

From the desk of Dr. Ken Hammer, National Dental Director ~

Welcome to the first quarterly issue of "CompBenefits News for Dentists", CompBenefits' newsletter created specifically for our participating dentists. We trust you will find its content to be informative and a valuable source for getting the most out of your participation. If you have ideas for topics that you would like to see addressed in future issues, please contact us at jboren@compbenefits.com. On behalf of everyone at CompBenefits, we would like to thank you for the trust you have placed in us and the excellent care you provide to our members.



Introducing Dr. Dean Fry

Dr. Dean Fry is CompBenefits vice-president and director of professional relations. Dr. Fry is located in the Dallas, Texas office. He joined CompBenefits in November, 1999 as regional dental director for the states of Texas, Arkansas, Louisiana and Mississippi.

Prior to CompBenefits, Dr. Fry spent two years as a manager in PricewaterhouseCooper's healthcare regulatory group. His work entailed involvement on a national level with numerous companies and institutions in the healthcare and dental care industries. Before his consulting career, Dr. Fry was in private practice for seven years.

Dr. Fry earned his degree from the University of Texas dental branch at Houston in 1991 and holds an active Texas dental license.

Electronic Claims Submission Pointers

To ensure that your electronic claims are routed to CompBenefits, please make certain that your staff uses the correct payer ID number.

Please note that our ID number is CX021.

Here are a few potential problems:

- On the Emdeon payer ID list, there are three companies with similar names that might cause dental office staff some problems. There is CompDent, which will be changed to CompBenefits in the near future (that is us), Comp Ohio and Comprehensive Benefits Administration. The later two companies are not affiliated with CompBenefits Corporation.
- Payer IDs are issued sequentially. Our ID is CX021. There is a payer with an ID of CX020 and a payer with CX022. Payer IDs supersede any name used, so if you use the wrong ID for our company, but it is a legitimate payer ID, the claim is transmitted to that ID.

Professional Claims Review Information

Beginning in May, P&R Dental Strategies will discontinue sending dental offices notification of procedures recommended for approval. Instead, procedures approved for payment or predetermination will be sent directly to your office from our claims office.

There are situations where a procedure is reviewed and recommended for approval by professional review, but benefits are not available. An example of this would be a subscriber who has reached his/her annual maximum on or about the time the procedure was reviewed. These situations do not occur often, but when they do they frustrate you and your patients. We feel it is in the best interest of all concerned to provide approvals directly from CompBenefits.

For situations where additional information is required to make a benefit determination, or if a benefit is denied due to professional review, P&R Dental Strategies will directly notify your office. Any and all information you may wish to submit for reconsideration should be sent directly to P&R. By submitting supporting information directly to P&R, pending reviews and benefit reconsiderations can be processed in less time.



Introducing Dr. Charlie Stewart

Dr. Charles "Charlie" Stewart received his dental degree at the University of Louisville and completed a dental residency in Oral Medicine/Oral Pathology at Indiana University. He was granted by the National Institutes of Health (NIH), doing research on temporomandibular joint disorders. Dr. Stewart has taught at two dental schools, the University of Louisville and Emory University. He practiced dentistry in Kentucky and Georgia where he specialized in general dentistry for medically compromised patients, often in a hospital environment.

Dr. Stewart left private practice and dental education after eleven years and entered the dental benefits industry. He now serves as CompBenefits clinical director, and has over 15 years experience working with companies such as Delta Dental, Prudential and CIGNA.

Dr. Stewart has also worked in private healthcare and management consulting and holds an active Georgia dental license.

What is NPI?

The National Provider Identifier (NPI) is a unique, government-issued, standard identification number for individual health care providers and provider organizations like clinics, hospitals, schools and group practices.

What is the purpose of NPI?

The NPI will be the single provider identifier, replacing the various provider identifiers you currently use for each health plan with which you do business and it is intended to improve the efficiency of the health care system. The advantages of the NPI are:

- The NPI will be accepted by all healthcare plans (including dental plans) as a valid provider identifier on electronic dental claims and other standard electronic transactions.
- You will not have to maintain multiple, arbitrary identifiers.

Please note that the NPI will not replace your Social Security Number (SSN), Individual Tax ID Number (TIN) or Employer Tax ID Number (EIN), nor will it replace DEA numbers or state-issued license or certification numbers

What will the NPI look like?

The NPI will be a ten digit numeric field that will include one check digit in the tenth position to ensure accuracy. The NPI will not contain any embedded intelligence. In other words, it will not provide a provider's state, region, specialty or any other information directly from their NPI.

How do I obtain an NPI?

Applying for your NPI is **FREE and easy**. You can apply for your NPI in one of three ways:

- **Online:** Through an easy web-based application process at <https://nppes.cms.hhs.gov>
- **Mail:** A completed paper application. You can obtain a paper application and the mailing address on <https://nppes.cms.hhs.gov>. Or you can call 1.800.465.3203.
- An organization may also submit an application in an electronic file with the provider's permission. This means that a professional association or perhaps a health care provider who is your employer could submit an electronic file containing your information and the information of other health care providers.

How and when should I report my NPI to CompBenefits?

Once you have obtained your individual NPI, please fax your NPI number to Gresten Weeks in Professional Services at fax number (678) 405.3626 or call Gresten at 1.800.633.1262, ext. 88594. You should report your NPI as soon as you receive it.

Please note that you must begin using your NPI number on all HIPAA standard electronic transactions starting **May 23, 2007**.

I have my NPI number, but I am unsure where to indicate it on the dental claim form?

Please note that an updated ADA dental claim form has been developed, which include fields specifically for the NPI numbers of the billing dentist or dental entity and the treating dentist. We encourage you to begin using the new form as soon as possible. The new form is available at the ADA web site and also at www.compbenefits.com in the near future. Please be sure to include your Social Security Number (SSN) and/or Tax ID Number (TIN) on the claim form as this will prevent any delays in processing.

Still don't think you need one?

One number means no more maintaining and matching different identification numbers to specific payors for transactions. Your NPI travels with you, so if you move or change specialties, there is no need to apply for another NPI. Including NPIs contributes to a more efficient coordination of benefits – even with paper transactions. And, there is greater freedom to switch to electronic transactions down the road with much more ease.

But, don't delay ~ on May 23, 2007, NPIs will be required by law on all HIPAA standard electronic transactions.

Where can I get more information?

Visit the web site: <https://nppes.cms.hhs.gov> or call (800) 465-3202 or TYY (800) 692-2326.

DHMO & Advantage Payment Guidelines

General Considerations:

- Within a few weeks, we are going to initiate improvements in our claim processing guidelines to best assure our claims payment criteria are in line with the ADA code descriptors
- These improvements are not intended to address "dental necessity" as it relates to any particular dental procedure or dental specialty. Our efforts are to address how we will consider (or not consider) a claim submission with regard to specifically submitted procedures and, in general, the appropriateness of the ADA codes submitted on any given claim.
- There are frequency limitations with Advantage products; those that exist will be administered.
- There are very few frequency limits with DHMO specialty claims; however, we do

have a responsibility to our clients to monitor and prevent aberrant claim submission patterns.

General Dentistry:

- For general dentistry, the processing policies will more closely adhere to ADA codes. For example, if a dentist submits for a full-mouth series of radiographs (D0210) and four bitewings (D0274), the bitewing radiographs will not be considered, as they are inclusive in the D0210 by definition.
- Another example would be when a periodontal maintenance procedure (D4910) is submitted with an adult prophylaxis (D1110). The D1110 would not be considered because it is considered inclusive in the D4910 procedure.

Specialty Care:

Endodontics:

- The examination/evaluation ADA code that will be considered for all endodontic evaluations shall be the code D0140. All other evaluation codes will not be considered for payment based upon ADA code descriptors.
- Endodontic claims will consider one diagnostic radiograph, D0220, for each individual tooth noted with the submission.
- All other radiographs required for endodontic treatment will be considered inclusive with the treatment code submitted as noted in ADA code descriptors for endodontics. Additional radiographs, D0230, will no longer be considered.
- Pulp vitality tests, D0460, will only be considered if submitted with a D0140 or D0140 and D0220. If definitive endodontic therapy is initiated on the same DOS as the D0460, the D0460 will be considered inclusive with definitive endodontic treatment.

Oral Surgery:

- The examination/evaluation ADA code that will be considered for all oral surgery evaluations will be the code D0140. All other evaluation codes will not be considered for payment based upon ADA code descriptors.

Periodontics:

- The appropriate initial examination/evaluation ADA code that will be considered for all periodontal evaluations will be the code D0180. All other evaluation codes will not be considered for payment based upon ADA code descriptors.
- ADA code O140 may be considered, with no other evaluation codes, when the claim is for the treatment of a dental emergency.

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An emergency will be identified as a claim listing the D0140 code and no more than 1 quadrant of periodontal treatment.

- We will not consider panoramic radiographs (D0330) submitted by periodontists for payment.
- We will not consider any submissions for dental prophylaxis (D1110, D1120) from a periodontist for payment.

Pediatric Dentistry:

- All pediatric dental diagnostic submissions will be considered based upon the appropriate ADA code nomenclature for the services rendered.

General Dentists Performing Specialty Care:

- General dentists who perform specialty care will not be compensated for diagnostic procedures related to the delivery of specialty care.

CLAIM SUBMISSION ASSISTANCE

At CompBenefits, it is our responsibility to ensure that our subscribers receive the benefits they are entitled to under their Dental Plan and to compensate dentists quickly and accurately for eligible payments. Below are some general guidelines we trust you will find useful when submitting claims.

Radiographs:

Acceptable and prudent diagnoses of a patient's dental status requires that each practitioner carefully consider and order the appropriate radiographs following a review of the patient's medical history and a clinical examination. Both the type and frequency of radiographs necessary to diagnose, treat and monitor the patient's dental health should be determined based upon each patient's individual requirements.

Radiographs should not be taken solely to satisfy the needs of any dental benefits company, including CompBenefits. CompBenefits encourages each dental office to ensure that all radiographs are of diagnostic quality, properly labeled to support the diagnosis made and the treatment rendered. Radiographs submitted should also reflect generally accepted radiographic views to support diagnosis and treatment. For example, a panoramic radiograph is generally not considered to be a good diagnostic tool for evaluating periodontal disease. As another example, the ability to eval-

uate the total root structure and possible periapical pathology for any tooth treatment planned for a crown is an essential component of good dentistry. Therefore, we ask that you submit a periapical film with your crown claims.

Narratives:

We understand that dental benefit plans request for narratives to determine an eligible benefit is frustrating for some dentists. As you are aware, there are a number of clinical factors that go into your treatment rationale that cannot be seen on a radiograph or periodontal charting. Our client's can and do audit us to determine why we

approve or deny benefits and since we have not seen the patient, we must ask you to tell us your rationale for things that cannot be determined by radiographs or charting.

Narratives do not have to be long and involved. When needed, we require your diagnosis and treatment rationale presented as concisely as possible.

Clinical Intraoral Photographs:

While not required, CompBenefits would be pleased to accept and review intraoral photographs if you feel that they will assist us in making a benefit determination.

CLAIM SUPPORTING DOCUMENTATION RECOMMENDATIONS

Procedure Class	Recommendations
Periodontal procedures: <ul style="list-style-type: none"> • Scaling and root planing • Osseous surgery and flap procedures • Soft tissue grafts • Guided tissue regeneration / bone grafts (if eligible under the Plan) 	Bitewing radiographs and periodontal charting Current full mouth radiographs, periodontal charting with missing teeth noted and diagnosis Periodontal charting tooth number and a description of mucogingival defect including the amount of keratinized gingiva present Current full mouth radiographs, periodontal charting with missing teeth noted and diagnosis
Restorative procedures: (crowns, inlays and onlays)	Current periapical radiographs and brief narrative denoting need if not clearly evident on radiograph(s)
Prosthodontic procedures: <ul style="list-style-type: none"> • Fixed prostheses • Removable prostheses 	Current full-mouth radiographs. Please indicate if this is the initial prosthesis or the replacement of an existing prosthesis. If this is a replacement, please indicate when the restoration was previously placed, the type of prosthesis replaced and the reason for replacement. Please indicate if this is the initial prosthesis or the replacement of an existing prosthesis. If this is a replacement, please indicate when the restoration was previously placed, the type of prosthesis replaced and the reason for replacement.
Endodontic Procedures: <ul style="list-style-type: none"> • Endodontic retreatment, hemisections and apexification • Root canals for anterior and premolar teeth (DHMO Plans only) 	Current periapical radiograph and diagnosis Current periapical radiograph and diagnosis
Oral Surgery Procedures: (impacted third molars, residual roots, multiple surgical extractions)	Current diagnostic radiographs and diagnosis Note: non-specific conditions such as pain, crowding, headaches, etc. are signs and symptoms and are not considered to be a diagnosis
General anesthesia and IV Sedation: (If eligible under the Plan)	Narrative documenting medical necessity Note: may require letter from physician



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