

Delta Dental Plan of Nebraska

Special Edition

Spring 2005

HIPAA: National Provider Identifier on the Horizon

n January 23, 2004, the federal government issued another Health Insurance Portability and Accountability Act (HIPAA) regulation. It is the National Provider Identifier ("NPI") regulation, which establishes one unique identifier for each health care provider and eliminates the multiple identifiers currently in use.

The lack of a single unique identifier for each provider across all health plans makes routine transactions unnecessarily complex. The purpose of the NPI is simplification, and the benefits include:

- One unique provider identifier for all health plans to utilize
- A permanent provider identifier that will not

change in the event of practice relocation

- A more efficient coordination of benefits
- An easier process for health plans to track claims payment and avoid duplication

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Advance Notice

Watch for more updates on the NPI regulation in future issues of this newsletter. Over the course of the next two years, DDPNE will keep you informed about an upcoming HIPAA regulation that affects dental providers. No action is required at this time, but we are providing background information to heighten general awareness.

Web Self-Service a Time Saving Tool

ooking for a tool
that opens doors to
a wealth of information? Need benefits
summary information
or the current status
of a claim?
Delta Dental
Plan of
Nebraska's
web site
provides such a
tool to dentists across the
state, and it's available now

The DDPNE web site offers a link

with the click of a mouse.

to these valuable tools, located on the Delta Dental Plans Association web site (https://loginwsprod. deltadental.com/ provider_signin.jsp). Dentists can inquire about benefits summary and details including year-to-date, lifetime and ortho maximums, deductibles, waiting periods and percent of coverage for their patients.

Dentists must register on the site before they are able to access patient claims, eligibility and benefits information.

Please share this newsletter with your hygienists and administrative staff

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National Provider Identifier Regulation continued ...

The definition of "provider" is broad and encompasses all who provide health care services: individuals (including physicians, dentists and all other practitioners) as well as organizations (such as hospitals, pharmacies and medical supply companies).

All health care providers are eligible to receive an NPI, but only "Covered Entities" are required to obtain an NPI. A dental provider is a "Covered Entity" only if he or she transmits electronic transactions governed by HIPAA, primarily the electronic claim transaction. Clearinghouses are also "Covered Entities."

The NPI will replace other identifying numbers currently used in transactions, such as the Medicaid,
Blue Cross and Blue
Shield, UPIN, CHAMPUS
and certain other "legacy"
numbers. The NPI will **not**replace the Social Security
number, DEA number,
Taxpayer ID number,
taxonomy number, or
state license number,
since these are used
for purposes other than
general identification.

The NPI is a ten-digit number (nine digits plus a check digit to detect keying errors). It does not contain any embedded intelligence; that is, it contains no information about the provider, such as state of residence or license number; it is simply a random number which never expires. Numbers will be issued by the National Provider System (NPS), which is also responsible

for assisting providers in completing the application and resolving problems associated with an NPI.

Important Dates

Covered Entities must use their NPI in all electronic transactions by May 23, 2007. Delta Dental Plan of Nebraska is reviewing the use of the NPI for paper claims submissions as well. Providers may apply for their number (using either a paper or electronic application) starting in the summer of 2005. Providers must communicate any changes to the information collected during the application process within 30 calendar days of the change. If a provider changes locations or even specialty field, the NPI itself will never change.

More Information To Come

There is no need to submit your NPI to DDPNE until you are notified of the date on which we will begin accepting the NPI. DDPNE will provide updates and implementation information to keep you informed. You do not need to change anything now. We will provide you with the important dates and requirements as they are known to us.

Resources

To access current information, please visit the federal government's website (which has links to a Question and Answer Database) at www. cms.hhs.gov/hipaa/hipaa2.

The American Dental Association's HIPAA webpage is located at located at www.ada.org/prof/resources/topics/hipaa/index.asp.

□

Make the Most of ECS



lectronic Claims Submission, or ECS, is a valuable tool for Nebraska dental offices. However, providing the correct patient and provider information is crucial to make the most of this time-saving system.

Here's a summary of the facts your office needs to know:

Patient Information

Submit the correct member ID and the subscriber's date of birth. Delta Dental Plan of Nebraska uses this information to ensure the claim is processed under the correct product.

Provider Information

The following information is required to correctly process a claim through ECS:

Serving Provider TIN or SSN, as used on form W-9

- · Serving Provider License Number, issued by the state
- · Serving Provider name
- · Billing address, where payment should be mailed.

Resubmissions and Appeals

Any corrections (a tooth number or code change, for example) to a claim submitted and processed must be resubmitted on the Explanation of Benefits (EOB). Claims that need to be corrected should be resubmitted on **PAPER** as follows:

- For an appeal of payment or the denial of a claim, an explanation of your position regarding the appeal should be written on the EOB with a signature from the treating dentist.
- 2. Make the corrections on the EOB.
- **3.** Mail to the appropriate mailing address.

Avoid Medical Emergencies Through Prevention, Preparation



edical emergencies can occur in any healthcare setting, including dental offices. And, although rare in dental offices, medical emergencies can cause confusion and distress for both the patient and the dental staff.

More than 75 percent of dental office medical emergencies are related to stress and anxiety, and nearly 55 percent of emergencies occur during or right after local anesthesia is administered — which is why it's important for a member of the dental team to remain with the patient at all times. The types of treatments cited with the greatest number of emergencies are procedures associated with potential high patient anxiety, including tooth extraction and root canal therapy.

With proper prevention techniques, 90 percent of medical emergencies can be avoided. Medical emergency preparation begins with a detailed medical history at the time of the initial appointment and regularly thereafter. The dentist, as well as the patient, should sign and date the initial medical history form and any notations made during future appointments.

Medical conditions like allergies, hypertension, diabetes, etc. should be indicated in the chart to alert dental staff each time chart notes are reviewed, while maintaining the patient's privacy. It may be necessary to consult the patient's physician for additional information concerning major health risks, such as cardiac conditions or history of stoke, for example.

Although taking
the appropriate steps
to prevent medical
emergencies has been
proven beneficial,
every emergency
simply cannot be
prevented. It is
important for each
member of the dental
staff to be aware of
the protocol and
their individual responsibili-

ties during an emergency.
Each office should
have a "basic" medical
emergency kit appropriate
for the patient population
and the nature of the
practice. Purchase only

the emergency equipment and supplies that the staff is comfortable using.

Dentists should not have drugs and equipment that they do not know how to use or administer. It is also important to determine who will be called to assist in an emergency situation (usually EMS – 911) and how long it will take for help to arrive. For those who practice in a rural area and may wait some time for assistance, it is imperative to become certified in Advanced Cardiac Life Support.

The American Dental Association recommends the following items to be included in a "basic" emergency kit.

- Epinephrine 1:1000 (injectable)
- Histamine blocker (injectable)
- Nitroglycerin (sublingual tablet or aerosol spray)
- Bronchodilator (asthma inhaler)
- · Glucose source
- Aspirin (chewable)
- Oxygen with positive pressure administration capability

Equipment must be stored in a readily accessible location. Because drugs can have various expiration dates, it is important that a member of the dental staff be assigned to maintain the equipment on a routine basis.

Community Connections

Tooth Fairy Teams with DDPNE

Effective February
1, 2005, Delta
Dental Plan of
Nebraska has teamed
up with the tooth fairy.
Katie Boler, daughter of
Board Member Patrick
Boler of Omaha, is playing
the Tooth Fairy roll at
various events.

Boler made her first appearance for DDPNE on February 12 at the Explore"
event in
Omaha,
Neb. This
children's
fair, held at
the new Omaha
Qwest Center,
neourages healthy living

encourages healthy living for school age children in the Omaha area. Boler distributed stickers to attending children, encouraging good dental hygiene.

DDPNE Donation

In January, DDPNE presented a check for \$6,000 to Creighton University to assist in the establishment of a dental scholarship. DDPNE hopes to make this endowment on a yearly basis. Mr. Patrick Garvey, committee chairman and board member, made the presentation of the check. The board hopes to make a similar donation to the University of Nebraska school of dentistry this year.

Golf Sponsorship

In April, DDPNE was one of the sponsors of the Cutler Memorial Golf Tournament, donating \$2,000. This tournament raises funds to support dental services for the economically disadvantaged patients at Creighton's Dental Clinic and the University of Nebraska Medical Center. □

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