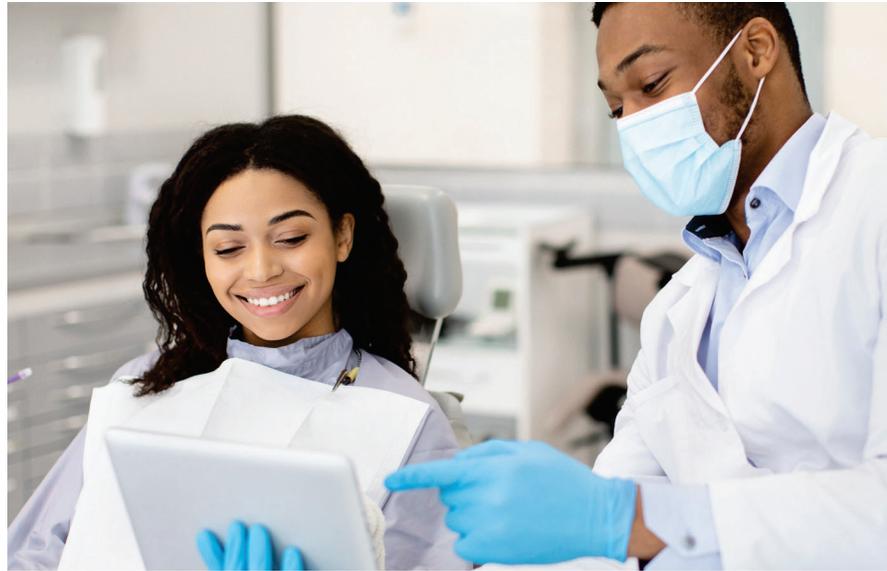


Dental Dispatch

News and information for network providers



CDT 2026 Updates Released

This serves as notification by Anthem that we posted the 2026 Code on Dental Procedures and Nomenclature (CDT Code) Updates to our website. To view the latest Current Dental Terminology (CDT) 2026 updates and continued annual updates, visit our website at <https://anthem.com/provider/dental>. Simply navigate to the *Communications* section and select **CDT Updates (effective January 1, 2026)**.

If you have any questions or need a comprehensive list of the claims processing guidelines, please feel free to contact Dental Network Professional Services at **866-947-9398**.

You will use the new CDT dental codes effective January 1, 2026. The new CDT 2026 code book includes dental procedure codes and revisions to procedure code nomenclatures or descriptors.

To order the new 2026 CDT code book, contact the American Dental Association Member Services Center at **800-947-4746** or visit <https://www.ada.org/publications/ada-store-products/cdt-books-and-more>.

Misrouted PHI

Dental providers and facilities are required to review all member' information received from Anthem to ensure no misrouted PHI is included. Misrouted PHI includes information about members that a provider or facility is not currently treating, as indicated by the provider or facility. 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.

Enhance efficiency and the member check-in experience with digital member ID cards

Research shows that 77% of patients prefer digital tools. By accepting digital member ID cards, you can meet members where they are and offer a smooth, contactless check-in experience. Digital ID cards can boost efficiency at your front desk, streamline patient verification, and enhance the overall member experience. Less paperwork and fewer calls allow your team to focus more on patient care and less on procedural hurdles.

Verify eligibility and benefits with confidence

We recognize the importance of smooth transitions. Use the Eligibility and Benefits (E+B) feature within Availity Essentials to access the most current member information in real time. This removes the need for physical ID cards. Members can also email, fax, or download digital ID cards through the SydneySM Health mobile app or our member website, if necessary.

As more members switch, begin updating your staff and workflows now to ensure a smooth transition to digital ID cards. Let's take this opportunity to strengthen our partnership and stay at the forefront of healthcare innovation. We're here to support your short and long-term success with this digital-first approach.

Contact us

Availity Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availity Essentials, go to <https://Availity.com> and select the appropriate payer space tile from the drop-down. Then, select Chat with Payer and complete the pre-chat form to start your chat.

Notice of change to Coordination of Benefits with Blue Cross Blue Shield FEP Dental

Blue Cross Blue Shield FEP Dental is making a change to how it currently coordinates dental benefits with Federal Employees Health Benefit (FEHB) and Postal Service Health Benefit (PSHB) medical plans and is eliminating the estimation of payment process. Under the new process, Blue Cross Blue Shield FEP Dental will deny secondary payments until after the FEHB and PSHB medical plans have issued a primary payment.

For more information and important reminders about submitting claims, please visit <https://www.bcbsfepdental.com/home>, click on My Documents, and view the links in the Provider Resources tab.

For questions and support, please contact Blue Cross Blue Shield FEP Dental provider services at 1-855-504-BLUE (2583), 8 a.m. to 8 p.m. ET Monday to Friday.

Consolidated Appropriations Act (CAA) Provider Directory Federal Mandate — Provider Directories in effect

As required by the Consolidated Appropriations Act (CAA) and multiple state laws, we must ensure our Provider Directories are accurate. Your patients — our members — need the most up-to-date information to reach you. As a contracted care provider, you must respond to the notification by either confirming that the current information is accurate or providing updated information.

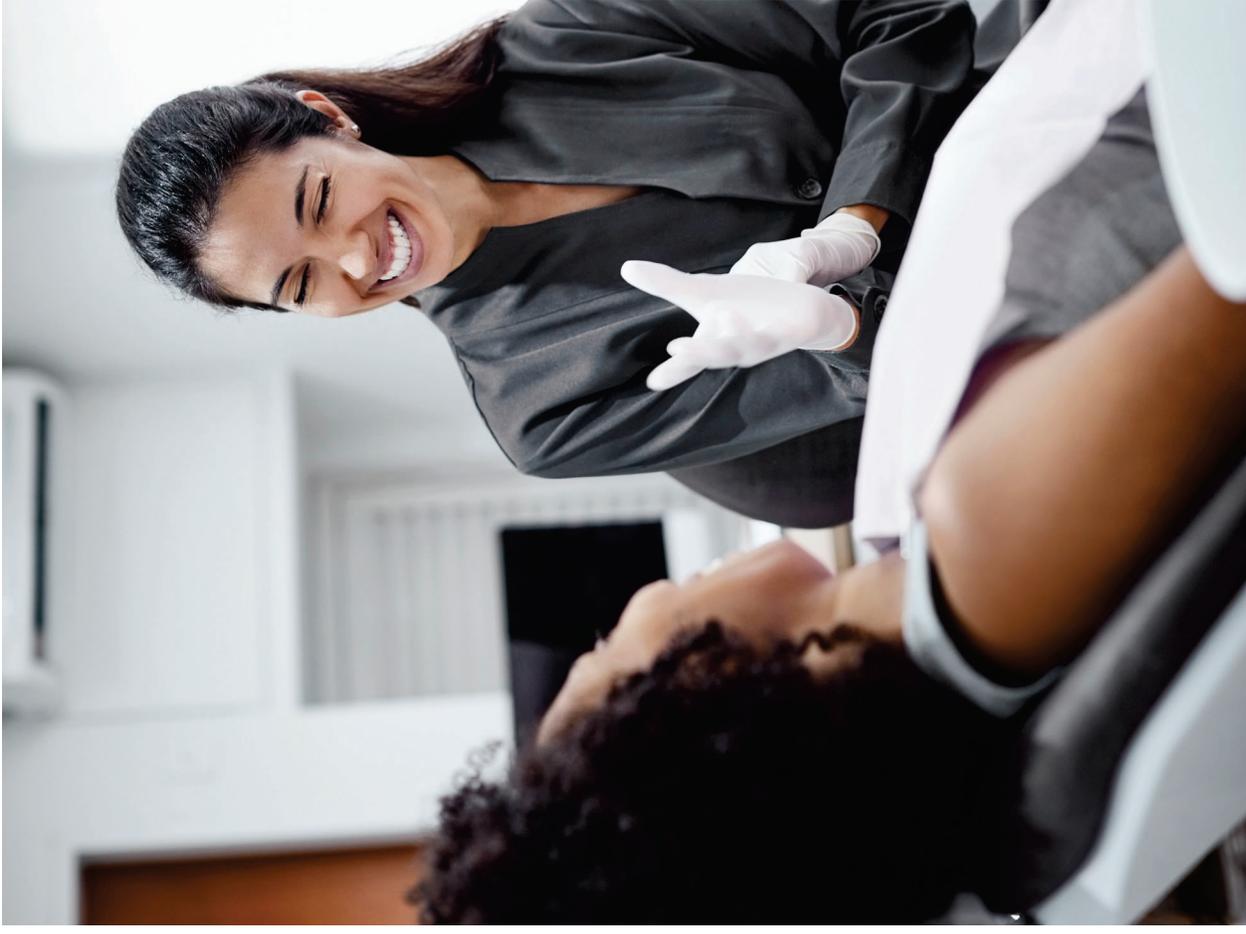
We appreciate your diligence in keeping us informed of any changes that may impact you or your office.

Please be on the lookout for a Provider Verification form or an email from Healthlink Dimensions, which will provide the steps to complete your practice verification. Please ensure you add Healthlink Dimensions to your trusted sender list to ensure vital communication between your office and Healthlink Dimensions is received.

Do not miss important updates from us

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

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





Quick reference guide

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

Anthem Blue Cross Blue Shield	Prime & Complete	All Others Dental Products
Paper Claims Address	Please 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	Please 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 back of patient's ID card or call 877-606-3338	800-722-8879
Grievance/Appeals *Sending to a PO Box different than the following, may result in a delay in your appeal.	Attn: Dental Claims Appeals & Grievances P.O. Box 1122 Minneapolis, MN 55440	Appeals: First Level Appeals Review P.O. Box 1122 Minneapolis, MN 55440
Professional Services	866-947-9398	866-947-9398
Language Assistance Program	See back of patient's ID card	800-627-0004

Learn more about Anthem Blue Cross programs
<https://anthem.com/provider/dental>



Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties, Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC and Anthem Blue Cross and Blue Shield Retiree Solutions is the trade name of Anthem Insurance Companies, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. Anthem Blue Cross and Blue Shield and its affiliate Healthkeepers, Inc. serve all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.