

November 2001

Update



A newsletter for dental health care professionals published by Blue Cross and Blue Shield of Nebraska Visit our website, www.bcbsneprovider.com, today!

The Update newsletter provides you with current information about BCBSNE. Please retain a copy of each issue on file for easy reference.

(Participating and BluePreferred providers are responsible for adhering to the information contained in each issue.)

The Update, in combination with the Dentists' Guide, is published to provide participating and preferred providers with amendments to their agreements with BCBSNE. Non-participating providers receive the same information as a service to persons covered by BCBSNE. Reprint only with permission.

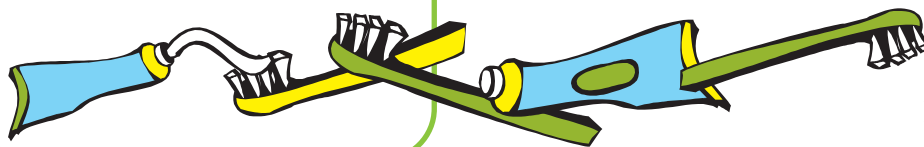
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Look At and Learn About the Two FEP Identification Cards

BlueCross BlueShield Federal Employee Program
fepblue.org

Government-Wide Service Benefit Plan

JOHN Q PUBLIC JR
contract holder name

R123456789
identification number

112 10/25/99
enrollment code effective date of coverage

AdvancePCSSM Rx Bin # 610415 Rx Group # 65006500

(See Reverse Side)

FEP (Basic Option)

Care must be provided by a PPO provider!

Enrollment codes:
111-Basic Option/
self only
112-Basic Option/
self and family

FEP (Standard Option)

BlueCross BlueShield Federal Employee Program
<http://www.fepblue.org>

Government-Wide Service Benefit Plan

JOHN Q PUBLIC JR
subscriber name

R123456789
identification number

105 10/25/99
enrollment code effective date of coverage

PCS Retail Pharmacy Carrier # 6500 Retail Pharmacy Group # 6500

(See Reverse Side)

Enrollment codes:
104-Standard Option/
self only
105-Standard Option/
self and family

Note: Federal Employee Program (FEP) members can be identified by the number on the I.D. card which begins with the single alpha character "R."

BCBSNE often receives claims that are submitted without the subscriber's identification number.

Please remember to submit the correct FEP I.D. number that appears on the front of the card.

An FEP subscriber's I.D. number is different than his/her social security number. Please do not confuse the two.

How to Use the Dental Plan Code Documentation

Code	Coverage Type & Member Coinsurance					Deductibles		Maximums	
	Preventive	Restorative	Complex	Ortho	TMJ	Calendar Year	Maximum	Calendar Year	Ortho/TMJ Lifetime
xxx In Network	None	10%	40%	50%	-	\$25; R&C	\$50; R&C	\$1000; P&R&C	\$1000
Out-of-Network	None	20%	50%	50%	-	\$25; R&C	\$50; R&C	\$1000; P&R&C	\$1000

5 Notes: Dependent students covered to age 25. Dental late enrollment allows for Restorative services after six months and Complex and Orthodontic services after 12 months.

1 Locate the group code in the “Code” column. Note that the benefit information may be split into “In-network” benefits and “Out-of-Network” benefits.

2 Use section 2 to determine the patient’s **type of coverage and coinsurance amount**. Benefits are divided into five categories:

- **Preventive** and Diagnostic Dentistry
- Maintenance and Simple **Restorative** Dentistry, Oral Surgery, Periodontic and Endodontic Services
- **Complex** Restorative Dentistry
- **Orthodontic** Dentistry
- **TMJ** Diagnosis and Treatment

The word “None” is used when a patient has coverage for a benefit type, but he or she does not pay any coinsurance. A dash “-” appears if a group does not provide any coverage for a benefit type. In the example above, the group has preventive dental benefits with no coinsurance amount, and there are no benefits for TMJ diagnosis and treatment.

3 Section 3 lists the group’s Calendar Year and Maximum **deductibles**. The dollar amount is followed by a notation indicating how the deductible applies to the benefit types. In the example above, group members have a \$25 combined in-network deductible for Restorative and Complex benefits in addition to a \$25 combined out-of-network deductible for the same benefits.

4 Section 4 contains the **Calendar Year** and **Ortho/TMJ lifetime maximums**. As in Section 3, the dollar amount is followed by a notation indicating how the maximum applies to the benefits.

5 Look for specific group **notes** in Section 5. In the example above, dependent students are covered to age 25. Late enrollees are eligible for Restorative services after six months and Complex and Orthodontic services after 12 months.

Reporting Treatment as Required by BCBSNE

We will return claims if they do not contain a valid American Dental Association (ADA) procedure code or a valid relation between the procedure code, tooth number and/or surface.

Procedure codes must match the number of surfaces. Check for compatible procedure codes and tooth numbers each time you submit a claim to BCBSNE. Unlisted codes must be submitted with narratives.

For a complete listing of codes, descriptions and coding guidelines, refer to the ADA’s *Current Dental Terminology Third Edition (CDT-3)*.

CDT books may be purchased from the ADA at the following address:

American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611

When Should You Submit X-Rays for Crowns?

- 1) Submit x-rays when a patient has **only** Preventive and Restorative coverage.
- 2) You should **never** submit x-rays for FEP dental coverage (unless requested by BCBSNE).
- 3) Refer to the example below.

Code	Coverage Type & Member Coinsurance					Deductibles		Maximums	
	Preventive	Restorative	Complex	Ortho	TMJ	Calendar Year	Maximum	Calendar Year	Ortho/TMJ Lifetime
xxx	20%	20%	-	-	-	None	None	-	-

Help Prevent Orthodontic Processing Delays

- 1) **Do not** submit charges as a lump sum.
- 2) Submit actual services performed.
- 3) Refer to the example below.

30. Examination and treatment plan. List in order from tooth no. 1 through tooth no. 32 - use charting system shown.							
Tooth # or letter	Surface	Description of service (inc. x-rays, prophylaxis, materials used, etc.)	Date serviced performed	Procedure Number	Fee		For Administrative Use Only
		Initial Placement	10/01/2001	08090	xxx	xx	
		Orthodontic Treatment	11/01/2001	08090	xxx	xx	
		Orthodontic Treatment	12/01/2001	08090	xxx	xx	

- 4) Diagnostic records for orthodontics **must** be billed using the procedure codes for the services provided. These services **must never** be submitted as a lump sum stating “diagnostic records.” An example would be 00340 for cephalometric film, 00330 for panoramic film, 00350 for oral/ facial images and 00470 for diagnostic casts with the appropriate charge for each procedure.

Claim Filing Guidelines



Periapical X-Ray Coding

Use code d0230 for an additional periapical film only if you are also submitting code d0220 for a first periapical film.



Corrected Claim(s)

A *Reconsideration Request Form* must be completed and attached when sending in a corrected claim. Contact your Regional Consultant for a copy of the form.

Please **do not** send in a new claim to indicate a correction needs to be made. By filling in the “Claim Number” on the form, you will point us to the claim that needs adjustment.



Pretreatment

Complete separate claim forms for the pretreatment estimate and actual services. Please remember that the provider’s name and credentials are required to determine benefits.



Retain a Current Copy of the I.D. Card

Taking a copy of the front and back of the patient’s current I.D. card assists in correct matching for coverage. New cards are frequently issued by BCBSNE so remember to request the patient’s **most recent** card to ensure that the subscriber information you have on your system matches up with what we show on ours!



Article is reprinted with permission from the Nebraska Association of Hospitals and Health Systems (NAHHS) and intended for general informational purposes only. This should not be considered legal advice.

We assume no liability for intended use or otherwise. Consult your legal counsel as you implement HIPAA strategies or act upon information contained in this article.

Summary

The Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification standards and rules promulgated will have a significant impact on you and health care organizations. As required by Congress in HIPAA, the standards cover health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions electronically. The HIPAA required health care standards are:

- transactions and code sets, (final rule published)
- privacy, (final rule published)
- security, and
- identifiers.


Compliance with HIPAA Standards for Electronic Transactions is required by **Oct. 16, 2002**, and compliance with HIPAA Standards for Privacy of Individually Identifiable Health Information is required by **April 14, 2003**. HIPAA's mandates will affect you and the regulations apply to, among others:

- All health plans, including government programs, HMOs, indemnity insurers, and employer benefit plans.

- All health care providers, including any person or institution that furnishes health care services or supplies.
- All health care clearinghouses (those companies that are retained by plans, providers, and payers to help process health care business transactions).

Resources

There are many resources that offer implementation assistance in the form of documents and guidelines. In addition to resources in your organization, there are consulting services available, and a collaborative effort of health care organizations. A regional effort, the Nebraska Strategic National Implementation Process (NE SNIP) was formed as a collaborative effort to understand the complex regulations and to develop a plan on implementing the requirements.

HIPAA compliance information is available at the following websites: 

aspe.hhs.gov/admnsimp/
(HHS Administrative Simplification information)

aspe.hhs.gov/admnsimp/pl104191.htm
(HIPAA Law)

www.wedi.org/
(WEDI HIPAA and SNIP information)

www.nesnip.org/
(Nebraska SNIP)

www.nahhsnet.org/html/HIPAA/HIPAA.htm
(NAHHS)

HIPAA Resources (cont.)

...article cont. from previous page

www.hhs.gov/ocr/hipaa/
(HHS Office of Civil Rights)

www.disa.org/
(Data Interchange Standards Association)

www.hipaa-dsmo.org/
(Designated Standard Maintenance Organization)

www.ehnac.org/
(Electronic Healthcare Network Accreditation Commission)

www.ncvhs.hhs.gov/
(National Committee on Vital and Health Statistics)

www.aha.org/
(American Hospital Association)

www.wpc-edi.com/
(HIPAA Implementation Guides published by Washington Pub. Co.)

www.hipaa-comply.com
(HIPAA Comply - security and privacy compliance)

www.healthprivacy.org/
(Health Privacy Project)

www.ahima.org/hot.topics/hipaa.html
(American Health Information Management Association)

www.cdc.gov/nchs/otheract/phdsc/phdsc.htm
(Nat'l Center for Health Statistics Public Health Data Standards Consortium)

www.nucc.org/
(National Uniform Claims Committee)

www.nubc.org/
(National Uniform Billing Committee)

www.ncdp.org/
(National Council for Prescription Drug Programs)

www.ada.org/
(American Dental Association)

www.x12.org/
(American National Standards Institute x12 Committee)

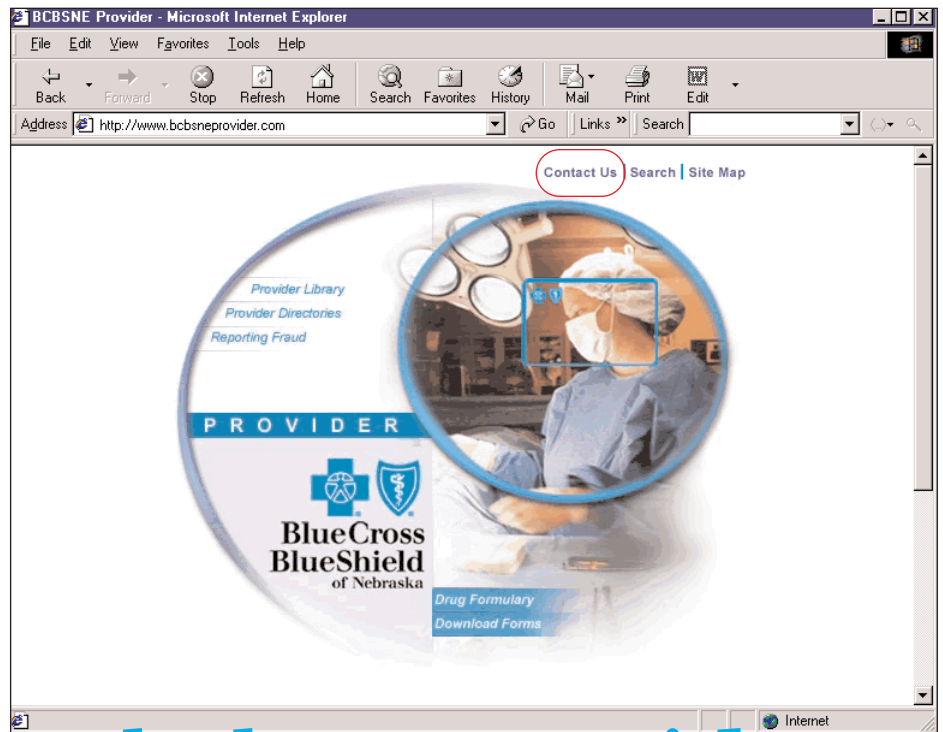
Gather information now to ensure you're HIPAA complaint!

Are You an E-mail Junkie?

If you answered "yes," then why not ditch the phone and try submitting your next inquiry online?

Go to www.bcbsneprovider.com and click on the "Contact Us" link in the upper right-hand corner of the screen. From there, you may choose either Have a question about a claim? or Have a question about a patient's benefits? You can even tell us how you'd like to receive a response to your question. We can either call, mail or e-mail you with an answer. Sound simple? It is.

Also, you may send e-mails to webppr@bcbsne.com about: New providers, tax I.D. number changes, new address or phone number, and /or providers leaving or retiring.

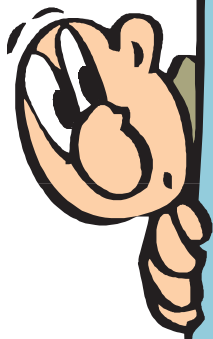


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