive Services Removed from Comprehensive Yearly Maximum
The following preventive dental services, when covered by the member's plan, will no longer apply toward the Comprehensive Yearly Maximum (CYM):

- D0120 – Periodic oral evaluation
- D0150 – Comprehensive oral evaluation
- D1110 – Adult prophylaxis
- D1120 – Child prophylaxis
- D1206 – Topical fluoride varnish
- D1208 – Topical application of fluoride

This change allows eligible members to access covered preventive services without reducing available CYM benefit dollars.

Plan Consolidations
The following Medicare Advantage plan consolidations will occur for CY2027:

- **BlueMedicare Plan H6158-003** will be consolidated into **H6158-001**. H6158-003 will no longer be offered.
- **BlueMedicare Plans H4213-017-001, H4213-017-005 and H4213-017-006** will be consolidated into **H4213-020**. Members currently enrolled in these plans will transition to H4213-020, which will serve all counties previously covered by the consolidated plans.

BlueMedicare Dental Services: Quick Reference Guide

For your convenience, a one-page quick reference guide that provides an overview of the dental services covered by BlueMedicare plans. Please note that:

- The reference guide is not a complete list of covered services
- Benefit coverage may vary by plan
- For complete benefit details and eligibility verification, please utilize My Patients' Benefits

If you have questions regarding member benefits or coverage verification, please contact your dental network manager.

2027 Dental Fee Schedules Are Now Online

The Dental fee schedules has been added to our website. Not all codes listed indicate covered benefits. Please check each member's plan for verification and limitations.

Arkansas Blue Cross and Blue Shield Provider Surveys

Arkansas Blue Cross partners with Press Ganey to gather provider feedback throughout the year. You may receive a phone call from Press Ganey requesting information about your practice. We appreciate your participation and value your feedback.

Dental Xtra in Practice: Caring for Your Pregnant Patients

Hormonal changes during pregnancy can increase the risk of gingival inflammation, bleeding gums and periodontal disease. While bleeding, swelling and sensitivity are common, they are never normal. Many patients don't realize that oral health changes during pregnancy are common and treatable. Yet concerns about safety, uncertainty about timing or lack of awareness may prevent some individuals from seeking needed dental care.

As clinical gatekeepers, you and your team play a vital role in driving healthy pregnancy outcomes. In fact, **treating active periodontal inflammation during pregnancy can reduce gum inflammation by 50%, which can lower the risk of preterm birth**. This is especially important for expectant mothers in Arkansas, since the state ranks 47th in the U.S. for preterm births.

Pregnant patients with Arkansas Blue Cross health and dental plans may not be aware that they are automatically enrolled in our Dental Xtra℠ program (those who have only an Arkansas Blue Cross dental plan can easily self-enroll online). Once you've verified that they're enrolled, it's important to let them know that they have additional preventive benefits available (with no waiting periods) at no extra cost.

Chairside conversations also present opportunities to support better health outcomes for expectant mothers and their babies. Here are a few conversation starters that may be helpful:

- "*Pregnancy hormones can make your gums more sensitive, so we'd like to take a closer look to understand what's causing your symptoms*."
- "*Taking care of your oral health during pregnancy can benefit both you and your baby. Some studies suggest that treating gum inflammation may help lower the risk of preterm birth*."

Pregnancy is just one condition that can influence overall health. When you provide your patients with the additional services covered by Dental Xtra, your practice can increase preventive visits, expand patient volume and build patient loyalty. Learn more about how Dental Xtra can help your patients achieve better health outcomes.

New Claims Payment Options for Dentists

Arkansas Blue Cross has partnered with PNC Healthcare and ECHO Health to offer flexible payment solutions that help streamline reimbursement and payment reconciliation. Dental providers can choose from four payment options: virtual credit card, electronic funds transfer, medical payment exchange or traditional paper checks.

Regardless of the payment option selected, you can view your payments, predeterminations and dental explanation of benefits/explanation of provider payment via both the Arkansas Blue Cross provider portal and the ECHO Health provider portal. To utilize the ECHO provider portal, you must create an account.

You can change your payment option at any time by contacting ECHO Health at 800-886-5913. For complete details on available payment methods and how to select your preferred option, view the Claims Payment Options for Dentists guide.

FEP Information

New Availity Front-end Edit for Duplicate Claim Submission

Availity is the medical clearinghouse for Arkansas Blue Cross. Federal Blue Cross is a medical payer that offers a small embedded dental benefit paid by the medical plan. If at any point you need assistance with the setup or navigation of the Availity portal, you may access the training tools in Availity under Help and Training. There are several demos to help you. For additional troubleshooting with Availity, you may refer to the Availity Support document on our webpage or contact Availity at 800-282-4548 to create a help ticket. Remember to document the case number.

A new edit will soon be added to Availity to check for duplicate claim submissions. If a claim is found to be an exact match (member name, date of birth, member ID number, billed charges, date of service, provider NPI, Tax ID and CPT/ICD-10 codes) to a previously submitted claim, the claim will be rejected in Availity. To avoid duplicate rejections and ensure quality claim submissions, correct any front-end Availity rejections or payer (277CA) rejections before resubmitting claims. This edit will apply to Arkansas Blue Cross, Health Advantage Administrators, Blue Advantage Administrators, Medicare Advantage Administrators, FEP and Skai Blue Cross.

Availity Member Search Requirements

To ensure HIPAA compliance and prevent incidental disclosure of PHI, member search options in Availity will require one of the following combinations, which all include member ID:

- Member ID, Member Last Name, Member First Name, Member Date of Birth
- Member ID, Member Last Name, Member First Name
- Member ID, Member Last Name, Member Date of Birth
- Member ID, Member First Name, Member Date of Birth
- Member ID, Member Date of Birth

The requirement to use Member ID applies to all lines of business, including Arkansas Blue Cross, Health Advantage, Blue Advantage Administrators, Blue Medicare, Federal Employee Program, Octave and Skai Blue Cross. Blue Card members have historically required a member ID. If you have any questions, contact your network development rep.

Sending Electronic Attachments via Availity

When submitting unsolicited records of attachments, which need to be synced to a claim or a barcoded request using the Availity Dashboard, be sure the attachment control number is the claim number from the medical record request letter or the Availity attachment number from the medical record request letter. It should not be a claim number from an associated or previous claim. If not done properly, the record will not be attached to the correct claim and may be lost. Arkansas Blue Cross does not require primary EOBs when submitting claims with coordination of benefits.

For additional instructions on submitting electronic attachments, please refer to the Quick Tip Guide—Using Availity to Send Electronic Attachments in the Arkansas Blue Cross Availity Payer Space under Resources.

FEP Claims

Claims are being submitted using an individual dentist/provider NPI (Type 1) in the Billing Provider field instead of the clinic/group NPI (Type 2).

Impact

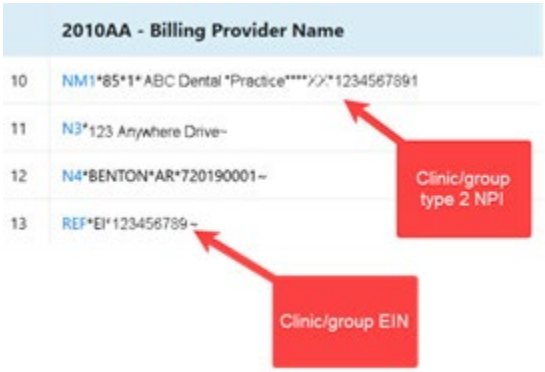
- Payment is determined by the billing provider NPI, not the tax ID/EIN.
- When an individual provider's NPI is submitted, payment may be issued using the provider's tax information on file with Arkansas Blue Cross, which is often the provider's Social Security Number.
- If payment is intended for a clinic or group, the clinic/group NPI (Type 2) and associated tax information must be used.

Required Action

- Review and update billing systems to ensure claims are submitted with the correct clinic/group billing provider information.
- Contact your billing agency, clearinghouse or software vendor for assistance if necessary.

Technical Guidance

- On the 837D electronic dental claim, the billing provider name and NPI are reported in:
  - ✓ Loop 2010AA
  - ✓ Segment NM1*85 (billing provider qualifier)
- This field should contain the clinic/group NPI (Type 2), not the individual provider's NPI (Type 1). Additional support providing the referenced image to your software vendor or clearinghouse may help them update the billing configuration correctly.



New Form for BlueCard Claim Appeals

Blue Cross and Blue Shield Plans across the country are implementing a universal form for submitting health care provider appeals of BlueCard claims. The new form, titled Provider BlueCard Claim Appeal Form, will be posted on the websites of Arkansas Blue Cross and its affiliated health plans (BlueAdvantage Administrators of Arkansas, Health Advantage, Octave Blue Cross and Blue Shield and Skai Blue Cross and Blue Shield). The new form should be used for all provider-initiated appeals of BlueCard claim dispositions.

Payment and Coding Policy for Medical and Dental

Dental services billed under the medical benefit are contract-specific benefits. This policy applies to dental services that are not otherwise excluded under the terms of the Member's policy.

1. Dental services billed under the medical benefit by dental providers must be billed with the appropriate Current Dental Technology (CDT) codes included in this policy for dental procedures that have previously been billed with CPT codes, including, but not limited to, CPT codes 41899, 21249, 21089, 41830, 41874, 21210 and 21215. A dental provider is any of the following: endodontist, orthodontist, general dentist, pediatric dentist, oral pathologist, periodontist, oral surgeon or prosthodontist.
2. Claims submitted by dental providers for dental services billed with CPT codes 21089, 21210, 21215, 21249, 41830, 41874 and 41899 are not eligible for reimbursement. Exceptions may be considered for bone graft services to repair a defect when billed with CPT 21210 or 21215, where bone is harvested from the hip, rib, skull or another part of the body, and the graft may be held in place with wires, plates or screws. The AMA CPT description for CPT 21210 and 21215 states that these codes include obtaining the bone graft. For bone grafting for socket or ridge preservation/extension, we would expect the service to be billed with the appropriate CDT code.
3. Claims for dental services billed under the medical benefit are reimbursed to MD, DO, DMD and DDS providers only.
4. Dental services billed using CDT codes will be reimbursed according to the Medical Benefit Dental Fee Schedule.
5. Claims for dental services billed under the medical benefit should be submitted using the CMS 1500 claim form or 837P.
6. Claims for dental services should not be filed on both an ADA claim form and a CMS-1500 claim form for the same service. The second claim is considered a duplicate claim and is not reimbursable.

Payment Policy Manual Updates

The following policies have been added or updated in the Arkansas Blue Cross' Payment Policy manual. To view entire payment policies, please refer to the Arkansas Blue Cross website.

000023 Dental Services Medical Billing
000029 Durable Medical Equipment (DME), Prosthetics and Orthotics, and Medical Supplies (DMEPOS)

Skai Blue Cross and Blue Shield

Arkansas Blue Cross has a new brand within its family of affiliates: Skai Blue Cross and Blue Shield. Skai Blue is a third-party administrator (TPA) that more broadly supports the company's national business and clients. Arkansas Blue Cross national accounts are currently serviced by BlueAdvantage Administrators of Arkansas (BAAA). Skai Blue serves as a TPA, administering health plan benefits for the company's self-funded national accounts and future national business, providing customer service, claims processing and other benefit solution services for some of the nation's leading companies. This brand includes the following groups: ABB, Arvest, JB Hunt, Simmons Foods, Paychex, Walmart and Uniti. Availity communicated to all clearinghouses in early September 2025, notifying them of the Payer ID # (BSKAI) assigned to the Skai brand.

2026 InterQual Update Summary

This is a notice of material amendment for the adoption of the 2026 InterQual® content release. The following is a summary of changes that went into effect Aug. 15, 2026.

Oro-maxillo-facial, dental and otolaryngology

Arthroplasty, temporomandibular joint (TMJ): Revised the required therapies that should be tried prior to arthroplasty, and expanded the indications with additional subtypes of intra-articular temporomandibular disorder.

Orthognathic surgery: The requirement for dental model assessments was removed to streamline criteria, as there are variations in practice in how these models are completed, utilized and documented in the medical record.

Orthognathic surgery (pediatric)

Orthognathic surgery (pediatric): The requirement for dental model assessments was removed to streamline the criteria, as there are variations in practice in how these models are completed, used and documented in the medical record — including anteroposterior, vertical and transverse discrepancies, as well as asymmetry. Changed medical record contains preoperative dental model assessment and facial photographs to medical record contains preoperative facial photographs. Completion of dental model assessments in the preoperative process is a standard component of an evaluation for orthognathic surgery; however, there are variations for how these are completed, utilized for surgical planning and documented in the medical record.

CMS Requirement for Provider Certification on National Plan and Provider Enumeration System (NPPES)

The Centers for Medicare and Medicaid Services (CMS) has issued reminders to all provider types to update and certify the accuracy of the National Provider Identifier (NPI) data and provider demographic information maintained on the National Plan and Provider Enumeration System (NPPES). Providers are legally required to maintain the accuracy of this data, not only to validate their demographic information but also to reduce the number of provider verification outreach efforts by Arkansas Blue Cross. CMS will continue to monitor and audit the Arkansas Blue Cross and Health Advantage provider directories to enforce action and compliance with the data maintained on the NPPES website.

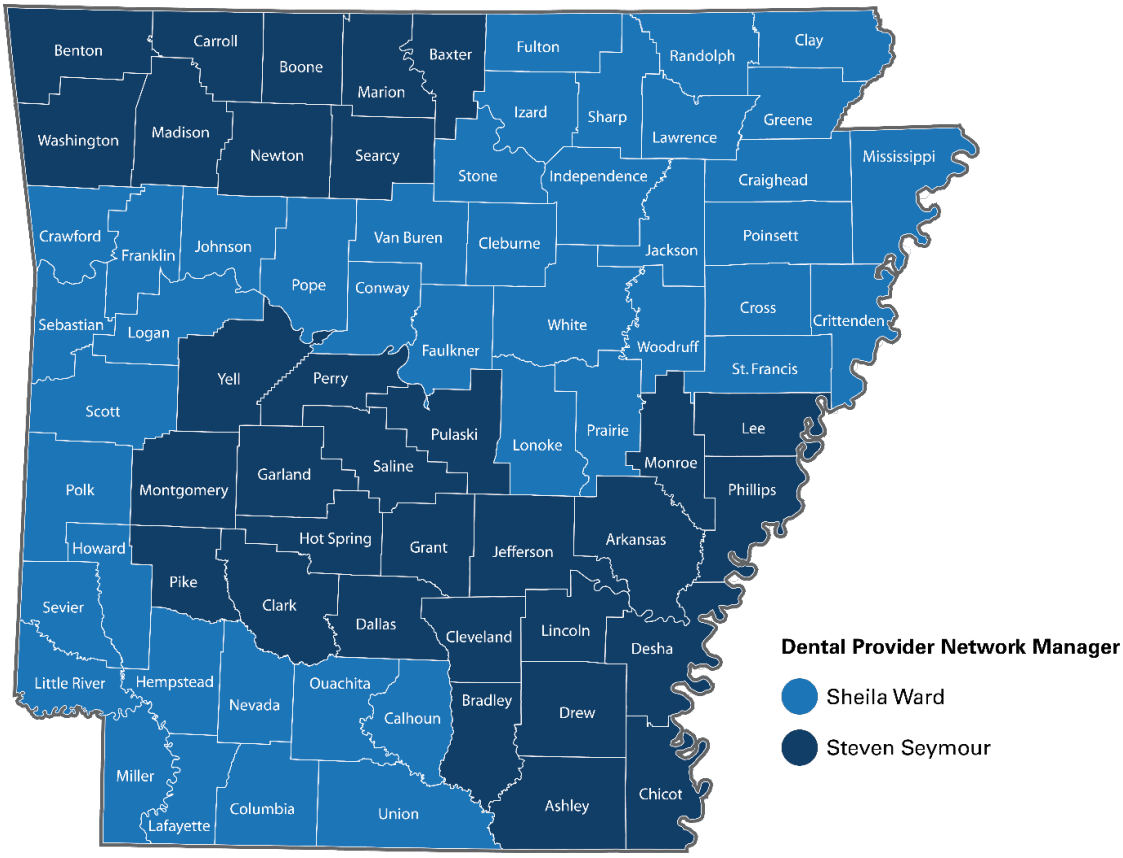
Using NPPES as a centralized primary data resource will allow Arkansas Blue Cross and Health Advantage to provide reliable information to our commercial and Medicare Advantage members. As of Jan. 1, 2020, NPPES allows providers to log in and attest to the accuracy of the data. This attestation will be reflected and recorded with a certification date to be published by CMS. The core elements maintained on NPPES are:

- Provider name
- Provider specialty
- Provider address(es): Multiple addresses are allowed to list all active practice locations at which members can be seen
- Provider telephone and fax number(s)
- National provider identifier (NPI)
- Provider status (active or inactive)
- Other identifiers (i.e., Medicare and Medicaid IDs)
- Taxonomy

If you have any questions about NPPES, you may refer to help page on the NPPES website.

CMS references: 45 CFR §162.410(a); Data Dissemination | CMS

Your Dental Network Managers Are Here for You

USAble Life administers Arkansas Blue Cross' dental benefits and supports participating dental providers. Your dental network manager is available to help you if you have any questions or need assistance. Members may contact customer service by calling the phone number on the back of their member ID card. Please don't share your dental network manager's contact information with your patients. If customer service is unable to assist them, make sure to have a reference number available before contacting your dental network manager.

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