



Real-Time Claims List

Payor ID	Payor Name	Enrollment*
93524	Advantage Dental Plan, Inc.	
EXC01	BCBS - New York (Finger Lakes Region)	P
EXC01	BCBS - New York (Rochester)	P
CB865	Blue Shield of Pennsylvania (Camp Hill)	C
CBPA2	Blue Shield of Pennsylvania - Dental Plus (UCCI)	C
EXC01	Excellus, Inc.	P
TEMU1	ExclusiCare (MUST HAVE UCCI ON BACK OF MEMBER CARD)	C
CX002	Family Members Dental Plan	C
TEMU1	Mutual of Omaha (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C
TEMU1	Mutually Preferred (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C
TEMU1	National Rural Letter Carrier Association (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C
TLX74	Personal Choice (PA)	C
CX002	Tricare Dental Plan (UCCI)	C
CX002	United Concordia (TRICARE FMDP) (UCCI Federal Claims must be submitted using CB865)	C
CBPA2	United Concordia- CBPA2 (Dental Encounters)	C
CX013	United Concordia Dental Plus (UCCI Federal Claims must be submitted using CB865)	C
CB865	United Concordia- FEDERAL CLAIMS (CB865)	S
Z9901	United Concordia- NON-PAR	C
CX007	United Concordia-Fee for Service (UCCI Federal Claims must be submitted using CB865)	C
TEMU1	United of Omaha (MUST HAVE UCCI LISTED ON BACK OF ID CARD)	C
16105	Univera of New York	P
93524	Advantage Dental Plan, Inc.	
51022	Delta Dental of Delaware (IN-STATE PROVIDER SUBMISSIONS)	S
DEHI1	Delta Dental of Hawaii / Hawaii Dental Services (HDS)	
23166	Delta Dental of Maryland (IN-STATE PROVIDER SUBMISSIONS)	S
43090	Delta Dental of Missouri (Claims ONLY)	
11198	Delta Dental of New York (IN-STATE PROVIDER SUBMISSIONS)	S
23166	Delta Dental of Pennsylvania (IN-STATE PROVIDER SUBMISSIONS)	S
43091	Delta Dental of South Carolina	
52147	Delta Dental of Washington DC (IN-STATE PROVIDER SUBMISSIONS)	S
31096	Delta Dental of West Virginia (IN-STATE PROVIDER SUBMISSIONS)	S
DEHI1	Hawaii Dental Services (HDS) / Delta Dental of Hawaii	
TLZ16	IBEW Local Union 270	
65978	MetLife	
TLX64	NCAS (Harrisburg, PA claims ONLY)	
93525	Northwest Dental Services	
93525	Oregon Health Plan (OHP)	
93525	Oregon Medical Assistance Program (OMAP)	
65978	Travelers (now MetLife)	

***Enrollment**

- S** The provider needs to submit only the Payor-specific Identification Number(s) to Tesia-PCI, along with demographic information and FEIN and/or SSN & Payor Assigned ID for automated registration.
- P** Prior to submission, provider must contact Payor to attain Payor Specific Identifier which must be submitted on every claim.
- C** Prior to submission, provider must contact Payor to request setup for electronic claims submission through Tesia-PCI.