HIPAA mandated National Provider Identifier (NPI) required to process claims

Deadline arrived
On May 23, 2007, all insurance companies were required by law to reject your electronic claims until you have obtained and provided the NPI (National Provider Identifier) number to them for use on your electronic claim transmittal.

Hundreds have complied
To date, DeCare Dental Networks (DDN) National Network has received hundreds of NPIs, but is still missing NPI information from a significant number of network dentists. If you have not yet done so, please obtain your NPI and provide it to DDN National Network.

Question: Should I get a Type 1 and Type 2 NPI?

Answer: If you are a single practitioner and submit electronic claims with your social security number, you only need a Type 1 NPI. If you have incorporated and have a separate TIN (Taxpayer Identification Number) for billing purposes, you need to apply for and use a Type 2 NPI on your electronic claim for your incorporated practice. You will always need a Type 1 NPI for the treating dentist on the electronic claim.

Now is the time to use it
Although many participating and non-participating dentists are recording their NPI number(s) on claims (paper and electronic) submitted to DDN National Network, there are a significant number who are not. Now is the time to get your NPI and start using it on electronic claims.

REMEMBER:
1. Get your NPI
2. Register it with DDN National Network
3. Use it on all dental claims

ACT NOW!
NOW is the time to apply for your NPI. See the insert page for instructions and fax-back form to notify us of your NPI.

The evidence for tobacco use impacting oral health is well documented, but not widely or well understood. For years the public health focus on tobacco use has understandably concentrated on such major life threatening diseases as lung cancer and heart disease. However, this has led to a lack of public knowledge about tobacco’s harm to oral health. This sizable gap between what research tells us about the impacts of tobacco on oral health and what is commonly understood is an issue for public and professional education.

It is widely known that tobacco use contributes to over 438,000 deaths in the United States annually, and is the nation’s leading cause of preventable mortality. However, not as well known, is that smoked and smokeless (spit) tobaccos have significant oral health effects. Various diseases and conditions, ranging from mild to life threatening, can occur as a result of tobacco use: halitosis, hairy tongue, increased dental calculus, tooth loss, periodontal diseases, acute necrotizing ulcerative gingivitis, tooth abrasion, discoloration of teeth and restorative materials, delayed wound healing, sinusitis, leukoplakia and oral cancer. In addition, information indicates that maternal smoking is associated with risk for adverse maternal conditions and poor pregnancy outcomes, such as low birth weight and cleft lip and cleft palate.

Cigarette smoking has been causally linked to cancers of the mouth, pharynx, larynx, and esophagus. The use of smokeless tobacco, cigars and pipes are not safe alternatives to cigarette smoking. Tobacco use in any form-cigarettes, pipes, and smokeless (spit) tobacco-increases the risk of oral and throat cancer and oral fungal infection (candidiasis). Smokeless (spit) tobacco containing sugar increases the risk of tooth decay.

Specific dental treatment regimens have been found to be much less effective in patients who use tobacco. Dental implant failure rates are higher in smokers than non-smokers. Clinical studies have also demonstrated that smoking adversely affects the outcome of various periodontal therapies. Research clearly indicates that both surgical and non-surgical periodontal treatments exhibit inferior results in patients who smoke. Smokers are also reported to have poorer results following guided tissue regeneration periodontal therapy. In addition, smokers are more likely to have refractory periodontal disease that does not respond well to treatment and continues to progress.

In our role as oral health care professionals, the implications of this evidence are important. We understand that tobacco use compromises our patients’ dental care and presents serious threats to their health and well being. Therefore, our identification of tobacco-related oral health changes provides an excellent opportunity for us to advise patients about these conditions that they might otherwise have not recognized or taken seriously.

A systematic oral examination is the most efficient and effective method of detecting tobacco-related conditions in and around the mouth. The prevention and early detection of oral cancer is the foremost concern. But even tobacco-induced oral conditions that do not have life-threatening consequences can impair function, cause discomfort, reduce quality of life, and be socially handicapping.

For decades, national dental associations have advocated against the use of tobacco products. During this period, their positions evolved from encouraging practitioners to warn patients about the deleterious health effects of tobacco to urging members to learn about clinical tobacco intervention techniques so they can assist patients in overcoming addiction to tobacco. Most dental team members are non-tobacco-using role models for patients. The convictions of their tobacco-free lifestyles need to be transferred into their clinical practices. By acquiring tobacco intervention skills, dentists, hygienists and assistants can take a lead role among health professionals in having a significant impact on the death and disability associated with use of tobacco products.

Advice from health professionals has been shown to be a powerful influence on patient decisions to stop or not begin using tobacco. It is recommended that dental health professionals determine the tobacco use status of all patients, and then correlate that information with examination findings. If patients do not use tobacco, commend them. But if they do, advise them to stop, and offer assistance in arranging for tobacco cessation activities.

Finally, we can take an important step to help bridge the gap between our professional knowledge and experience and the lack of widespread public awareness by taking a more active role in community-based efforts to prevent and control the use of tobacco products. These interventions emphasize the prevention of the initiation of tobacco use, reduction of exposure to environmental tobacco smoke, and the implementation of public policy changes at the federal, state and local levels.

Identity Theft: Protect your practice from patient fraud

The Nature of the Problem
It is estimated that identity theft has become the fastest-growing financial crime in America and perhaps the fastest-growing crime of any kind in our society. Identity theft is the number-one topic that prompts people to file complaints to the Federal Trade Commission (FTC), according to a report released in 2006. More than one-third of the 686,683 complaints the FTC logged had to do with identity theft.

How Does Identity Theft Occur in the Dental Industry?
Identity theft occurs in many ways, ranging from careless sharing of personal information, to intentional theft. In some cases, non-eligible DeCare Dental Networks (DDN) National Network individuals are receiving dental benefits. The member may have knowledge of the fraud, by knowingly sharing their dental identification card or identifiable information. In other cases, an unknown individual has compromised a member’s personal identifiable information.

Examples of Member Fraud:
• Filing dental claims for services not rendered.
• Altering or forging bills or dental claim forms submitted to DDN National Network.
• Use of another individual’s dental insurance card and/or member identification number and date of birth.

Preventing Identity Theft
Dental offices play a key role in identity theft prevention, which in turn helps with the prevention of fraud. Some steps your office can take:
• At each visit, as an office policy, request the patient’s current dental insurance card. Make a copy of it, date it and place it in the patient’s chart.
• Request photo identification, at least for all new patients. It is imperative that this information also be copied and placed in the patient’s chart.
• Take care to shred all documents containing personally identifiable patient information.
• Immediately report potential fraud to the insurance carrier.

It is in everyone’s best interest to stop member fraud. Not only is DDN National Network affected, but the dental office will be stuck with the unpaid portion of the individual’s bill. Consumers are hurt because fraudulent claims raise the cost of health care benefits for everybody. This translates into higher premiums, increased out of pocket expenses and reduced benefits or coverage.

Tips and Reminders
In order for a claim to be paid to the correct dentist in an accurate and efficient manner, please remember the following important items:

Group Numbers:
The Visant group number is 095653.
The Albany International group number is 500.
The Fellowship of Christian Athletes (FCA) group number is 008701.

This information is found on the member’s ID card.

Billing Address:
The billing address must match the address that was submitted by the billing dentist on their DeCare Dental Networks application.

Electronic Claims Submission:
Submitting claims electronically is easy and efficient. When submitting claims electronically, use the submission code 07035 (also called a payor ID). If you need a copy of the Electronic Claims Submission Guide, please call a DeCare Dental Networks Representative at 1-800-658-4187.

When filing claims, don’t forget to submit the office’s Usual & Customary (UCR) charges.

Don’t forget to visit our Web site, www.decare.com

You can find out more about:
• Oral health information
• Information on submitting claims
• Frequently asked questions
• Forms and literature
• Verification and eligibility

You can visit www.decare.com/ddnoffice for information about DeCare Dental Networks National Network.
**DeCare Dental Networks National Network Quick Guide**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Info: National Dentist Networks</td>
<td>Professional Services’ National Network Representatives: 1-800-658-4187</td>
</tr>
<tr>
<td>General Information Regarding Claims, Member Eligibility Verification, Network Specialists and Member Questions</td>
<td>Customer Service: 1-800-587-6857</td>
</tr>
<tr>
<td>Mail Claims/Pre-Estimates</td>
<td>DDHI</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 1348</td>
</tr>
<tr>
<td></td>
<td>Minneapolis, MN 55440-1348</td>
</tr>
<tr>
<td>Mail Provider Info/Change of Address</td>
<td>DDN National Network</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 1175</td>
</tr>
<tr>
<td></td>
<td>Minneapolis, MN 55440-1175</td>
</tr>
</tbody>
</table>

The Professional Services Staff for national networks at DeCare Dental Network is committed to building a long-term relationship with contracted dentists. We offer the highest level of customer service and have representatives available to take your calls Monday through Friday. If you happen to leave a message, we will return your call within 24 hours.

**Meet Dave Cook.** Dave joined DeCare in May of 2003 as Director of National Reimbursement Systems. Previously Dave had worked in the medical and behavioral health fields as an administrator and a clinician. He received his Masters of Social Work Degree from Washington University in St. Louis, MO in 1982. He has also completed post-graduate work in Health Care Administration. Dave enjoys golf, reading and activities with family.

The Office Link is published for dentists participating in DeCare Dental Networks National Networks. Article ideas and questions from readers are welcome. Please contact Heather Hofmeister, Corporate Communications, at hhofmeister@decare.com.
The National Provider Identifier (NPI) is a unique 10-digit identification number for health care providers. As of May 23, 2007 the NPI is required by HIPAA. DeCare Dental Networks National Network requires all health care providers who submit electronic and paper claims to use their NPI immediately.

“How do I get my NPI?”
You can apply for your NPI online at https://nppes.cms.hhs.gov.
You can apply for your NPI through the mail by filling out a paper application obtained by contacting the same website, https://nppes.cms.hhs.gov, or by calling 1-800-465-3203 (TTY 1-800-692-2326.)

“When do I send my NPI?”
You should provide your NPI to all claims payers with which you participate. You can submit your NPI to DeCare Dental Networks National Network by utilizing the form below. Mail or fax it to us as soon as you receive your NPI.

Please complete and fax this form to (651) 994-5130 or (866) 286-8840.