

Blue DentalSM

Dental Provider Summary Guide



| | Commercial, Medigap or Medicare Supplement | Medicare Advantage | Healthy Kids Dental | Federal Employee Program |
|--|--|--|---|---|
| Affiliated networks | Blue Dental PPO is a unique combination of several networks administered by United Concordia Companies, Inc. | DenteMax Medicare Advantage PPO and Blue Cross Medicare Advantage Networks | Healthy Kids Dental Network administered by DentaQuest | DenteMax Dental PPO Network |
| Mailing address | Blue Cross Blue Shield of Michigan P.O. Box 49 Detroit, MI 48231 | | Blue Cross Blue Shield of Michigan P.O. Box 491 Milwaukee, WI 53201-0491 | Blue Cross Blue Shield of Michigan Attn: FEP Dept. 0712 P.O. Box 312599 Detroit, MI 48231 |
| Credentialing, network enrollment and changes | Tier 1 PPO Providers (In-Network): Contact the network(s) you participate with for credentialing and network enrollment and changes. | | Call: 800-233-1468 Fax: 262-241-7401 initialproviderenrollment@dentaquest.com dentaquest.com/mi/dentists | Contact DenteMax for credentialing and network enrollment and changes. |
| | Tier 2 Participating Non-PPO (Out-of-Network) Providers: Call: 888-826-8152 | | | |
| Provider Service Line | Call: 888-826-8152 Monday through Friday 8 a.m. to 7 p.m. ET Automated information is available 24/7 | Call: 844-876-7917 Monday through Friday 8 a.m. to 7 p.m. ET Automated information is available 24/7 | | Call: 800-482-3600 Monday through Friday 8 a.m. to 4:30 p.m. ET Automated information is available 24/7 |
| Provider portal | provideraccess.dentaquest.com | | | availability.com |
| Claims clearinghouse and fax | Payor ID is BBMDQ Fax: 262-834-3589 | | | Payor ID is 382069753 Fax: 866-294-5012 |
| Attachments (X-rays/files) submission | Submit online: nea-fast.com Fax: 800-782-5150 <i>X-ray submission available on the provider portal</i> | | | <i>Not applicable</i> |
| Claim appeals | Fax: 262-834-3452 Mail: Send to mailing address <i>Claims appeals available on the provider portal</i> | | | Send to mailing address |
| Send or return payment Include original check voucher, brief explanation of why check is being sent or returned, member's enrollee ID and claim document numbers | Send to mailing address | | | |

Please visit bcbsm.com/providers/newsletters to view our quarterly dental communications and to be added to the email distribution list.