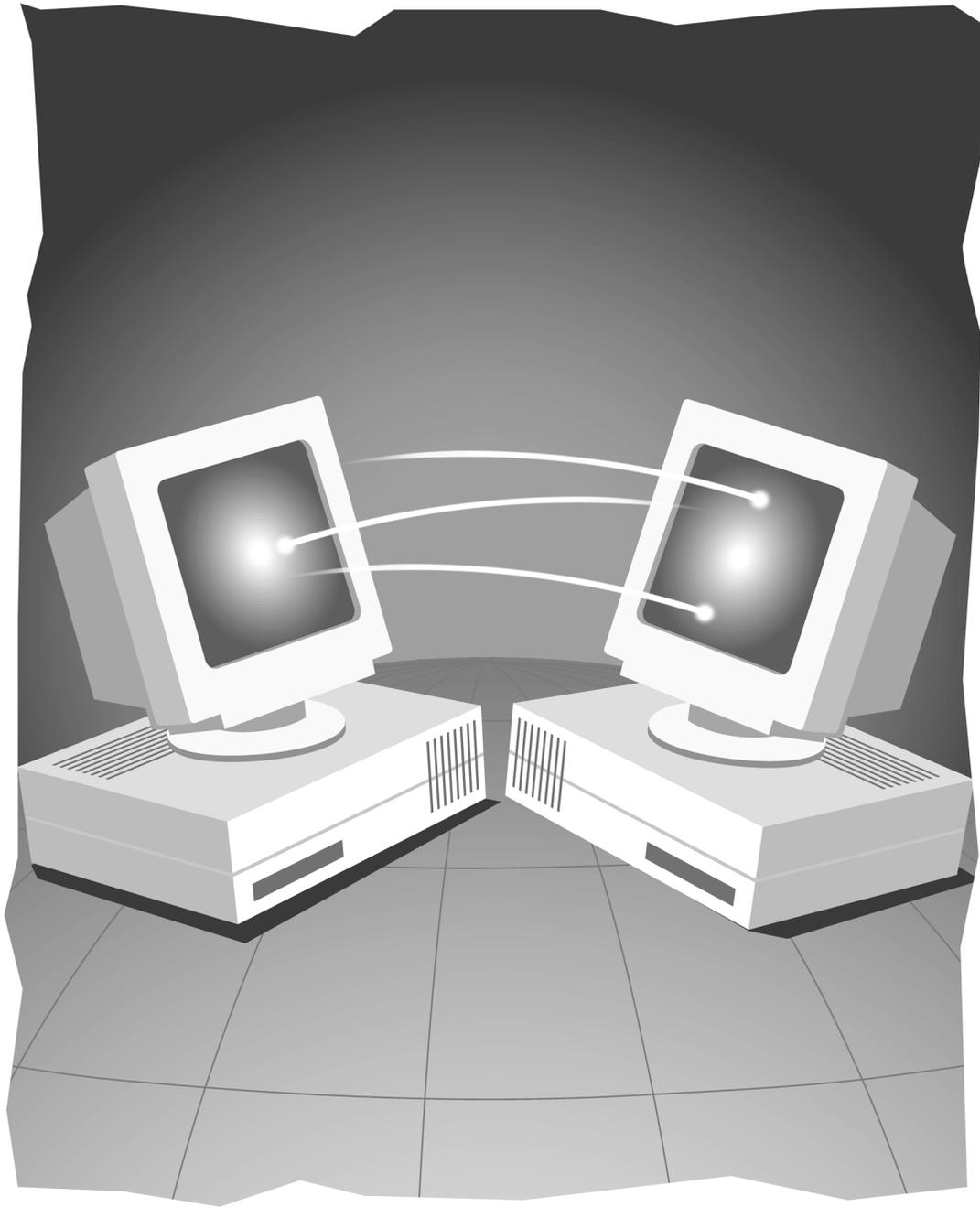


Electronic Claims Submission

The Future of Dental Claims



DeCare DentalSM

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Introduction

Your office has invested in up-to-date clinical equipment to provide quality care for your patients. You've devoted time and energy to learning the latest clinical advancements in dentistry. You no doubt have applied modern management techniques to your business practices.

Like the majority of dental offices, you have probably invested in a computer system to perform scheduling and produce statements. To maximize your investment and take advantage of the most advanced form of claims submission, you should utilize electronic claims submission (ECS).

An electronic claim is a "paperless" claim that is sent to an insurance company over phone lines from your computer and modem. By submitting electronic claims, you no longer need to print and mail claims. Electronic claims are received and processed faster than paper claims that are mailed.

As health care and marketplace reform continues, this is the future of claims submission and processing. Sending claims from your computer will save you time and money and speed the processing of your claims.

Dentists who may or may not be participating in DeCare Dental Network's National network are eligible to submit claims electronically.

Why Submit Electronically?

Five reasons to start submitting electronic claims today:

1. Maximize your computer's capability

Get your money's worth from your office computer by submitting electronic claims. Many practice management systems have electronic claims components included or available at minimal cost. If you are considering computerizing, ask for a software package that includes electronic claims submission capability.

2. Minimize cash flow disruptions

Electronic claims are processed faster, which means faster payment.

3. Reduce paperwork

Electronic claims submission reduces your office paperwork burden, saves money on supplies and postage and frees staff to handle other important tasks, such as customer relations and patient care.

4. Make filing insurance claims easier

Streamline the process for filing insurance claims by submitting them electronically. All you need to do is input the information into your computer and with the press of a button, claims are sent. Claims are sent to a clearinghouse specializing in electronic claims submission, which then forwards claims to DeCare Dental International Dental Health International and other insurance carriers.

5. Receive claim status information

The clearinghouse edits claims before sending them on to DeCare Dental Health International, and claims with missing or invalid information are returned to you. You will receive electronic confirmation of receipt of your claims. Additional messages will be sent electronically from DeCare Dental Health International as claims are processed. This is not available with paper submission.

Getting Started

To send claims electronically to DeCare Dental Health International, you will need:

- To establish a relationship with a software vendor specializing in electronic claims submission
- A computer
- Software for submitting claims
- A fax compatible modem connected to a telephone line

If you have a modem, you should not have any problems sending claims. If you do not, you should familiarize yourself with your software's communications capabilities. If you have questions or concerns, contact your practice management software vendor. They can provide you with the necessary instructions for submitting claims electronically.

DeCare Dental Health International does not charge dental offices for electronic claims submitted to the claims center. Your software vendor and the clearinghouse may charge you for submitting claims. Be sure to check with your software vendor.

DeCare Dental Health International accepts Electronic Claims Submission for the following plans:

- ❖ DeCare Dental Health International (Plan 650)

Technical Requirements

DeCare Dental Health International has no requirements regarding the type of computer hardware or software you use to submit electronic claims, provided that the system used is able to:

- Submit claims to a clearinghouse that can direct them to DeCare Dental Health International's claim center.
- Construct the electronic version of the claims according to the rules in the Health Insurance Portability and Accountability Act (HIPAA) 837D format.
- Receive DeCare Dental Health International's Electronic Claims Transmission Reports and allow your dental office to print or review them on a computer screen.

These technical requirements are the responsibility of your vendor, who supplies your dental office with the necessary hardware and practice management software.

Submitting Electronic Claims

There are three basic steps to follow when submitting your electronic claim:

1. Enter the claim information

Your software vendor will advise you on how to enter claim information using your computer system. Please ensure all information is entered completely and accurately. Claims that require X-rays or attachments must be submitted on paper along with the necessary documentation.

2. Transmit data

Your vendor will advise you on how to use your modem to transmit claim information. The clearinghouse will receive the claims submitted by your office as they are transmitted, and will forward them to DeCare Dental Health International during the next business day. If multiple clearinghouses are involved, an additional day may be required. DeCare Dental Health International edits and adjudicates the claims.

3. Retrieve and review reports

Your software vendor will also advise you on how to retrieve your Electronic Claims Transmission Reports. These reports are generated by the clearinghouse and serve as confirmation that DeCare Dental Health International has received your claims as well as an explanation of any problems.

Special Considerations

Claims with Other Payers (Coordination of Benefits)

If DeCare Dental Health International is the primary Payer for a Coordination of Benefits (COB) claim, your office may submit the claim using the normal rules. If DeCare Dental Health International is the secondary Payer, the claim should be submitted to DeCare Dental Health International's claim center on paper. The primary Payer's payment amount should be provided with the claim.

Claims Rejected from Electronic Claims Submission

DeCare Dental Health International will reject claims that are not eligible for electronic submission (such as claims requiring X-rays). Your office will be notified of this rejection in the Electronic Claims Transmission Reports, which are sent to your system after the claim is submitted.

If a claim is electronically rejected by DeCare Dental Health International for missing or invalid information, make the appropriate corrections on your system and resubmit the claim as directed. If you are resubmitting electronically and no changes have been applied to the claim, the claim will be rejected as a duplicate claim.

Processed Claims Needing Adjustments and Resubmission or Appeal

Any corrections to a claim submitted previously must be resubmitted on the Explanation of Benefits (EOB), (e.g. a tooth number or code change). Claims that need to be corrected and resubmitted should be resubmitted on paper as follows:

1. Make the corrections on the EOB.
2. If your office wishes to appeal the payment or 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.

Codes to identify quadrants

Use the following codes for claims that require reporting areas of the oral cavity or quadrants:

FM = 01 - 32	UR = 01 - 08	UL = 09 - 16	LL = 17 - 24
LR = 25 - 32	UA = 01 - 16	LA = 17 - 32	

The following codes require a quadrant or range:

Preventive	01510	01515	01520	01525
Oral and Maxillofacial Surgery	D7472	D7473	D7960	D7970

Frequently Asked Questions

- Q.** *Am I authorized to submit claims electronically?*
- A. Yes; when you submit at least one claim electronically you will be automatically authorized based on the information on that claim.
- Q.** *I submitted a claim and I haven't been paid yet. Should I submit it again?*
- A. Prior to resubmitting, please call DeCare Dental Health International's Customer Service Center at 1-800-587-6857 to check on the status of the claim. Indicate that the claim was sent electronically.
- Q.** *I have a question about an electronic claim. Whom should I call?*
- A. Call DeCare Dental Health International's Customer Service Center at 1-800-587-6857. DeCare Dental Health International's customer service representatives are trained to handle calls on claims submitted both electronically and on paper. If asking questions about an electronic claim, please be sure to indicate that the claim was sent electronically.
- Q.** *How do I become an electronic claims provider?*
- A. If you are already sending electronic claims to other Payers, just make sure you have the correct Payer ID for DeCare Dental Health International. Send these claims as you normally would.
- Q.** *How long will it take to receive payment for an electronic claim?*
- A. You should receive payment within one to two weeks from DeCare Dental Health International's receipt of the claim. Request for additional information or clinical review may delay the payment.
- Q.** *When I call in about an electronic claim, how should I identify myself?*
- A. Simply identify yourself as an electronic claims provider and indicate that the claim about which you are calling was sent in electronically.
- Q.** *What is a Payer ID?*
- A. A Payer ID is a five character designator used to route your claim for processing. You will use your clearinghouse's Payer ID to first route the claim. The clearinghouse will then use DeCare Dental Health International's Payer ID, **07035** to route the claim to the processing center. A list of clearinghouses and their associated Payer IDs is included in this booklet for your convenience (see Electronic Claim Clearinghouses/Vendors section).

Electronic Claims Transmission Reports

Reports are generated both by the clearinghouse and by DeCare Dental Health International. These reports serve as notification that your electronic claims have been received. The report from DeCare Dental Health International is the Electronic Claims Transmission Report. It contains a list of claims submitted and explains what action has occurred on each claim. Any claims not adjudicated during the initial submission will also appear on this report.

Contents of the Electronic Claims Transmission Reports

The heading on the Electronic Claims Transmission Reports identifies the report title, the provider information, and the date and time the report was produced.

<u>Field</u>	<u>Definition</u>
Insured's SSN	Social Security Number of the subscriber for whom the claim was submitted.
Claim Date	Date the claim was sent in by the provider's office.
Date Received	Date the claim was received.
Claim Amount	Dollar amount submitted on the claim from the provider's office.
Patient Name	Name of the patient for the claim submitted.
Claim ID	Both the plan number (e.g. 650) and claim number assigned to the incoming claim.
Results	Brief description of the action that has initially occurred on the claim. If the claim is still open, any additional updates will appear on the Electronic Claims Response Report. If the claim is closed, you will see the message "EOB to follow."
Description	Brief description of why the claim is pending. This field will only appear on open claims.
Action	Brief description of the action required by the provider's office. This field will only appear on open claims.

Use the Electronic Claims Transmission Report on a daily basis to confirm that DeCare Dental Health International's claim center has received your electronic claims. This is your confirmation from DeCare Dental Health International of receipt of electronic claims before they send payments and explanation of benefits to providers and subscribers. Updates to any open claim will also appear on the report, in the same format as below.

Sample Output of the Electronic Claims Transmission Report

103/29/00	DeCare Dental Health International Electronic Transmission Report			Page 1
01:32:55 ECS50B	Electronic Claims Daily Report JAMES A DENTIST 1234 E HWY 1 Any City, ST 12345 DOXDD7			DD:650472529611/ /1
Patient Number	Insured's SSN	Claim Date	Date Received	Claim Amount
----- 1234567890	----- 123-45-6789	----- 03/13/03	----- 03/28/03	----- \$181.00
	Patient Name: TOM JOHNSON Claim ID: 650-0308707009			
RESULT:	Claim has been accepted for adjudication. Claim has been adjudicated. EOB to follow.			
0987654321	987-65-4321	03/13/03	03/28/03	\$274.00
	Patient Name: JIM ANDERSON Claim ID: 650-0305877010			
RESULT:	Claim Received and in process. Coverage being reviewed.			
DESCRIPTION:	Coverage will be manually verified. On subsequent claims, please verify that the correct member ID and Date of Birth are submitted.			
ACTION:	Coverage will be reviewed and claim will be updated for correct processing. Do not resubmit electronically. Any corrections should be made on the EOB once received.			

How to Register for ECS

You are registered for ECS when DeCare Dental Health International receives your first electronic claim.

To ensure that your claims are processed, you must send the following information on the ECS claim:

TIN (Tax Identification Number)
State Issued License Number
Name (Provider)
Address

Troubleshooting ECS Problems

- If you have not received your ECS report, call your vendor for more information.
- If you have received your ECS report and claims that you have sent do not appear on this report, call your vendor.
- If you have received your ECS report and have a question regarding details on paid or denied claims, call DeCare Dental Health International Customer Service at 1-800-587-6857. For easy reference, please identify your clearinghouse contact information (See next page for a list of contacts).

Electronic Claims Clearinghouses/Vendors

This list is for reference only and is not intended as a comprehensive directory of vendors. DeCare Dental Health International does not recommend or endorse any specific claims clearinghouse.

Clearinghouse	Telephone
Practice Works	(800) 262-8593
Envoy WebMD	(800) 845-6592
Apex	(801) 785-9580
Lindsay Technical Consultants	(888) 941-8967

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