New and Renewing Groups

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

- Alaska Family Services
- Alaska Rim Engineering Inc.
- Annette Island School District - APS
- Cape Fox Corporation
- Cook Inlet Spill Prevention & Response Inc.
- Douglas Island Pink and Chum Inc.
- GBR Equipment Inc.
- Guardian Flight Inc.
- Hope Community Resources, Inc.
- Juneau Alliance For Mental Health Inc.
- Juneau Bone & Joint Center LLC.
- Kodiak Community Health Center
- Mat-Su Services for Children & Adults, Inc.
- North Star Volunteer Fire Department
- Norton Sound Econ Dev Corp (NSEDC)
- PSEA - Public Safety EMP
- Ray Electric Inc.
- RIM Architects (AK) LLC
- Rogers Software Development Inc.
- RSA Engineering Inc.
- Service Auto Parts Inc.
- Sitka Counseling & Prevention Services Inc.
- The Waterfall Group Ltd
- True North Federal Credit Union
- Yukon Flats School District - APS

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.
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.

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 relinе 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 (HCPS) 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.
**Legislative Updates**

**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.

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**Community Connection**

**Great to See You at the 2009 Pacific Northwest Dental Conference**

_by Debbi 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.
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.
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.

![Figure 1: OHP Organization Administration Menu](image)

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.

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 1-800-722-4714, option 2 to:
  - Check benefits, eligibility, and claims status
- Contact Physician and Provider Relations at 1-800-722-4714, 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.

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

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 inquiries

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 1-800-722-4714, 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.

Submit demographic updates in writing, by fax, to Physician and Provider Relations at 425-918-4937, or mail your update to:

Attn: Physician and Provider Relations, MS 453
Premera Blue Cross
P.O. Box 327
Seattle, WA 98111-0327

If you have questions, contact Physician and Provider Relations at 1-800-722-4714, option 4.

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.

Figure 1: 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.

State of Alaska

Effective July 1, Premera transitioned medical and dental plan administration for the State of Alaska Group to Wells Fargo. However, Premera received many claims with dates of service on or after that July 1 transfer date. We believe that confusion may stem from the name of the plan, AlaskaCares.

The AlaskaCares name and logo are owned by the state, and that is the name of the state’s medical/dental plan. It will appear on the enrollment card regardless of which company is the current administrator. As of July 1, 2009, Wells Fargo became the administrator. Dentists should follow the instructions on the back of the enrollment card and explain to patients that they have a new administrator.

Premera Blue Cross Blue Shield is very appreciative of the opportunity to serve as the state’s administrator for both medical and dental plans over the past three years. We have had extremely positive feedback from both employees and providers through this experience.

We would like to take this opportunity to thank our providers for their great service on the state program. Premera continues to serve a large number of dental members in Alaska and retains a significant presence. We take great pride in being a “local” company and easily accessible by both providers and members.
Please post or circulate this newsletter in your office

Fall Fun

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Fall Word Search

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Network News

Back issues of Network News are on our web site at premera.com/provider in the Library under Communications.