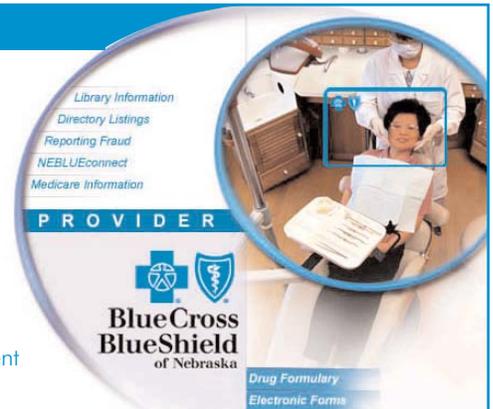


update

A newsletter produced for healthcare professionals by the Health Network Management Services Department (HNS) at Blue Cross and Blue Shield of Nebraska.



Partnering with you for a healthier Nebraska

www.bcbsneprovider.com

The *update* provider newsletter contains up-to-date information about Blue Cross and Blue Shield of Nebraska (BCBSNE) for healthcare professionals throughout Nebraska to continually communicate with those who contract with us.

If you are a BCBSNE Participating and/or BluePreferred healthcare professional, this newsletter serves as an amendment to your agreement with us. Therefore, it is your responsibility to comprehend and act upon all information that affects your contractual relationship with BCBSNE.

You are encouraged to file every issue of the *update* within your BCBSNE Policies and Procedures manual.

Non-participating healthcare professionals receive the same information as a service to persons covered by BCBSNE.

We also publish each issue online at:

www.bcbsne.com/update

For permission to reprint material published in the *update*, e-mail the editor Marian Gramlich at:

marian.gramlich@bcbsne.com

National Provider Identifier (NPI) Update

The Centers for Medicare & Medicaid Services (CMS) announced a new identifier for use in standard electronic healthcare transactions to begin this year. The National Provider Identifier (NPI) will be the single provider identifier. It will replace the different provider identifiers currently used for each health plan with which you do business.

NPI satisfies a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which must be used by all HIPAA covered entities that are health plans, healthcare clearinghouses, and healthcare providers that conduct electronic transactions for which the Secretary has adopted a standard (i.e., standard transactions).

On January 23, 2004, the Secretary published a Final Rule that adopted the NPI as the identifier. As of the compliance dates listed, HIPAA covered entities must use NPIs to identify healthcare providers in standard transactions. These transactions include:

- claims,
- eligibility inquiries and responses,
- claim status inquiries and responses,
- referrals, and
- remittance advices.

Many health plans, including Medicare, Medicaid, and private health insurance issuers, and all healthcare clearinghouses must accept and use NPIs in standard transactions by May 23, 2007. Small health plans have until May 23, 2008. After the compliance date, healthcare providers must only use their NPIs to identify themselves.

The NPI is one of the steps that CMS is taking to improve electronic

Please see Medical Record: continued on page 3.

The Blue Board

Coding Anesthesia Correctly

When dispensing anesthesia drugs used for office sedation please use the code D9610. An example would be drugs such as Diazepam or Valium used during office sedation. Drugs dispensed for home use should be coded as D9630. **HNS**

Charting Examinations Correctly

Do not bill for a routine examination and code it as D0180, which is a periodontal examination. Only bill for a periodontal examination if one has been performed. **HNS**

Please Use Code D0120 or D0150 for Routine Exams

The description given by the ADA indicates Exam Code D0150 is considered a routine evaluation that includes a thorough evaluation and recording of the hard and soft tissues of a new or established patient. It also indicates the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions as well as hard and soft tissue anomalies. For new patients please use Code D0150 and for established patients needing periodic oral evaluations, please use Code D0120.

Oral surgeons that are seeing a patient for a specific problem should be using Code D0140 or Code D0160. Code D0140 is a limited oral evaluation-problem focused and Code D0160 is a detailed and extensive oral evaluation-problem focused. **HNS**

Notes from Provider Service

When you call the Customer Service Center, you will be talking with representatives from the Provider Service Unit.

The manager of the Provider Service Unit is Bob Winkler (pictured on the right). When you call, you are likely to get one of the following service representatives: Chaundra, Sharon, Joe, Elaine, Bonnie, Kerri, Linda, Jayne, Mary, Debbie, Aaron, Christine, Diana or Trish. These service representatives have a combined 140 years of experience with Blue Cross and Blue Shield of Nebraska.



These representatives are happy to help you. Following is a partial list of the many services offered:

- Verify medical, dental, and prescription eligibility and benefits for Nebraska members.
- Help explain remittance issues, such as denial codes, deductible amounts, write-offs, etc.
- Assist in identifying the Plan for BlueCard members (those with Blue Cross Blue Shield coverage other than Blue Cross and Blue Shield of Nebraska).
- Verify if services require Precertification and/or Preauthorization (Nebraska members only).
- Verify the status of a Precertification and/or Preauthorization (Nebraska members only).
- Confirm eligibility, new ID numbers, effective dates, group numbers, etc. (Nebraska members only).
- Verify if requested medical records have been received.
- Verify the status of a reconsideration request.
- Verify if a check has been cashed or is outstanding.
- Send check tracers.
- Verify claim status.

Please remember, many of your questions can be addressed through the use of our GABBI phone line at 1-800-635-0579.

HNS

National Provider Identifiers continued from page 1.

transactions for healthcare to reduce the administrative burdens on healthcare providers. Once national standards and identifiers are in place for electronic claims and other transactions, electronic data interchange will be a viable and preferable alternative to paper processing for healthcare providers and health plans alike.

Healthcare providers include individuals (such as physicians, dentists, and pharmacists) and organizations (such as hospitals, nursing homes, pharmacies, and group practices). Healthcare providers who transmit health information electronically in connection with any of the standard transactions are required by the NPI Final Rule to obtain NPIs, even if they use business associates, such as billing agencies, to prepare the transactions.

The NPI will replace healthcare provider identifiers that are in use today in standard transactions and eliminate the need for healthcare providers to use different identification numbers when conducting standard transactions with multiple health plans.

BCBSNE does not require submission of the NPI at the present time. However, if your file contains the NPI number, it must be sent in the format described in the companion document. At this time, BCBSNE does not use the NPI to adjudicate claims. If you are submitting an NPI number, please follow the instructions in the boxed section below.

NOTE: Applying for an NPI does not replace any enrollment or credentialing processes with any health plan, including Medicare.

You may receive notices about the NPI from many of the health plans with which you do business. Remember that you need apply only once for an NPI since the same NPI is used for every health plan.

The transition from existing healthcare provider identifiers to NPIs in standard transactions will occur over the next couple of years. The NPI must be used on standard transactions with health plans, other than small health plans, no later than May 23, 2007. **HNS**

Recent Changes to BCBSNE Companion Documents

The revised documents are published on our website at:

<http://www.bcbsneprovider.com/NEBLUEconnect/Library/CompanionDocuments/Companion.asp>

The companion documents have been changed as follows:

837 I, P and D Companion Documents to Accommodate NPI

Effective May 23, 2005, providers can apply for a National Provider Identifier (NPI). BCBSNE accepts this new information electronically if submitted as described in the revised Companion Documents 837 I, P and D.

- If the NPI is in the NM1 segment (NM 108/109 fields, where NM 108 is equal to the value of XX), then BCBSNE requires the provider ID in the REF 02 segment.
- BCBSNE does not require submission of the NPI at the present time. However, if your file contains the NPI number, it must be sent in the format described in the companion document. At this time, BCBSNE does not use the NPI to adjudicate claims.

Catch the *EDI Wave*

🎯 healthcare provider community

Electronic data interchange is abbreviated as EDI and it's the term we use to refer to the electronic transactions that have been standardized by HIPAA legislation. EDI is the preferred method of submitting claims to BCBSNE and it's the *wave of the future!*

NEBLUEconnect is the EDI division of BCBSNE. Two EDI Account Managers are dedicated to assisting you with your electronic transaction efforts.

EDI information is published in a single location on our website at www.NEBLUEconnect.com. Check out the surfer-dudes in the following pictures for some website highlights!



An important feature of the NEBLUEconnect website is the **Companion Documents** in the **NEBLUEconnect Library Section**. Companion documents describe specific requirements to be used for processing data at Blue Cross and Blue Shield of Nebraska in compliance with HIPAA EDI standards.

Whether you submit your claims directly to BCBSNE through NEBLUEconnect or through a clearinghouse, it's important to keep up on changes to the companion documents. All new trading partners must be certified by testing claim files. The companion documents contain requirements that are critical to passing the testing and certification process.

The **NEWS** section on this page changes often. If there is something new related to EDI, you'll know about it by looking here.

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276 HealthCare Claim Status Request

A BCBSNE business rule has been removed from the 276 Companion Document. Please review the example for details; the **red text** has been removed from this transaction:

Data Element Summary

Segment: NM1 Provider Name

Position: 050

Loop: 2100C Optional (Must Use)

Level: Detail

BCBSNE Trading Partner Business Rules

If you send multiple Provider requests within a 276 request, all subordinate BCBSNE 6 character IDs must relate to the same Federal Tax ID in 2100B NM1. If they do not match, you will receive an error.

For supervised Mental Health services, send the "supervised by" Provider name (Loop 2310E) submitted in Box 31 of the HCFA1500.

Is Our Free Software Right for You?

The screenshot shows the NEBLUEconnect website interface. On the left is a navigation menu with categories like 'Library Information', 'NEBLUEconnect Overview', 'Products & Services', 'Support', and 'NEBLUEconnect Library'. The 'Products & Services' section is circled in red, and the 'View a demo of the PC-ACE software.' link at the bottom is also circled in red. The main content area features the 'NEBLUEconnect PC-ACE' logo and a description of the software as a complete, self-contained electronic stand-alone configuration or in conjunction with other systems. It also includes a section titled 'Information about PC-ACE' with sub-sections for 'Key software features', 'Minimum system requirements for installing the software', and the circled demo link.

Another feature of our website is located in the **Products and Services Section**. Clicking on the link to **PC-ACE** takes you to a page of information that is designed to help you to evaluate this software. PC-ACE is provided at no cost to Nebraska billers. Rather than extol its virtues in this newsletter, we invite you to go on-line and explore the information at:

<http://www.bcbsneprovider.com/NEBLUEconnect/ProductsServices/PC-ACE/PC-ACE.asp>

To get a feel of the software, check out our new demo that shows you the look of the claim screens. **HNS**

Billing Claim as Dental or Medical Depends on the Service

If you're billing for services on a CMS (HCFA) 1500 that are typically considered to be dental, there are several things to keep in mind.

1. The x-rays, exam services and surgery procedures should be billed on the same claim. This makes it easier for us to know exactly what was done and to determine if the services are payable under the member's medical contract.
2. A diagnosis code must be on the claim or the claim will be returned.

Common ICD 9 Diagnosis Codes

Which are considered Dental? Which are considered Medical?

520.0	Medical
520.1	Dental
520.2	Medical
520.3	Dental
520.4	Dental
520.5	Dental
520.6	Medical or Dental*
520.7	Dental**
520.8	Dental
520.9	Dental

* Would be considered medical if services due to embedded or impacted teeth.

** Would be considered medical if billed by an MD.

HNS

Go for it! What are you waiting for?

We offer electronic claim submission software that:



-  is available at no cost,*
-  outputs files in HIPAA compliant formats,*
-  can be used to connect directly to BCBSNE*
-  and other payers or to a clearinghouse, and*
-  includes phone support and upgrades.*

NEBLUE
connect

*Call Sean (402.392.4205) or
Howard (402.343.3301)*

800-821-4787 EXPANDED

Now you can **select from six options** to contact a Health Network Consultant; Provider File Maintenance staff members or Lynn Stivers; Credentialing; EDI Account Managers; Provider Education Specialist, EDI Communications Administrator, or Onsite Review Coordinator; or to listen to Workshop Information.

For your Health Network Consultants press One, then for:

Western Nebraska, press **ONE** for

Charlie Kennedy

Central Nebraska, press **TWO** for

Patrick Maginnis

Lincoln, Nebraska, press **THREE** for

Cindy Rutledge

Eastern Nebraska, press **FOUR** for **Sue McHargue**

TriCare, press **FIVE** for **Norma Sterba**

Omaha, Nebraska, press **SEVEN** for

Vickie Richter (Alegent, Methodist Health System, MDs, DOs, ASCs, SNFs, Acute Care Hospitals)

or press **EIGHT** for **Pam Black**

(NHS, Podiatrists, Dentists, Behavioral Health, PT/OT/ST, HME, Ambulance)

For Provider File Maintenance staff or Lynn Stivers press Two, then for:

Fauzia, press ONE

Jill, press TWO

TBA, press THREE

Staci, press FOUR

Lynn Stivers, press FIVE

Tamara, press SIX

For Credentialing, press Three, then for:

Tracy, press ONE

TBA, press TWO

Carrie, press THREE

Dee, press FOUR

For an EDI Account Manager, press Four, then for:

Sean Blair, press ONE

Howard Jones, press TWO

For the Provider Education Specialist, EDI Communications Administrator, or Onsite Review Coordinator select Five, then for:

Provider Education Specialist, press ONE

EDI Communications Administrator, press TWO

Onsite Review Coordinator, press THREE

For Health Network Services Workshop Information, press Six, then:

Listen to information about upcoming workshops and leave us a message if you would like to register or if you have a question.



BlueCross BlueShield of Nebraska

A Not-For-Profit Mutual Insurance Company and an Independent Licensee of the Blue Cross and Blue Shield Association

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If you would like to receive an e-mail each time we post a new issue of this newsletter on the provider website, please go to: www.bcbsne.com/update and fill out the form provided. You will also receive news about special announcements such as workshops, online resources, and other information from BCBSNE's Health Network Management Services Department!

Health Network Services:
Partnering with you for a healthier Nebraska.

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