

Dental Dispatch

News and information for network providers



CDT 2026 Updates Released

This serves as notification by Wellpoint 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://wellpoint.com/individual-family/dental-vision>. Simply navigate to the *Communications* section and select **CDT Updates (effective January 1, 2026)**.

If you have any questions or need a full list of the claims processing guidelines, reach out to 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 members' information received from Wellpoint to ensure no misrouted PHI is included. Misrouted PHI includes information about members that a care provider or facility is not currently treating, but has previously treated. 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 care providers or facilities permitted to misuse or re-disclose misrouted PHI. If care providers or facilities cannot destroy or safeguard misrouted PHI, care providers and facilities must contact Wellpoint 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.

So, what's new?

This applies exclusively to providers in Illinois

The following updates and revisions have been made to Wellpoint Life and Health Insurance Company Participating Dentist Agreement (IL-PA-WV-DBGDSP-05P100):

In the State/Program Specific Regulatory Exhibit to the Wellpoint Participating Dentist Agreement section for Caries Risk Assessment, Illinois only:

In addition to Section 1, Preliminary Provisions of this Agreement.

(i) Network Leasing:

In accordance with state law, Wellpoint Dental is informing Dentist that we do lease our ("Network(s)"). This contract grants third-party access to the provider network. The provider network contracting entity has entered into an agreement with other dental plans or third parties that allows the third party to obtain the contracting entity's rights and responsibilities as if the third party were the contracting entity. The list of all third parties with access to this provider network can be found at <https://www.Wellpoint.com/ms/dentalproviders/home.html>. You have the right to choose not to participate in third-party third-party access, submit your written or electronic request to Wellpoint Dental. Dentist agrees to notify each Covered Person who seeks Dentist's services that he/she is not participating in third-party access, which may affect Covered Person's coverage and cost share.

The following updates and revisions have been made to Wellpoint Dental Services Participating Dentist Agreement (PPO-08):

In Section 1, General Provisions, item D, language was revised and expanded:

D. WELLPOINT may contract with persons or entities (including, without limitation, WELLPOINT subsidiary or affiliated organizations, self-administered or self-funded programs, labor unions, trust, third-party administrators providing dental care benefits, employers or insurers wishing to utilize the services of WELLPOINT's dental network), incorporating the terms and conditions of this Agreement. When WELLPOINT contracts with these other persons or entities (collectively, "Other Payors" or individually an "Other Payor"), it is agreed that the Other Payor will succeed to all of WELLPOINT's rights and obligations under this Agreement, and that WELLPOINT has no obligation to compensate for pay for Dental Services rendered to Covered Persons of Other Payors, except to the extent WELLPOINT may agree with the Other Payor to act as a disbursing agent for funds provided by the Other Payor for such purpose and only to the extent WELLPOINT actually receives the required funds. In accordance with state law, WELLPOINT is informing Participating Dentist that

we do lease our ("Network(s)"). This contract grants third-party access to the provider network. The provider network contracting entity has entered into an agreement with other dental plans or third parties that allows the third party to obtain the contracting entity's right and responsibilities as if the third party were the contracting entity. The list of all third parties with access to this provider network can be found at www.wellpoint.com/provider/individual-commercial/dental. You have the right to choose not to participate in third-party access. To exercise your right to not participate in the third-party access, submit your written or electronic request to WELLPOINT. Participating Dentist agrees to notify each Covered Person who seeks Dentist's services that he/she is not participating in third-party access, which may affect Covered Person's coverage and cost share.

The following item was added:

P. The standard method of payment of claims to Participating Dentist is a check via mail or Electronic Fund Transfer (EFT). Dentist may choose to receive payment of claims by Electronic Fund Transfer (EFT) through enrollment. Both options are available to Dentist at no cost.

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

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.



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 Availty 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

Availty Chat with Payer is available during normal business hours. Get answers to your questions about eligibility, benefits, authorizations, claims status, and more. To access Availty Essentials, go to <https://Availty.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.bcbstpedental.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.



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.

Wellpoint	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	800-627-0004
Grievance/Appeals	Attn: Dental Claims Appeals & Grievances P.O. Box 1122 Minneapolis, MN 55440	Appeals: First Level Appeals Review P.O. Box 659471 San Antonio, TX. 78265
Professional Services	866 947-9398	866 947-9398
Language Assistance Program	See back of patient's ID card	800-627-0004

Learn more about Wellpoint programs
<https://wellpoint.com/individual-family/dental-vision>

