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Tips can help you speed up claims payment.
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News from Premera Blue Cross
Network News
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Back issues of Network News are on our Web site at www.premera.com in the Library on the Provider page under “Communications.”

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We’re listening
Willis Gabel, DDS, MS, is a practicing endodontist in Issaquah. Dr. Gabel has been a provider in the Premera Dental Network for the past five years. Because endodontists often have particularly difficult cases, Dr. Gabel has been an advocate for his specialty and found a willing ear in Premera dental leadership. “I gave them my thoughts and I’ll say they were very receptive and they responded to me very quickly. Overall, Premera is making a real effort to go the right way,” he said. Premera is introducing a specialty fee schedule this summer.

Simplify Administration
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and Provider Relations at 1-877-342-5258. You can also call this number for:
• contracting questions
• fee schedule information
• practice/dentist profile and updates (e.g., address or tax identification changes)
• new dentist joining or leaving practice.

We Welcome New Groups to Dental Plans
Here is a sampling of new groups that signed with Premera Blue Cross dental plans in Washington during the past quarter: Washington Credit Union, Graham Contracting, Meydenbauer Center, Braun NW.

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You’ve told us that a personal connection is important to help answer questions and resolve issues that arise. Every dental office has a Provider Network Executive (PNE) or Provider Network Associate (PNA) assigned to work with you and make doing business with Premera easier. Please contact our office at 1-877-342-5258, option 4 then 1, for the name of the PNE or PNA assigned to you and your office.

Questions regarding member eligibility, claims status and pre-determinations are best handled by our Customer Service professionals at 1-800-605-5460 or by accessing the Provider Portal at www.premera.com.

Best regards,

Joe Dill, D.D.S.
Director of Dental Products

LEAT: Alternative Benefit for More Expensive Procedures

LEAT, or “Least Expensive, professionally acceptable Alternative Treatment,” refers to providing an alternative benefit for a more expensive procedure. An example is providing an allowance for an amalgam restoration in lieu of a comparable resin restoration. Why do employers ask carriers to include LEAT in the plan design?

The obvious answer is that it saves money. But what may not be as obvious is exactly whose money it saves. It is often mistakenly thought that insurance companies are the beneficiaries of these LEAT clauses. However, everyone benefits from these contract provisions.

First, you as the dentist benefit by being able to offer your patients a full spectrum of treatment options. If you and your patient opt for a more expensive or “cosmetic” treatment, you are able to charge your full fee for that procedure, then collect the difference between your full fee and the payment received from the insurance carrier. This is often referred to as “balance billing.” However, if the carrier provides a specific benefit for this procedure, as a participating provider you are held to the maximum allowable fee and the patient cannot be balance billed.

Second, the patient gains from a discussion of all of the treatment options available and by making an informed choice.

Third, the employer benefits by paying a lower premium for the dental coverage as a result of the savings.

Finally, carriers benefit because we are offering competitively priced dental plans that are attractive to employers who make the purchasing decision. Everyone’s bottom line improves with LEAT.

For Dental Providers and Office Staff

Tips: Use Proper ID, Current CDT-4™ Codes

Filing claims correctly results in quicker payment. Here are some tips to remember:

- Use the proper ID number. Be sure to ask the member for his/her ID card and verify that your system is up-to-date. Payers are moving away from using social security numbers and are now using unique identifiers. If the identifier has an alpha prefix, you should include the prefix as part of the full ID number on the claim.
- Use current CDT-4™ codes. Claims using out-of-date codes are returned for proper coding.
- Submit appropriate documentation when required.

A copy of The Dental Documentation Guidelines was included in your Premera contract packet. A copy can be provided to you by calling 1-877-342-5258.
- Include history of active periodontal treatment when submitting code D4910.
- Submit electronically through WebMD/ENVYO if possible. Premera also accepts x-rays electronically through the National Electronic Attachment, Inc (NEA). For more information log onto their Web site at www.fast-attach.com.

Please Note Oral Surgery Code Changes When Submitting Claims

There are changes in the Current Dental Terminology (CDT-4™) from the previous CDT-43™. Please note the following changes when submitting claims for expedited processing. Some changes are reflected in the codes for oral surgery. Some codes are new while others have been revised or deleted. Here are specific changes:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Oral and Maxillofacial Surgery</th>
<th>Comments about changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7110</td>
<td>extraction, single tooth</td>
<td>This code has been deleted</td>
</tr>
<tr>
<td>D7111</td>
<td>removal of coronal remnants, deciduous tooth</td>
<td>This is a new code that applies to primary teeth</td>
</tr>
<tr>
<td>D7120</td>
<td>extraction, each additional tooth</td>
<td>This code has been deleted</td>
</tr>
<tr>
<td>D7130</td>
<td>root removal, exposed roots</td>
<td>This code has been deleted</td>
</tr>
<tr>
<td>D7140</td>
<td>extraction, erupted tooth or exposed roots</td>
<td>This is a new code for simple extractions, first or additional teeth, and removal of residual roots and replaces codes D7110, D7120 and D7130</td>
</tr>
<tr>
<td>D7270</td>
<td>tooth reimplantation and/or stabilization of accidentally avulsed or displaced tooth</td>
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<td>D7287</td>
<td>cytology sample collection</td>
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Speed the Claims Payment Process

So how does Premera pay 82% of its claims within 14 days, and 98% within 30 days? A large part of this is due to paperless electronic claims processes. Electronic submission facilitates overall claims payment turnaround time. Of more than 14 million claims we receive each year, 70% are paperless.

We also streamline paper claims processing with optical character recognition (OCR) scanning. However, paper claims take longer to process and cost everybody more.

To become an electronic submitter or to learn more about submitting claims electronically, call our EDI team in your region:

- WWA: 1-800-435-2715
- EWA: 1-800-572-5356, ext. 7471

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For Dental Providers and Office Staff

Service Leadership

When it comes to claims turnaround, accuracy and speed of pre-determinations, Premera continues to be proud of our excellent service. Our new Dental Dimensions processing system has allowed us to maintain the excellent service you have come to expect with Premera. Here’s our scorecard:

**Claims Turnaround**: 82% of your claims are paid within 14 days and 98% are paid within 30 days. The average for claims turnaround is ten days.

**Claims Accuracy**: 98% of your claims are paid accurately on the first submission.

**Pre-Determinations**: we process your requests within 48 hours for Washington and 72 hours for Alaska.

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Simplify Administration

When a new associate dentist joins your office, let us know. Contracting and credentialing your new associate provides the following advantages:

- increases your visibility in our online and paper directories
- results in consistent billing and payment for your group or partnership at your office
- reduces enrollee confusion when all your dentists and specialty dentists are listed
- preserves patient relationships
- payment is received by your office no matter which dentist rendered the services

If you need an additional dentist listed in the network, call Physician Dimensions processing system has excellent service. Our new Dental Network News June 2004 Dental Network News

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News From the Director of Dental Products

Our dental membership is expanding. Dentists in Washington can count on Premera to work with employer groups to ensure that dental benefits continue to be offered to their employees. We’re launching a suite of new dental plans targeted to serve small businesses in Washington. These products offer the type of flexible benefit designs normally reserved for large employers. We believe these competitively priced plans allow employers to provide dental coverage to employees at a time of rising health care costs.

Our network of preferred dentists is growing, too. With one of the largest networks in the state, we are ensuring that each of our members has a choice in dentists.

This summer, we will introduce updated dental and specialist fee schedules to reflect our commitment to competitive reimbursement and to fully recognize specialists’ additional training and difficult caseload.


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