**Company Updates**

**New and Renewing Groups**

Following is a small sampling of some of the new and renewing groups with a Premera Blue Cross dental plan:

- Advanced H20 LLC
- Advantage Manufacturing Technologies, Inc.
- American Financial Solutions
- Basin Refrigeration & Heating, Inc.
- Community Health Center of Snohomish County
- eAcceleration Corp.
- Gray & Osborne, Inc.
- iSoftStone, Inc.
- Kelley Business Machines dba Kelley Imaging Systems
- KXLY Broadcast Group
- Leisure Care
- McCarthy Finance, Inc.
- McKillican American, Inc.
- Oxarc, Inc.
- Pace International, LLC
- Quarry Tile Company
- Red Lion Hotels Corporation
- SeaCast, Inc.
- Seattle Veterinary Associates, Inc., P.S.
- Service Employees Health & Welfare Trust
- Spokane County Inmate Program
- Starbucks Corporation
- T & A Supply Company, Inc.
- Walter Dorwin Teague Associates, Inc.
- WD Peterson, Inc.

**Premera Wins Starbucks Account**

Starbucks has selected Premera Blue Cross as their new health plan administrator. After evaluating many national health carriers, they determined Premera can best meet the needs of Starbucks’ partners and their families. Effective Oct. 1, 2009, Starbucks will begin relying upon Premera for its nationwide health plan administration, including medical, dental and pharmacy.

We will serve as Starbucks’ health plan. Starbucks had been a client of Aetna for more than 15 years.

Starbucks said they selected Premera for our local presence, strong national reach, extensive network of quality providers, best in class customer service, technology solutions, and a greater opportunity for health care savings.
Claims Update

Occlusal Orthotic Device (D7880) vs. Occlusal Guard (D9940)

The CDT 2009/2010 reference manual published by the American Dental Association defines the following procedure codes as:

D7880 – Occlusal Orthotic Device – presently includes splints provided for treatment of temporomandibular joint dysfunction

In order to ensure compliance with any contractual limitations, exclusions, and guidelines of the subscriber’s medical or dental plan, Premera Blue Cross requests that you submit the following documentation:

- Diagnosis, including a narrative of the patient’s signs or symptoms, prognosis and type of appliance.
- Chart notes (six months of chart notes, if available) including a narrative of therapeutic procedures and history of re-occurring TMJ dysfunction.

D7880 - unspecified TMD therapy, by report.

Please be aware that it is indicated in the 100+ Questions & Answers on the Code and ADA Claim Form of the CDT 2009/2010 reference manual that there is no specific procedure code to report adjustment of a TMJ appliance; however, an available code is “D7899 - unspecified TMD therapy, by report.”

D9940 – Occlusal Guard – By Report - removable dental appliances, which are designed to minimize the effects of bruxism (grinding) and other occlusal factors

In order to ensure compliance with any contractual limitations, exclusions, and guidelines of the subscriber’s medical or dental plan, Premera Blue Cross requests that you submit the following documentation:

- Description of the occlusal factors, including patient’s habits that require an occlusal guard or support
- Recommended period of time the patient will wear the guard, i.e., hours in a day, night time use, etc.

Please be aware that it is indicated in the 100+ Questions & Answers on the Code and ADA Claim Form of the CDT 2009/2010 reference manual to use “D9942 – Repair and/or reline of occlusal guard” when submitting a claim for repair or relining of an occlusal guard.

Note: It is recommended by the American Dental Association, when submitting a claim under the patient’s medical benefits, to use a 1500 Health Insurance Claim form or a HIPAA electronic equivalent. Submit procedure codes from the Current Procedure Terminology (CPT) code set and/or Healthcare Common Procedure Code Set (HCPCS) and diagnosis codes that can be obtained from the International Classification of Diseases Set (ICD-9-CM).

Submitting Claims for Orthodontic Treatment (D8000-D8999)

Diagnostic records — which may include study models, diagnostic photographs, cephalometric, and panoramic films — should be submitted with the following ADA CDT procedure codes separately:

- D0330 – Panoramic radiograph
- D0340 – Cephalometric radiograph
- D0350 – Oral/facial images
- D0470 – Diagnostic casts

Initial payment will be based on the banding fee or initial down payment indicated on the claim when the orthodontic appliance is placed; however, benefits may be limited based on whether the plan applies an orthodontic deductible, coinsurance, a specific maximum dollar limit for diagnostic records and banding, and an overall orthodontic lifetime maximum.

In order to expedite your claim and ensure compliance with any contractual limitations, exclusions, and guidelines of the subscriber’s orthodontic benefit (if elected), Premera requests you submit the following documentation along with your claim:

- Date the orthodontia appliance was placed
- Total cost of orthodontia treatment
- Itemized diagnostic records
- Banding fee or initial down payment
- Monthly adjustment fee (can bill monthly, quarterly, etc.)
- Expected length of treatment in months
- Diagnosis with type of orthodontic condition being treated

Most plans do not require that the orthodontic appliance be placed while covered under the plan for continuing monthly treatment to be covered. Continuing orthodontic treatment will be payable based on the date of service and subject to the member’s eligibility and benefits.

Premera does not currently administer an “auto-pay” feature for continuing orthodontia treatment. Submit claims for payment after orthodontic treatment have been rendered.
2009 Legislation Notification: Washington Administrative Simplification

The Washington State Legislature recently passed Senate Bill 5346 to support streamlined and uniform administrative procedures for payers and providers of healthcare services.

The bill seeks to streamline healthcare administration in four areas:
- Data collection for provider credentialing processes
- Electronic eligibility and coverage verification
- Claims coding
- Pre-authorization

The bill became effective July 26, 2009, and implementation is targeted for Dec. 31, 2010. The insurance commissioner has designated the WorkSMART Institute as the lead private sector organization to coordinate the development of processes, guidelines, and standards to streamline healthcare administration.

The WorkSMART Institute reports to the OneHealthPort Board of Directors and the Washington Health Care Forum. Premera is represented in the three organizations.

For more details, visit the WorkSMART web site at worksmart.onehealthport.com.

For more information on SB 5346, go to apps.leg.wa.gov/billinfo/summary.aspx?bill=5346.

Coordination of Benefits Rule Update Effective Sept. 1

Beginning Sept. 1, the Washington Administrative Code (WAC) 284-51 related to coordination of benefits has been amended to eliminate the requirement for carriers to estimate payment when paying as the secondary payer. Under the new requirements, carriers acting as the secondary payer, must process claims within clearly defined guidelines, as described below:
- When the primary payer processing information is submitted with the claims, the claim should be processed within 30 days.
- When the secondary claim is submitted without primary processing information, carriers must notify the provider within 30 days of receipt of the claim that additional information is needed to process the claim.
- If the primary carrier does not process claims within 60 days of its receipt of a claim, providers may appeal to the secondary plan to pay as primary.
- Primary and secondary plans must resolve any conflicts around who is responsible as the primary payer within 30 days of receipt of the claim.

Premera will follow the process described below when acting as the secondary payer:
- When a claim is submitted without primary carrier information, Premera will make one attempt to obtain the primary information over the phone.
- If Premera is unable to obtain the primary information, a notification will be sent to the provider through an explanation of payment (EOP) message and to the member via the explanation of benefits (EOB) as follows:
  - “We need information from the member’s other insurance carrier to process this claim. Please send us the other carriers Explanation of Benefits.”
- When resubmitting claims with EOB information, the claim should be submitted as a corrected bill.

Premera will no longer send a separate letter with EOP’s to providers explaining that the claim is waiting for primary information. That information will now show on the voucher as an EOP message.

HB 1869 Supports Greater Cost Transparency with Providers and Facilities

In May, the Washington State Legislature passed HB 1869, which requires healthcare providers and facilities to provide certain healthcare cost information to patients upon request. This law went into effect on July 26, 2009, requiring healthcare providers and facilities throughout Washington State to post this notice in patient registration areas: “Information about the estimated charges of your health services is available upon request. Please do not hesitate to ask for information.”

At the patient’s request, providers and facilities must provide an estimate of fees and charges related to a specific service or services. After providing this information, providers and facilities may refer a patient to the health plan for the following information: charges and fees, any patient cost-sharing responsibilities, and the network status of ancillary providers who may or may not share the same network status of the healthcare provider.
Online Services Update

OneHealthPort Organization Administration

In addition to updating your demographic information with Premera, providers should also update information for your organization with OneHealthPort. This includes:

- Contact information (address and phone number)
- Names of persons authorized to serve as OneHealthPort administrators
- Information about any sub-organizations created under the primary organization name
- A list of tax ID numbers

To manage your organization’s OneHealthPort account, go to onehealthport.com. At the top of the page, in the Subscriber Quick Access bar, click on Manage Your Account. From the Manage Your Account page, select the login button in the For Administrators area. (See Figure 1 for a screen shot).

Important Note: The OneHealthPort administrator is responsible, on behalf of their organization, for maintaining accurate affiliation and role information so that their subscribers receive access only to online information their organization is entitled to view and manage. The administrator should immediately remove the subscriber’s affiliation when the subscriber’s employment is terminated. Inaccurate affiliation and role information could allow unauthorized access to protected information.

To change a subscriber’s affiliation, click Modify Subscriber’s Affiliations & Roles on the Subscriber Profile Manager main menu.

![OneHealthPort Organization Administration Menu](image)

Legislative Updates (continued)

Privacy Requirements Strengthened

Many providers are aware the American Recovery and Reinvestment Act of 2009 (ARRA) includes the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The HITECH Act expands and tightens the security and privacy provisions of HIPAA and has multiple requirements stretching over the next few years. The new notification requirements for breaching unsecured Protected Health Information (PHI) began Sept. 15. (Note: This work is independent of compliance with HIPAA 5010.)

Just like your organization, Premera is committed to the secure handling of members’ personal information and is busy implementing the system enhancements necessary to comply with the new requirements.

HIPAA 5010 Update

The U.S. Department of Health and Human Services (HHS) has issued the final rule for adoption of both a new HIPAA electronic transaction version and the transition to the ICD-10 coding structure:

HHS has published the final rule to adopt the 5010 version for the related health claim standard transactions in order to resolve issues that exist within the current 4010A1 version that do not currently support the extended field lengths for the ICD-10 coding structure.

Following are key dates for the transition from version 4010A1 to 5010:

- Payers must be ready to begin Trading Partner testing on Jan. 1, 2011
- Compliance testing to be completed by Dec. 31, 2011
- Full transition compliance for all parties expected by Jan. 1, 2012

Watch for future updates on the provider portal and in future issues of EDI News and Dental Network News.
Bone Replacement Grafts at Time of Extraction

by Dr. Ronald Cantu

When normal and natural healing is not expected to correct bony defects, applying a bone replacement graft at the time of extraction could be dentally necessary.

Bone replacement grafts help reduce post-extraction bleeding, prevent loss of coagulum and maintain the alveolar ridge in both height and width. The success of a bone graft is dependent upon proper preparation, choice of materials, the condition of the surgical site, and the timing of placement of an implant or prosthesis. A bone graft is not generally recommended for the patients that have existing pathology that could interfere with good mucosal and bone healing. Common clinical applications for bone replacement grafts include buccal defects, bone defects with the extraction site, internal and lateral sinus lift, crest augmentation and periodontal defects.

Immediate implant placement after a bone graft is always subject to review since implant replacement is typically recommended at least three or more months after placement of the bone graft. In order to review and determine available benefits, Premera will require current pre-operative x-rays, a narrative, and a treatment plan indicating implant or another form of prosthetic placement.

It is important to submit your claim using the correct CDT procedure codes. In the CDT 2009/2010 reference manual, published by the American Dental Association, it helpful to review the section “100 + Questions & Answers” for aid in determining the appropriate code for services provided. The following codes relate to bone replacement grafts:

- **D4263**: Bone replacement graft, first site in quadrant, should be reported when the bone graft is performed to stimulate periodontal regeneration when the disease process has led to a deformity of the bone around an existing tooth.
- **D4266**: Guided tissue regeneration, resorbable barrier, per site.
- **D4267**: Guided tissue regeneration, non-resorbable barrier, per site (includes membrane removal).
- **D7950**: Osseous, osteoperiosteal, cartilage graft of the mandible or maxilla, autogenous or nonautogenous, by report, should be reported when the graft is used for augmentation or reconstruction of an edentulous area of a ridge.
- **D7951**: Sinus augmentation with bone or bone substitutes is used to report sinus lift procedures.
- **D7953**: Bone replacement graft for ridge preservation, per site, should be reported when the bone graft is placed in an extraction site at the time of the extraction to preserve ridge integrity.

Save Phone Time With Benefit Quote Form

Premera would like to remind dental offices to print and use our new form when calling us for benefit quotes.

Recently, we discovered that many providers had a standard process for checking benefits that we weren’t following. We also realized that we could reduce the time on dental benefit calls if we created a repeatable sequence for each call.

In the August Dental Network News, we introduced a new form which lines up information in the same way for each dental benefit call, thus saving time and money.

The new form, called the Dental Insurance Verification Form, is available on premera.com/provider in the Library section (select Forms, then Miscellaneous Forms).
The Personal Touch

In this age of Internet technology and automated phone systems, Premera takes great pride in offering both the technical and personal touch when servicing our contracted providers.

In addition to our Customer Service Representatives, Premera has Provider Network Representatives, Provider Network Associates and Provider Network Executives available to help providers coordinate their Premera interactions and assist their service efforts. Premera hopes this one-on-one service will bring the provider and insurer closer together.

Each contracted provider has a designated Provider Network Associate or Provider Network Executive. They are listed below.

**Teresa Triggs**, Provider Network Associate, is located in our Spokane office and has accountability for:
- Our national network providers outside of Washington and Alaska
- Gentle Dental, which has locations in Washington and Oregon
- Dental offices in all Eastern Washington counties
- Various practices in Alaska

**Sylvia Aksdal**, Provider Network Executive, is located in our Mountlake Terrace office and has accountability for:
- Affordable Dental Care, Seattle Community Health Care (Sea Mar), and Sunrise Dental Clinics
- King, Clark, Cowlitz, Lewis, and Wahkiakum Counties
- All Alaska boroughs

**Debbe Hopper**, Provider Network Executive, is also located in our Mountlake Terrace office and has accountability for:
- Bright Now! Dental
- Clallam, Grays Harbor, Island, Jefferson, Kitsap, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom counties
- All Alaska boroughs as well

When Debbe, Teresa and Sylvia are in the field doing service visits to dental offices, there are still resources available to assist providers. Providers may:
- Log onto premera.com to:
  - Check benefits, eligibility, and claims status
- Contact Customer Service at 1-877-342-5258, option 2 to:
  - Check benefits, eligibility, and claims status
- Contact Physician and Provider Relations at 1-877-342-5258, option 4 to:
  - Make contract status inquiries
  - Handle demographic updates:
    - Address
    - Tax identification number (TIN)
    - Telephone numbers
    - Adding or closing a practice location
    - Name change
    - Add a dentist to your clinic
    - Get fee schedule information
    - Inform us of dentist retirement or departure

In the near future, Provider Network Executives and Associates anticipate more in-field activity, and we look forward to seeing you! While we are out visiting our provider community, rest assured that Premera has resources available to assist you and provide you with excellent service.

Helpful Tips for Submitting an Appeal

Providers have the right to appeal certain Premera actions. Our dispute resolution process ensures that we address a complaint or an appeal in a fair and timely manner. In the event you need to file an appeal with Premera, Physician and Provider Appeal Submission forms may be found on premera.com/provider in the Library under Forms/Miscellaneous Forms. Find the Appeal Submission Form at the following link: premera.com/stellent/groups/public/documents/xcpproject/017953.doc

Please note the following inquiries are considered Correspondence/Claim issues and should be submitted to the address on the back of the member’s identification card:
- Corrected claims
- Duplicate claims denials
- Claims requests for additional information
- Coordination of benefits
- Claims status inquires

When submitting an appeal, please ensure that you complete the form in its entirety providing the following information:
- A detailed description of the issue
- The physician or provider position on the disputed issue
- If applicable, all evidence in support of the physician or provider position
- A description of the expected resolution or outcome

Completed forms may be submitted to Premera by:
- Faxing the appeal form to 425-918-5592
- Mailing the appeal form to:
  Attn: Physician and Provider Appeals
  Premera Blue Cross
  P.O. Box 91102
  Seattle, WA 98111-9202
- Contacting Customer Service at 1-877-342-5258, option 2
Provider Demographic Updates

Premera wants to ensure your mail reaches you without delay and reduce the volume of returned mail each month. Besides reducing the return volume, correct addresses will help Premera comply with more stringent U.S. Postal Service (USPS) addressing requirements.

Your office may receive a phone call from a Premera representative validating your provider addresses to comply with USPS mailing standard requirements. You can validate your address information by going to zip4.usps.com/zip4/welcome.jsp.

Please help us ensure we have the most up-to-date information by reporting all demographic updates, such as address or tax identification number (TIN) changes 30 days in advance. Be sure to include the effective date of the change in your comments. These changes support our efforts to display accurate information in our online directories so our members can seek care appropriately.

Temporary Coverage Letters

Beginning Oct. 1, some Premera members may print a temporary coverage letter using the secure member portal at premera.com. This new tool allows new enrollees, or members who have lost their ID cards to print a temporary coverage letter until they receive a replacement ID card.

This feature is currently only available for Starbucks employees, but will expand to large accounts in January 2010, and to all members later in 2010. See Figure 1 for a sample temporary coverage letter.

Providing Stellar Customer Service

Did you know that Premera Customer Service Representatives receive three million phone calls a year? We strive to meet high standards and ensure our calls are handled efficiently, while maintaining exceptional quality standards and meeting specific goals for service levels.

Our service level goal is to answer 75 percent of our calls in 30 seconds. Quality is determined by analyzing call recordings and measuring quality of our service. Customer Service quality metrics show strong and consistent gains since January 2009. As of July 2009, overall quality was 94 percent and our service level was 80 percent.

As a commitment to quality, all Customer Service Representatives are currently participating in a series of training classes, which will be completed this fall. The training focuses on resolving issues, providing stellar service, and identifying the defining moment on each call.

Overall, we raised our internal quality measurements, while average handling time still improved. Our focus on streamlining internal processes (Rapid Process Improvement Workshops) continues to play a significant part in driving down cost and raising quality.
Great to See You at the 2009 Pacific Northwest Dental Conference

By Debbe Hopper

Premera was pleased to participate as an exhibitor at the Pacific Northwest Dental Conference for the eighth consecutive year. This well-attended annual conference provided a great opportunity to meet members of the dental community.

We appreciate everyone who stopped by our booth to say hello, picked up Premera promotional gift items and entered to win our giveaway. It was a pleasure to see so many familiar faces from Washington and Alaska.

This year Premera held a drawing for two $50 Visa gift cards. We received 967 entries in this annual drawing. Congratulations to our winners: Laura Bailey, office manager for 19 years at the office of Kerry Bailey, DDS, in North Bend, Wash.; and Annette Amick, dental hygienist for more than three years at the office of Brad Halleck, DDS, in Longview, Wash.

We look forward to seeing you at next year’s conference, scheduled for June 17 and 18, 2010 at the Washington State Convention and Trade Center in Seattle.

Winners: Laura Bailey, left, and Annette Amick, below.